

**OPRC MEDICAL INFORMATION AND RELEASE FORM  
FOR NON-OPRC MEMBERS PARTICIPATING IN OPEN MOUNTED ACTIVITIES**

*This form is optional but highly recommended for all non-member riders who do not possess a medical armband and who are participating in any OPRC-sponsored mounted activities that are open to the public. The completed form may be worn by the rider, preferably in a visible*

*a visible location is required for all OPRC members.*

If medical care is required for \_\_\_\_\_ (rider's name), and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical facility providing treatment.

**RELATED INFORMATION**

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ H Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ W or C Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies:

Medical conditions:

Medications:

Medical Insurance Company:

Insurance Policy Number:

Special Instructions:

I have read this Medical Information and Release Form and agree to it:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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