



GaitWay Therapeutic Horsemanship Rider's Authorization for Emergency Medical Treatment

Rider's Name _____ Birth Date _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Work Place _____ Work Phone (_____) _____ - _____

If under age 18, Name of Parent(s)/Legal Guardian _____

Work Place _____ Work Phone (_____) _____ - _____

PERSON AUTHORIZED to give TEMPORARY assistance of care in the ABSENCE of PARENT/GUARDIAN:

Name _____ Phone(s) _____

Rider's Diagnosis _____ Date of Onset: ____/____/____

Attending Physician _____ Phone (_____) _____ - _____

Preferred Medical Facility _____ Phone (_____) _____ - _____

Insurance Co. _____ Policy # _____ Phone (____) _____ - _____

Describe any medical condition requiring special precautions or treatment _____

Current medications & dosage _____

Allergies _____

In case of medical emergency, the undersigned authorizes GaitWay Therapeutic Horsemanship (hereafter referred to as GaitWay) to secure and retain such emergency medical assistance and transportation as they determine to be necessary. If the rider named above is younger than 18 years, the undersigned authorizes GaitWay, acting through the adult on its staff who has actual care, control and possession of the rider to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to GaitWay that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the rider. The undersigned will indemnify and hold GaitWay, its officers, members, employees and agents harmless if he or she is not empowered by law to give this consent.

The undersigned rider authorizes GaitWay to secure medical surgical treatment and/or hospitalization for the rider which they determine necessary or advisable, pending receipt of special consent from the undersigned from any licensed physician to provide including, but not limited to anesthesia, x-ray, surgery, hospitalization and medication.

No person can be accepted for riding instruction until this form has been completed by the parent(s)/guardian. If the rider is of legal age (18), he or she may complete this form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident. I understand that NO LIABILITY can be accepted by any of the organizations concerned, including GaitWay in the event of any accident that may occur.

Yes, I would like (rider's name) _____ to have riding instruction at GaitWay. If the rider is my child/ward I have discussed this with the rider's doctor. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, including GaitWay in the event of any accident that may occur.

Signature of parent/Legal Guardian for rider under 18

Date _____

Signature of adult rider (18 years or older)

Date _____