



Ohio Therapeutic Horsemanship
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<http://www.cherryridgefarms.org/ohiotherapeutichorsemanship.html>
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Rider Information and Consent Form 2011

Name: _____ Date of Birth: _____

Address _____ City _____ State _____ Zip _____
 Home Phone: _____ Work/Cell Phone: _____ Emergency: _____
 Parent/Guardian/Caregiver: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

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 Ohio Therapeutic Horsemanship to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of emergency, please print two names to contact:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Name	Relationship	Phone
_____	_____	_____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

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 below is unable to be reached.

Consent Signature: _____ Date: _____

Rider/Parent/Guardian/Caregiver

Print Name _____ Phone: _____

Address _____ City _____ State _____ Zip _____

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:

Non Consent Signature: _____ Date: _____

Rider/Parent/Guardian/Caregiver

Print Name _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Questionnaire

Does applicant have any fears we should know? (example: falling, fear of heights, animals, etc.)

List any medical conditions which might be relevant in an emergency. (i.e., bee sting, allergy, heart condition etc.)

Please list any additional information that would be helpful for our instructors and volunteers? If you are a returning rider please list any changes the OTH staff need to be aware of. (i.e. change of medications, surgeries, behavior, etc.)

Release of Liability

I, _____, a rider, parent or legal guardian of a rider, would like to participate in the Ohio Therapeutic Horsemanship Program. I acknowledge that risks are inherent in horseback riding and equine activity. However, I feel that the possible benefits to myself/son/daughter, ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive, release and exonerate Ohio Therapeutic Horsemanship, its Trustees, Board of Directors, officers, instructors, therapists, aides, volunteers, independent contractors and/or employees from any and all tort and civil liability, damages and claims arising from or related to all activities associated with Ohio Therapeutic Horsemanship, including but not limited to any injuries and/or losses I/my son/ daughter/ ward may sustain while participating in Ohio Therapeutic Horsemanship. I understand that some of the inherent risks in equine activity include, but are not limited to:

- A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- C. Hazards, including, but not limited to, surface and subsurface conditions;
- D. A collision with another equine, another animal, a person, or an object;
- E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I agree that I have been given sufficient time to read, understand and ask questions, if any, concerning the nature and scope of the Voluntary Waiver and Release Agreement.

Date

Participant

Parent/Guardian/Caregiver (if participant is a minor)

Photo Release: I do _____ I do not _____ consent to and authorize the use and reproduction by Cincinnati Therapeutic Riding and Horsemanship of any and all photographs and any other visual materials taken of me/my son/daughter/ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date

Signature of Rider/Parent/Guardian/Caregiver