

# Rundle Riders Therapeutic Riding

## Child Participant Release of Liability Agreement

I, (parent/guardian) \_\_\_\_\_ for and in consideration of the agreement of Rundle Riders Therapeutic Riding to provide Therapeutic Riding and Equine Assisted Activities to my child (name) \_\_\_\_\_, do hereby forever release, acquit, discharge and hold harmless Rundle Riders Therapeutic Riding and the YMCA, its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever; which the undersigned may now, or in the future, have against Rundle Riders Therapeutic Riding and the YMCA or, its officers trustees, agents, employees, representatives, sponsors, successors or assigns on account of any personal injuries including death, physical or mental condition, known or unknown, to the undersigned and the treatment therefore as a result of, or in any way growing out of, the acts of Rundle Riders Therapeutic Riding and the YMCA, its officers, trustees, agents, employees, representatives, sponsors, successors or assigns, including but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

**Signature of Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 farm, I authorize Rundle Riders Therapeutic Riding to:

- Secure and retain medical treatment and transportation if needed,
- Attempt to contact parent and guardian, then the emergency contacts in the order listed below.
- Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

**Parent Emergency Contact:** \_\_\_\_\_ **Tel:** \_\_\_\_\_  
**Emergency Contact #1** \_\_\_\_\_ **Tel:** \_\_\_\_\_  
**Emergency Contact #2** \_\_\_\_\_ **Tel:** \_\_\_\_\_  
**Emergency Contact #3** \_\_\_\_\_ **Tel:** \_\_\_\_\_

### 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 as emergency contacts are unable to be reached.

**Consent Signature:** \_\_\_\_\_ *Parent or Legal Guardian* **Date:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 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:** \_\_\_\_\_ *Parent or Legal Guardian* **Date:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_