



Changing the lives of people with disabilities using the movement of the horse.

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 emergency: Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Health Ins. Co: \_\_\_\_\_ Policy # \_\_\_\_\_

<input type="checkbox"/> <b>Consent Plan</b>	<input type="checkbox"/> <b>Non-Consent Plan</b>
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.
_____	_____
Consent Signature (Student, Parent, or Guardian)	Consent Signature (Student, Parent, or Guardian)
Date	Date
_____	_____
Print Name	Print Name

### PHOTO RELEASE

I consent to and authorize the use and reproduction by Little Britches Therapeutic Riding, Inc. of any kind and all photographs and 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.

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



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## **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.**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Parent/Guardian Name and Address (if under 18) :

\_\_\_\_\_

As a volunteer at Little Britches Therapeutic Riding, Inc., I acknowledge the risks and potential for risks of Equine Assisted Activities and Therapies. Inherent risk of an “equine activity” means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following: 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 or subsurface conditions; D. 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 therefore, intending to be legally bound, for myself, and/or heirs and assigns, executors or administrators, do waive and release forever any potential claims for damages against Little Britches Therapeutic Riding, Inc. ( hereinafter “LBTR”). In return for the opportunity to participate in the LBTR program, I hereby forever release, acquit and discharge LBTR and its officers, directors, trustees, agents, employees, representatives, volunteers, affiliates, successors and assigns (collectively the“Released and Indemnified Parties”) from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the released and Indemnified Parties and that arise in whole or in part as a result of my involvement with the LBTR program.

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

Parent/Guardian signature (if under 18): \_\_\_\_\_