

Spring Meadows Farm LLC

Adult Record Form

Name _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

Spouse _____ Children _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Doctor Name _____ Phone _____

Preferred Hospital _____

Known Allergies _____

Daily Medications _____

Previous Instruction _____

Goals of Student _____

WARNING: UNDER MISSOURI LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI. (L. 1994 S.B. 457)

Student Signature _____ Date _____