

# HIGH HURDLES

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Rider's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

List all pertinent medical information (allergies to food or drugs, special medical conditions): \_\_\_\_\_

### SELECT ONE:

#### 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 Suburban Adult Services, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release rider 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 invoked if the contacts listed above are unable to be reached.**

#### 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 Suburban Adult Services, Inc. In the event emergency treatment is required, I wish the following procedures to take place: \_\_\_\_\_

NON-CONSENT SIGNATURE

DATE

\_\_\_\_\_  
CONSENT SIGNATURE

\_\_\_\_\_  
DATE

## LIABILITY RELEASE

\_\_\_\_\_ (Rider's Name) would like to participate in the High Hurdles Therapeutic Riding Program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that 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 for damages against Suburban Adult 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 in High Hurdles Therapeutic Riding Program.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent / Guardian / Correspondent / or Rider (if over 21, no guardian)

## PHOTO RELEASE (optional)

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent / Guardian / Correspondent / or Rider (if over 21, no guardian)