



TRIPLE H EQUITHERAPY CENTER

Horses Helping the Handicapped, Inc.

Client Participation, Authorization, Release & Confidentiality Form

THIS FORM IS REQUIRED TO BE REVIEWED AND UPDATED ANNUALLY.

Contact Information

Date of Application: _____

Name (Last) _____ (First) _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Email: _____

Cell Phone #: _____ Ethnicity _____ (Hispanic, Caucasian, African-American, Others)

If minor (if under age 18) or a dependant please provide the following:

Parent/Guardian/Caregiver Name: _____ Phone #: _____

Address/City/State/Zip: _____

Contact Phone #: _____ Email Address: _____

How did you hear about Triple H Equitherapy? _____

In case of a medical emergency, please notify:

Physician's Name: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Alternate Contact: _____ Relationship: _____ Phone: _____

Transport to nearest emergency facility will be directed, if no preference is listed below.

Preferred Emergency Facility: _____ City: _____

Under Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Liability Release

I acknowledge the risks and potential risks of being around horses. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Horses Helping the Handicapped, Adlers Nido Ranch, their directors, owners, instructors, aides, volunteers and employees for any and all injuries, death or other losses I/my son/my daughter/my ward may sustain while participating in horseback riding, driving or other related activities originating at, or with horses boarded at 791 Backhaus Road, Pipe Creek, Texas.

Please initial to indicate release: I hereby _____ release

Emergency Medical Authorization:

In the event that emergency medical aid/treatment is required due to illness or injury to/me/my ward/my child while being on the property or participating in the equine activities and therapy originating at 791 Backhaus Road, Pipe Creek, Texas, I authorize Horses Helping the Handicapped, Inc. Adlers Nido Ranch, their directors, owners, instructors, aides, volunteers, employees to secure and retain medical treatment/transportation and to release medical information to appropriate medical personnel. This authorization includes any treatment procedure deemed life saving by the physician including x-ray, surgery, hospitalization or medication.

Please initial to indicate agreement: I hereby _____ consent _____ do not consent

If you do not consent please provide written instructions on your desired procedures in case of illness or injury. _____

Name: _____ Signature _____ Date: _____

(Adult Participant or Parent, Guardian, Caregiver)

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Confidentiality Policy & Agreement

I agree that all Triple H participants and staff have the right to privacy. I acknowledge that persons subject to this confidentiality policy will include, but not be limited to, full and part time employees, contractors, volunteers, consultants, clients, riders and all of their parents, caregivers and family members. I promise to keep confidential any and all medical, social, financial, referral or personal information that I may read or hear in the course of my activity at Triple H Equitherapy Center. I will not leave unattended any forms, copies or computer screens that contain such information. I also understand that breach of confidentiality will result in reprimand or restriction, up to and including termination.

Please initial to indicate agreement: I hereby _____ agree

Photo/Video Permission & Release

Horses Helping the Handicapped, Inc. and persons authorized by Horses Helping the Handicapped, Inc. may use and reproduce any and all photographic, video or other audiovisual materials taken of me/my child/my ward for promotional materials, educational activities, or for any other use strictly for the benefit of Horses Helping the Handicapped's programs.

Please initial to indicate permission: I hereby _____ give permission _____ do not give permission

Name: _____ Signature: _____ Date: _____
(Adult Participant or Parent, Guardian, Caregiver)

