

**Everyone MUST Complete and Sign These Releases
If Under 18 a PARENT/GUADIAN MUST SIGN**

EMERGENCY TREATMENT RELEASE

Name _____ Parent/Guardian Name (if minor) _____

Address _____

Phone (Day) _____ Evening _____

Whom shall we call in case of emergency during time at Front Range Exceptional Equestrians:

Name _____ Phone _____

Doctor's Name _____ Phone _____

Medical Insurance Company _____ Policy Number _____

Please list any health condition which may affect your safety and that emergency personnel should be aware of (i.e. allergy, asthma, diabetes, seizures, hearing impairment, limited mobility, balance difficulty, visual impairment, etc.)

Please list any special medical problems in case of emergency i.e. allergy to medication, bee sting, routine medications:

Consent for Medical Treatment

I give my consent for emergency medical treatment/aid in the case of illness or injury during my/my child's participation in the Front Range Exceptional Equestrians program or while being on the property of the agency. This authorization includes x-rays, surgery, hospitalization, medication and any treatment deemed "life saving" by the emergency physician.

Consent signature _____ Date _____

Non-consent for Medical Treatment

I DO NOT give my consent for emergency medical treatment in the case of illness or injury while participating in the Front Range Exceptional Equestrians program or while being on the property of the agency. If emergency treatment/aid is required, the following should occur: _____

Non-consent signature _____ Date _____

LIABILITY RELEASE

WARNING: Under Colorado law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119 Colorado Revised Statutes.

_____ (Name) requests participation in the Front Range Exceptional Equestrians therapeutic riding program. I acknowledge the risks and potential risks of injury during horseback riding therapy and working with horses. However, I feel that the possible benefit to myself/ my child/ my ward warrants assumption of these risks. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executors and administrators, waive and release forever all claims for damages against Front Range Exceptional Equestrians, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Horse Owners, Property Owners, and/or Employees for any and all injuries and/or losses that I/ my child/ my ward may sustain while participating in Front Range Exceptional Equestrians therapeutic riding program.

Signature of person releasing liability

Date

Print Name

Relationship to Volunteer

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Front Range Exceptional Equestrians of any and all photographs and other audiovisual materials taken of me/ my child/ my ward for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the Front Range Exceptional Equestrians program.

Date _____

Volunteer, Parent, or Legal Guardian

Confidentiality Policy

Volunteers, clients and their families have a right to privacy that gives them control over the dissemination of their medical and other sensitive information. Front Range Exceptional Equestrians will preserve the right of confidentiality for all individuals in its program. The policy includes keeping confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Anyone who works for or volunteers for Front Range Exceptional Equestrians therapeutic riding program is bound by this policy. This includes but is not limited to: full and part-time staff, independent contractors, temporary employees, volunteers, and board members and applies whether the information is obtained in the course of your work here or accidentally.

Disclosure of medical or sensitive information to individuals within Front Range Exceptional Equestrians will only occur on a need to know basis, so that appropriate services may be provided to the client. Disclosure of information to outside agencies or individuals will only occur with specific written consent of the client or parent or guardian.

Breach of confidentiality whether accidental or intentional will result in penalties ranging from reprimand, loss of job responsibilities, or termination depending on the circumstances of the incident.

By signing below I state that I understand and will observe the confidentiality policy of Front Range Exceptional Equestrians therapeutic riding program.

Signature _____ Date _____

Witness (Staff) _____ Date _____