

GUARANTEE OF MEDICAL RELEASE FORM
EWD HEROES ON HOOVES

STATE FAIR OF TEXAS
AUGUST 23, 2025



Please print legibly.

Riding Center: _____

Rider Name: _____ Phone: _____

Age: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

By signing and submitting this form to STATE FAIR OF TEXAS, you guarantee the above-named rider meets the requirements to participate in PATH, Intl. activities, is a client of the above-named riding center, and there is a current (during the past 12 months) medical release form on file at the center. By signing this form, the representative of the named center guarantees to submit to the State Fair of Texas show secretary a medical release form within 72 hours of request. The medical release form must contain the following:

- Name, age, birthday, and address and contact information to match the rider information on this form
- Diagnosis made by physician of the rider named on this form.
- Examining physician's name and address.
- Examining physician's signature.
- Date no earlier than January 1st of the year prior to the show date.

Center representative printed name: _____

Center representative signature: _____ Date: _____