



*IMPORTANT: Your answer of "yes" to the previous question also reflects that you are not relying on CHA, the facility provider, the instructor, their assistants or agents, and/or others acting on their behalf to prevent or reduce your exposure to any of these conditions before, during, or after the CHA event. Although CHA continually strives for and promotes safety in equine activities, you will be solely responsible for your own health and safety at all times. Please bring with you and always be prepared to self-administer your own medications. You are strongly encouraged to wear a visible "Medic-Alert" bracelet or necklace during the activities.*

Yes  No Are you current on your immunizations or boosters for Tetanus?

Yes  No Are you currently taking any medications? Please list (including insulin).

Medication: \_\_\_\_\_ Used for: \_\_\_\_\_

When taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Used for: \_\_\_\_\_

When taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Used for: \_\_\_\_\_

When taken: \_\_\_\_\_

Has your regular physician or specialist presently treating you expressed concerns about you riding or being near horses or engaging in the type of CHA activities for which you have completed this form?

Yes  No If "yes", please attach a statement from your physician allowing your participation in these activities.

Do you have any physical and/or mental health conditions, problems, and/or disabilities, which may effect your ability to safely ride a horse or participate in the activities for which you have completed this form?

Yes  No If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

In the past 5 years have you had any activity restriction from horseback riding or participation in the activities for which you have completed this form?

Yes  No If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Do you presently have any activity restriction for safely riding a horse or participating in the activities for which you have completed this form?

Yes  No If "yes", please attach a statement from your physician indicating the nature of your activity restriction and the prognosis for future restriction.

I have completed the above information to the best of my knowledge and will assume the responsibility for my own health and safety during any CHA activity I am involved in.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date