



GaitWay Therapeutic Horsemanship

VOLUNTEER CONSENT FOR EMERGENCY MEDICAL TREATMENT

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____

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

Work Place _____ Work Phone _____

Attending Physician _____ Phone _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy # _____

Allergies _____

Current medications and dosage _____

Allergies to medication: _____

Describe any medical condition requiring special precautions or treatment. _____

Please mark any conditions that may prevent you from working a full hour or more in the arena:

High Blood Pressure _____ Allergies _____ Heart Conditions _____ Knee Injuries _____

Shoulder/Arm Weaknesses _____ Back Problems _____ Other _____

Please explain any condition that is marked: _____

In the event of any emergency, contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

If the volunteer named above is younger than 18 years old, the undersigned authorizes GaitWay Therapeutic Horsemanship (hereinafter known as GaitWay), and its staff to consent to medical, dental and surgical treatment of the child when the undersigned cannot be contacted. The undersigned further asserts that they are the Legal Guardian of the above listed volunteer and has the authority to give such consent. If the Legal guardian is NOT a parent, or is a parent divorced from the child's other biological parent but has legal guardianship, court documentation showing guardianship, must be accompanied with this document for it to be valid. The undersigned furthermore authorizes GaitWay, in the event of an emergency, to provide such medical assistance, as they deem necessary.

The Undersigned authorizes any licenses physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the above listed volunteer, including anesthetic, which they determine necessary or advisable, pending receipt of a consent form from the undersigned.

No person can be accepted as a volunteer, until the parent, legal guardian, or the volunteer of legal age of the majority (18), as long as he/she is competent to do so, has completed and signed this form. The responsible party understands that although instruction/therapy is done under strict supervision, there is inherent danger when doing anything on or around horses, injury or death is possible. The undersigned agrees to hold harmless GaitWay, its officers, directors, employees, sub-contractors, advisors, volunteers, members, agents, landlords and their agents in the event of an injury, loss of life or property damage.

_____ Yes, I would like to volunteer or have my son/daughter/ward to volunteer. I understand that NO LIABILITY can be accepted by any organization concerned with this volunteer service, including Gaitway Therapeutic Horsemanship (hereafter known as GaitWay), in the event of any accident which may occur.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian, if less than 18 years

Date

VOLUNTEER NON-CONSENT
FOR EMERGENCY MEDICAL TREATMENT

(See reverse for Consent for Emergency Medical Treatment)

Volunteer Name _____ Date of Birth _____

Parent/LegalGuardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

I DO NOT give my consent for emergency medical treatment/aid in the event of illness or injury while volunteering for or as a client of GaitWay Therapeutic Horsemanship (hereafter known as GaitWay). In the event of an illness or an emergency, I authorize GaitWay or its representative to take the following action on my behalf.

Please notify the following in the event of an emergency or sudden illness.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

The undersigned further asserts that they are the Legal Guardian of the above listed volunteer and has the authority to give such consent. If the Legal Guardian is NOT a parent, or is a parent divorced from the child's other biological parent but has legal guardianship, court documentation showing guardianship, must be accompanied with this document for it to be valid. The undersigned furthermore authorizes Gaitway, in the event of an emergency, to provide such medical assistance, as them deem necessary.

No person can volunteer until the parent, legal guardian or the volunteer of legal age of the majority (18), as long as he/she is competent to do so, has completed and signed this form. The responsible party understands that although instruction/therapy is done under strict supervision, there is inherent danger when doing anything on or around horses, injury or death is possible. The undersigned agrees to hold harmless Gaitway, its officers, directors, employees, sub-contractors, advisors, volunteers, members, agents, landlords and their agents in the event of an injury, loss of life or property damage.

Yes, I _____ would like to volunteer at GaitWay. I further understand that NO LIABILITY can be accepted by GaitWay or any entity concerned with instruction/therapy, in the event of an accident or act, which may occur.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian, if less than 18 years

Date

MUST BE SIGNED IN THE PRESENCE OF CENTER STAFF