

AUTHORIZATION FOR MEDICAL TREATMENT OF MINOR

This agreement, dated _____, 2010 is made between The Country Trailblazers, Inc., Stillwater Equestrian Chapter, Inc. ("Country Trailblazers") and _____ ("Parent").

Country Trailblazers is located at (Street Address of Registered Agent for Service of Process) Stillwater, New York, 12170.

Parent is the parent or guardian of the minor child ("child") _____ born _____, 19____. Parent is authorized to

make medical decisions for the welfare of the minor child

In the event of child's injury or illness:

Country Trailblazers is authorized to obtain any and all medical treatment Country Trailblazers deems reasonably necessary for child's care. Country Trailblazers shall incur no financial liability for medical treatment obtained pursuant to this authorization.

I authorize Country Trailblazers to obtain emergency medical treatment for child.

I authorize Country Trailblazers to transport or make arrangements to transport for treatment for child.

I authorize Country Trailblazers to perform on-site first aid for child's minor injuries.

I agree to assume all costs related to such treatment.

I authorize my insurance company to pay benefits for the costs of such treatment.

I authorize disclosure of medical information to my insurance company.

Child's Social Security Number:

Parent's Social Security Number:

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