



# GaitWay Therapeutic Horsemanship NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

Rider's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent(s)/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe any medical conditions requiring special consideration, including allergies, & any current medications and dosages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I do NOT give my consent** for emergency medical treatment/aid in the event of illness or injury during the process of receiving services or any participation on my part at GaitWay Therapeutic Horsemanship (hereafter referred to as GaitWay). In the event emergency treatment is required, I authorize GaitWay or its representatives to take the following action in my behalf. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please notify the following in the event of emergency:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

No person can be accepted for participation at GaitWay until this form has been completed. If the person is of legal age (18 or older), he/she may complete the form. If the person is not of legal age, the form must be completed by the parent(s)/guardian. Riding instruction and program activities will be under strict supervision, and, although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations concerned, including GaitWay in the event any accident that may occur.

\_\_\_\_\_  
Signature of Parent/Legal Guardian if under 18 Date \_\_\_\_\_

\_\_\_\_\_  
Signature of adult rider (18 years or older) Date \_\_\_\_\_

\_\_\_\_\_  
Insurance Carrier Policy Number \_\_\_\_\_

Please complete and return to:  
**GaitWay Therapeutic Horsemanship**  
**6555 Pikes Lane, Baton Rouge, LA 70808**  
**(225) 766-1614**