

Driving Clinic Application & Emergency Contact Form

Participant Information

Participant: _____ DOB (M/DD/YYYY): _____
Address: _____
E-mail: _____ Cell Phone: _____ Work Phone: _____
Legal Parent or Guardian name if minor: _____

Emergency Contact Information

Emergency Contact Name: _____ Relation: _____
Home Phone: _____ Cell Phone: _____

Participant Health Information

Health Insurance Company: _____ Policy Number: _____
Doctor Name: _____ Dr. Phone: _____
Specials Needs: _____
Allergies: _____
Do you have any health or medical related issues we should know about?

Participant Experience Information

Do you have any driving experience? Yes No
If so how much? Beginner Intermediate Advanced

Did you sign a Liability Waiver form? Yes No

I _____ understand if the participant is under the age of 16, a legal parent or guardian must be present on Kentucky Horse Park premises at all times with the participant.

Cancellation Policy:

- Clinic fee is non-refundable, as clinic slots are limited. Due to emergency situations transferring to a later clinic may be available but will be provided at the discretion of the Kentucky Horse Park Driving Clinic Manger.
- For inclement or severe weather, the Kentucky Horse Park will cancel clinics - individuals will be notified at least 2 hours prior to start time times via email and fee will be reimbursed.

Participant or legal guardian Signature: _____ Date: _____

Payment Method (please attached this with your payment)

***Payment must be received with the application in order to hold your clinic slot. Please make checks payable to: Kentucky Horse Park.**

Check number: _____ Check amount: _____

Cash amount: _____

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ CVC Number: _____

Mail Checks to:
Kentucky Horse Park
Equine Operations
4089 Iron Works Parkway
Lexington, KY 40511

