



2024 Summer Camp Registration Form

CONSENT FORMS

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 Tri-State Therapeutic Riding Center 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

CONSENT PLAN FOR MEDICAL 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 person(s) above is unable to be reached.

*Choose "Yes" or "No" for authorization of emergency medical treatment **

- Yes
 No
-

PHOTOGRAPHY CONSENT / NON-CONSENT

Tri-State Therapeutic Riding Center (TSTRC) often takes still pictures and/or videos of students, clients, volunteers and instructors. This is done for several reasons. Rider progress and acquisition of skills provide instructors and clients with necessary information and positive feedback. Photos/videos are also used in brochures, presentations, posters, and on our website for publicity. They are also occasionally provided to students for keepsakes.

Please check one of the boxes below to indicate your preference for photograph/video of you/your child for the aforementioned purposes.

*Choose one option for consent to photography **

- Yes
 No
-

CONFIDENTIALITY STATEMENT

Tri-State Therapeutic Riding Center will preserve the right of confidentiality for all individuals in its program. The staff and volunteers will keep confidential all medical, social, personal, and financial information regarding a person and their family. We ask that all participants preserve the right of confidentiality for all individuals observed in the program.



2024 Summer Camp Registration Form

LIABILITY RELEASE

To be completed by the adult participant, participant's parent, or participant's legal representative.

This release of liability is made and entered into on the date noted below, by and between Tri-State Therapeutic Riding Center, hereinafter known as TSTRC, and staff/participant/volunteer, hereinafter known as participant, and (if a minor or incompetent adult) participant's parent, legal guardian, or legal representative. In return for participation in TSTRC's therapeutic horseback riding activities, special events and fundraisers, the participant, his/her heirs, assigns, and legal representatives hereby expressly agree to the following:

1. Participant agrees to assume any and all risks involved in or arising from participant's participation or presence upon the property and facilities, including, without limitation, but not limited to the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.
2. Participant agrees to hold TSTRC and all of its successors, assigns, subsidiaries, franchisee, affiliates, officers, directors, employees, agents, and boarders completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of participant's participation and/or presence upon TSTRC's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct willful and wanton negligence of TSTRC.
3. Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material, or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
4. Participant agrees to indemnify and defend TSTRC against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees, which in any way arise from participant's participation and/or presence upon TSTRC's property or facilities.
5. This contract is non-assignable and non-transferable and is made and entered into the State of Tennessee and shall be enforced and interpreted under the laws of this state. Should there be any clause in conflict with State Law, then that clause is null and void. When TSTRC and participant or participant's parent, legal guardian, or adult caregiver signs this contract, it will then be binding on both parties, subject to the above terms and conditions.

SIGNATURE *

I acknowledge my review and acceptance of the confidentiality and liability terms and conditions.

Signature: _____

Printed Name: _____

Date: _____

Are there any health or other concerns you want us to know about?