

**DOUBLE DIAMOND EQUESTRIAN CENTER LLC  
RIDING SCHOOL**

**ADULT MEDICAL RELEASE**

**Mailing Address: 4205 FM 307 Midland, Texas 79706**

**Physical Address: 4201 FM 307 Midland, Texas 79706**

To: Midland Memorial Hospital, Emergency Room Physician on call, or Dr. \_\_\_\_\_

who can be reached at \_\_\_\_\_.

(Your physician's name and phone number)

I, \_\_\_\_\_, hereby authorize any emergency medical treatment deemed necessary in the event I am unable to give informed consent due to injury or incapacitation while participating in activities at Double Diamond Equestrian Center LLC.

This release is made to ensure timely treatment and care in the event of an accident or emergency.

**PARTICIPANT INFORMATION**

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Known Allergies or Medical Conditions:**

\_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Primary Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Phone Number(s): Home ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

**All information provided is complete and accurate to the best of my knowledge.**

**SIGNATURE:** \_\_\_\_\_

ACKNOWLEDGEMENT:

THE STATE OF \_\_\_\_\_ THE COUNTY OF \_\_\_\_\_  
BEFORE ME, the undersigned, a Notary Public in for said County and State, on this day personally appeared \_\_\_\_\_, known to be the person(s) who executed the within and foregoing instrument, and acknowledged to me that he (she, they) executed the same as free and voluntary act and deed for the purposes and consideration therein expressed.

GIVEN under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Commission expires: \_\_\_\_\_

NOTARY PUBLIC