Horses In Service Natural Therapeutic Riding Center

Participant Information Verification

THIS FORM MUST BE COMPLETED, SIGNED AND DATED FOR EACH YEAR THAT PARTICIPANT IS ENROLLED IN H.I.S. PROGRAM.

FORM #8 MUST BE COMPLETED, SIGNED AND DATED BY PARTICIPANT'S PHYSICIAN EACH YEAR THAT PARTICIPANT IS IN THE H.I.S. PROGRAM

I, _____ verify that the following forms have the correct
(*Parent/Guardian/Caregiver – if under age 18*)

information for _____ for the 2011 riding sessions of H.I.S.
(Print Name of participant)

Please check √ (select) each form # 1-8 below to indicate information on file is correct, current, signed & dated. If the information has changed, please update information on the appropriate form.

_____1) Participation Guidelines Form

_____2) Participant Registration and Media Release Form

_____3) Personal or Parent/Guardian Release Agreement Form

_____4) Equine Activity Liability Release for Fox Chase Farm Form

_____5) Protective Equestrian Headgear Agreement and Release Form

_____6) Participant's Authorization for Emergency Medical Treatment Form

_____7) Participant Health History Form

_____8) Participant's Medical History & Annual Physician's Statement Form

SUBMITTED ANNUALLY Date last submitted: _____

_____ _____
Participant's signature Date
Not required if Parent/Guardian's signature is below

_____ _____
Parent/Guardian name Date
If under 18, Parent/Guardian's signature required