

Reece Center for Handicapped Horsemanship

Rider's Consent for Release of Information

I hereby authorize : _____
(Person or Facility)

to release information from the records of : _____
(Student's Name)

The information is to be released to: _____
(Operating Center's Name)

for the purpose of developing a Riding Program for the above named student. The information to be released is marked below.

- _____ Medical History
- _____ Physical Therapy evaluation, assessment and program plan
- _____ Occupational Therapy evaluation, assessment and program plan
- _____ Speech Therapy evaluation, assessment and program plan
- _____ Classroom Individual Education Plan (I.E.P.)
- _____ Other: _____

Date: _____ Signature: _____
(Client, Parent or Guardian)

Please send the indicated material to _____
(Operating Center's Name)

Reece Center for Handicapped Horsemanship

Riding Instruction Consent Form

Student Name: _____

Address: _____ City/State/Zip Code: _____

Phone: _____ Date of Birth: _____

Disability: _____ Date of Onset: _____

No student can be accepted for riding instructions until the Parent(s) and or Guardian(s) have completed this form. If the student is of legal age (19), he or she may complete the form, if he or she is legally competent to do so. Riding instructions will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned including Reece Center for Handicapped Horsemanship.

Physician's Name: _____

Office Address: _____

City/State/Zip Code: _____ Phone: _____

I would like _____
to have riding instruction and I have discussed this with the student's doctor. I understand NO LIABILITY can be accepted by any organizations concerned with this instruction, including Reece Center for Handicapped Horsemanship in the event of any accident occurring.

Signature of Parent/Guardian: _____

Signature of Student over 19: _____

We would appreciate any further information about the student that you as a Parent or Guardian think would be helpful. Especially pertinent information would be fears of any kind, including animals, heights, etc.

**Reece Center for Handicapped Horsemanship
Rider Registration Form**

Student: _____ **Phone:** _____

Email: _____

Address: _____ **City/State/Zip Code:** _____

Date of Birth and Present Age: _____ / _____ **Grade:** _____

Height: _____ **Weight:** _____

Please name two persons other than parents as those to contact in case of emergency:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Brief explanation of disability: _____

Physicians' Name: _____ **Office Phone:** _____

Address: _____ **City/State/Zip Code:** _____

No student can be accepted for riding instruction until this form has been completed. If the student is of legal age (19), he or she may complete the form without the Parent(s) or the Guardian(s) signature. Riding instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations or individuals connected with the Reece Center for Handicapped Horsemanship.

Signature of Parent/Guardian: _____ **Date:** _____

Phone: _____

Signature of Student over age 19: _____ **Date:** _____

Do Not Write Below This Line

Approved For Instruction By: _____ **Date:** _____

Assessment Approved By: _____ **Date:** _____

**Reece Center for Handicapped Horsemanship
Rider Liability Release Agreement**

Student: _____ Phone: _____

Address: _____

Parent/Guardian's Full Name _____ Phone: _____

I/We, the student or parents/guardian of the above named student, who is applying for participation in the Reece Center for Handicapped Horsemanship program, hereby give consent and approval to participate in any and all activities of the program. I/we assume all risk and hazard incidental to the conduct of the activities as well as transportation to and from the activities.

I/We do further release, absolve, indemnify and hold harmless the Reece Center for Handicapped Horsemanship, its officers, employees, representatives, successors and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever on account of any personal injuries, physical or mental condition, known or unknown, as a result of, or in any way growing out of participation in the Reece Center for Handicapped Horsemanship program.

The undersigned do (does) hereby authorize and give permission to the Reece Center for Handicapped Horsemanship and its Staff, individual or together, to act on behalf of the undersigned in requesting and authorizing the provision of emergency medical services as deemed necessary in their discretion to the student.

The undersigned guarantees payment of all customary fees and charges in connection with the rendering of such emergency medical services.

This release/authorization shall be effective during the period beginning on (date) _____ and continuing through the period that the student is involved with the Reece Center for Handicapped Horsemanship program, and is not revocable during such period.

Signature of Student over age 19: _____

Date: _____

*****If the student is not legally able to sign for himself/herself, both parents/legal guardians must sign this form. If only one-parent/legal guardian signs, please give reason in the space provided below.

Mother: _____ Date: _____

Father: _____ Date: _____

Guardian: _____ Date: _____

Guardian: _____ Date: _____

Reason for only one signing: _____

**Reece Center for Handicapped Horsemanship
Authorization for Emergency Medical Treatment**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize the Reece Center for Handicapped Horsemanship to:

1. Secure and retain medical treatment and transportation if needed.
2. Release student records upon request to the authorized individual or agency involved in the medical emergency treatment.

Student's Name: _____ Phone: _____

Address: _____

In the event I cannot be reached, contact: _____ Phone: _____
or contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

CONSENT PLAN

This authorization included x-ray, surgery, hospitalization, medication, and any treatment procedures deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: _____ Date: _____

Relationship to student (self, parent, guardian): _____

Print Name: _____ Phone: _____

Address: _____

NON-CONSENT PLAN

I do not give my consent for emergency treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature: _____ Date: _____

Relationship to student (self, parent, guardian): _____

Print Name: _____ Phone: _____

Address: _____

**Reece Center for Handicapped Horsemanship
Rider Photo Release Form**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) to the **Reece Center for Handicapped Horsemanship** permission to take or have taken, still and moving photographs and films, including television pictures of _____ and consent(s) and authorizes the **Reece Center for Handicapped Horsemanship**, its advertising agencies, news media, and any other persons interested in the **Reece Center for Handicapped Horsemanship** and its work to use and reproduce photographs, films, and pictures to circulate and publicize the same by all means including without limited the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books, web sites and clinical material.

With regard to the foregoing no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of the **Reece Center for Handicapped Horsemanship** to use such photographs, films, or pictures for the primary purpose of promoting and aiding the **Reece Center for Handicapped Horsemanship** and its work.

Dated this _____ day of _____, 20 _____

Consent Signature: _____ Date: _____
Relationship to student (self, parent, guardian): _____
Print Name: _____ Phone: _____
Address: _____

Consent Signature: _____ Date: _____
Relationship to student (self, parent, guardian): _____
Print Name: _____ Phone: _____
Address: _____

Georgia Law with regard to Equine Activities

WARNING! Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the official code of Georgia annotated.

I, the undersigned, have read and understand the above statement.

Rider signature: _____

Parent/guardian signature (if applicable): _____

Witness signature: _____ Date: _____