

The CENTER for Therapeutic & Educational Riding, Inc.
Adult Therapeutic Day Program

General Information

Name: _____

Age: _____

Special Needs: _____

Allergies: _____

Organization Information

Contact Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax _____ Other _____

Emergency Information

Notify/Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Work _____ Other _____

In Consideration of the acceptance of _____ for participating in riding instruction and/or therapeutic riding, the undersigned parent/guardian/self agrees to hold The Center for Therapeutic and Educational Riding, Inc., its employees, agents and assistants harmless from any claim for damages arising out of any injury sustained by said child, children or self.

“Warning- under the Delaware Law, an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to Delaware Code, Title 10, Section 8140.”

_____ Signature/Date

This must be completed & signed in order for clearance to participate.

The CENTER for Therapeutic & Educational Riding, Inc.

Authorization for Emergency Medical Treatment Form

PLEASE SIGN ONE OF THE FOLLOWING CHOICES

CONSENT PLAN

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 CENTER** to:

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

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be involved if the person(s) below is unable to be reached.

Consent signature of Parent/Legal Guardian

Date

NON CONSENT PLAN

I DO NOT give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedures to take place:

All Who Can... Will

NON-CONSENT Signature of Parent/Legal Guardian

Date