



## **GaitWay Therapeutic Horsemanship REGISTRATION FORMS**

Registration forms expire September 1<sup>st</sup> of each program year and **MUST** be renewed annually. Please understand that this paperwork is necessary for Gaitway Therapeutic Horsemanship (hereinafter know as Gaitway) to be in compliance with national standards and insurance obligations. **All forms must be returned to Gaitway before a rider or volunteer will be allowed to participate.**

<b>Application &amp; Health History form:</b>	Three in total.
<b>Medical History &amp; Physician' Statement Form:</b>	<u>Requires a doctor's signature as well as rider/parent/legal guardian signature</u> and submitted once a year. This is a 2-sided form.
<b>Medical Treatment Consent/ Non-Consent Form:</b>	All riders, volunteers, and staff at GaitWay must sign a consent for emergency medical treatment or a non-consent Plan for emergency medical treatment which will be kept on file. <b><u>Complete and sign EITHER consent or non-consent form.</u></b>

**\*All of the above forms MUST be updated annually.**

<b>Release of Liability:</b>	<b>Riders cannot participate in any activity at Gaitway without this form.</b>
<b>Photo Release/Non-Consent:</b>	Required for participation. As a nonprofit organization, Publicity is an important aspect of our funding base. We must know your position on photography.
<b>Agreement on Confidentiality:</b>	<b>It's the law!</b> It is imperative that confidential information gained through my duties and activities with GaitWay <b>NOT</b> be discussed with anyone whose does not have the right to this information.
<b>Scholarship Application Form:</b>	Available by contacting GaitWay at 766-1614.

**Note:** Our legal advisors have informed us of an increased incidence of hospitals requiring proof of custody from single parents prior to administering treatment to a minor child. Our legal counsel has advised that one of the following conditions **MUST** be in place to ensure that a minor participant at GaitWay, either rider or volunteer, is fully protected in the event of accident or illness:

- 1) the signatures of both parents on the emergency medical consent form;
- 2) the physical presence of the custodial parent on site with the minor child during all activities with that parent assuming complete responsibility for securing emergency medical treatment in the event of accident or illness; or
- 3) a copy of the court order awarding custodial rights to the person signing the consent form. (Parents selecting this option will need to submit the documentation only once during the duration of participation at GaitWay even though the emergency medical treatment form will be renewed annually. This information will remain confidential and will be used only in the event of a situation that requires the assistance of an emergency medical facility.)

Please understand that we appreciate the sensitivity of this information and ask it only in an effort to safeguard the welfare of our participants.