

Reins of Hope—Participation

Authorization for emergency medical treatment and liability release

School or Other _____

Is this a one-time ride? Yes No

Are you observing (visiting)? Yes No

Name: _____ Date of Birth: _____ Phone: _____

Address: _____

Physician's Name: _____ Medical Facility: _____

Health Insurance Co.: _____ Policy Number: _____

Allergies to medications: _____

Current medications: _____

Emergency Contact(s):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan (Please check one, sign, and date.)

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 Reins of Hope Riding Program to

1) Secure and retain medical treatment and transportation if needed

2) Release client records upon request to authorized individual/agency for medical emergency treatment

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedures the physician deems "life saving." This provision will only be invoked if the person(s) above is not reached.

Consent Signature: _____ Date: _____

Client, Parent, Legal Guardian

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:

Consent Signature: _____ Date: _____

Client, Parent, Legal Guardian

Photo Release (Be sure to check either you do or do not consent to photo release.)

I Do/ DO NOT consent to or authorize REINS OF HOPE to reproduce and use any and all photographs or any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Consent Signature: _____ Date: _____

Client, Parent, Legal Guardian

Liability Release (Required for participation) SEE ATTACHED LANGUAGE REQUIRED BY LAW

Intending to be legally bound for myself, my heirs and assigns, executors, or administrators, I hereby waive and release forever all claims for damages against Reins of Hope, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Reins of Hope activities.

Consent Signature: _____ Date: _____

WARNING

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic animal activity.

Inherent risks of domestic animal activities include, but shall not be limited to:

- (1) The propensity of a domestic animal to behave in ways i.e. running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on that may result in an injury, harm or death to persons on or around them;
- (2) The unpredictability of a domestic animal's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- (3) Certain hazards such as surface and subsurface conditions;
- (4) Collisions with other domestic animals or objects; and
- (5) The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.