

Hooves for the Heart, LLC
14503 Colorado River Road
Gypsum, CO 81637
(970)524-8724

Rider's Registration and Release Form

Registration

Client: _____ DOB _____ Age _____

Mailing address _____

Zip code _____ Home phone: _____ Work phone: _____

Parents or Guardian _____

Address/phone: _____

School or institution presently attending: _____

In case of emergency contact: _____ Phone: _____

Medical contact: _____ Phone: _____

Liability Release

_____ (Client's name) would like to participate in the Hooves for the Heart, LLC program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to my child ward greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hooves for the Heart, LLC, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/ or Employees for any and all injuries and/ or losses my child may sustain while participating in the Hooves for the Heart, LLC riding program. **Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine related activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.**

Date: _____ Signature: _____

Parent or Guardian

Date: _____ Signature: _____

Participant

Photo Release

I hereby consent to and authorize the use and reproduction by Hooves for the Heart, LLC of any and all photographs and any other audiovisual materials taken of me/ my child for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

Authorization for Emergency Treatment

Please print clearly. All information is confidential.

Name: _____ DOB _____ Sex _____

Mailing address _____

Phone number(s) _____

Emergency contacts: _____

Physician: _____ Tele. # _____ Medical Facility: _____

Health Ins. Co: _____ Policy Number: _____

Allergies:

Current Medications:

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 program, I authorize Hooves for the Heart, LLC 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 medical emergency treatment.

Consent Plan

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

Date: _____ Consent Signature: _____

Participant and Child's (Signed in presence of Hooves for the Heart staff)

Non-consent Plan

I do not give my consent for emergency medical treatment for illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment is required, I wish the following:

Date: _____ Consent Signature: _____

Participant and Child's (Signed in presence of Hooves for the Heart staff)

THE COMPLETED MEDICAL/HEALTH HISTORY SHOULD BE ATTACHED TO THIS FORM.