



PHYSICIAN, OSTEOPATH, PHYSICIANS ASSISTANT, OR NURSE PRACTITIONER

PERMISSION FORM FOR PHYSICAL ACTIVITY

I have examined the general physical condition of: _____,

and I find the said participant to be physically fit to participate in the camp/horseback riding lesson or games activities as indicated by the date of examination and by my signature.

(The physical examination should have taken place no more than (1) year prior to participant's attendance at summer horse camp.)

Physician/Nurse Practitioner Signature

Date

Please Note: No participant shall be eligible to take part in physical activities including horseback riding lessons or games unless a licensed physician of medicine, osteopath, certified Nurse Practitioner or Physician's Assistant has examined participant.