

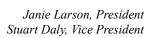
Janie Larson, President Stuart Daly, Vice President

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving service, or while being on the property of the agency, I authorize Little Britches Therapeutic Riding 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.

name:			
In case of	Contact 1:	Phone:	
emergency:	Contact 2:	Phone:	
Preferred Med	ical Facility:	Phone:	
Health Ins. Co	:	Policy #	
	□ Consent Plan	□ Non-Consent Plan	
This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached		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.	L
Consent Signature (Student, Parent, or Guardian) Date		Consent Signature (Student, Parent, or Guardian) Date	
Print Name		Print Name	_
photographs	PHOTO F and authorize the use and reproduction by Little F and any other audio-visual materials taken of me r for any other use for the benefit of the program	Britches Therapeutic Riding, Inc. of any kind and all for promotional material, educational activities,	
Signature: _		Date:	





Name:

VOLUNTEER RELEASE AND INFORMATION FORM

To Be filled out and executed by all Volunteers for the Little Britches Therapeutic Riding Program ("LBTR Program") being conducted for and in conjunction with Connecticut Regional School District 12 and the Shepaug Agriscience Academy.

Home Phone:	Cell Phone:
Email:	Date of Birth:
Mailing Address:	
City: State: Zip:	
Parent/Guardian Name and Address (if under 18)	:
and Therapies. Inherent risk of an "equine activity but not limited to, any of the following: A. The present on or around the equine; B. The unpredict persons, or other animals; C. Hazards, including, another animal, a person, or an object; E. The pot contribute to injury, death, or loss to the person of control over an equine or failing to act within the I therefore, intending to be legally bound, for my forever any potential claims for damages against the Shepaug Agriscience Academy (hereinafter "hereby forever release, acquit and discharge the I volunteers, affiliates, successors and assigns (colland causes of action of any and every kind or nat	self, and/or heirs and assigns, executors or administrators, do do waive and release Little Britches Therapeutic Riding, Inc., Connecticut Regional School District 12 and 'Indemnitees"). In return for the opportunity to participate in the LBTR program, I indemnitees and their officers, directors, trustees, agents, employees, representatives, lectively the "Released and Indemnified Parties") from any and all claims, demands ture, including those caused in whole or in part by the negligence of any of the low or in the future have against any or all of the released and Indemnified Parties and
Signature:	Date:
Parent/Guardian signature (if under 18):	
<u>. </u>	