



3145 High Bridge Rd, Wilmore, KY 40390

Rider Registration and Release Form

Registration

Client Name _____ Gender Male ___ Female ___

Date of Birth ____/____/____ Age _____

Mailing Address _____

City, State, Zip _____

Phone # _____ Work Phone # _____

Emergency Phone _____

Parent Or Guardian's Name _____

In case of emergency, contact person _____ phone _____

In case of emergency, contact person _____ phone _____

Liability Release

_____ (client's name) would like to participate in **Steps and Strides Equestrian Services, Inc.** program. I acknowledge the risks and potential for risks of horseback riding. However, I feel the possible benefits to myself/my son/my daughter/my ward are 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 and damages against **Steps and Strides Equestrian Services, Inc.**, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating with **Steps and Strides Equestrian Services, Inc.**

Date _____ Signature _____

Client, Parent or Guardian

Photo Release

I hereby consent to and authorize the use and reproduction by **Steps and Strides Equestrian Services, Inc.** of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or any other use for the benefit of the program.

Date _____ Signature _____

Client, Parent or Guardian

Notice of Privacy Practices

I certify that **Steps and Strides Equestrian Services, Inc.** gave a copy and explained the Notice of Privacy Practices to me and answered my questions before providing care.

Date _____ Signature _____

Client, Parent or Guardian

Rider's 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 **Steps and Strides Equestrian Services, Inc.** 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.

Client's Name _____ Phone _____

Address _____

In the event, that I cannot be reached,

Contact _____ phone _____

Contact _____ phone _____

Physician's Name _____

Preferred Medical Facility _____

Cont'd

Select One Plan

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date _____ Consent Signature _____
Client, Parent or Guardian

Print Name _____ Phone _____

Address _____

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. In the event emergency treatment/aid is required. I wish the following procedures to take place.

Date _____ Non-Consent Signature _____
Client, Parent or Guardian

Print Name _____ Phone _____

Address _____

A copy of the completed Rider's Medical History and Physician's Statement shall be submitted with this form.