

(Guardian/Parent)

## Volunteer & Rider's Registration & Release Form

### Registration

Client/VOL: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Phone/ Relation: \_\_\_\_\_

School or institution presently attending: \_\_\_\_\_

### Liability Release

\_\_\_\_\_ (Client/Volunteer Name) would like to participate in PEG'S THERAPEUTIC PONIES program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/daughter are greater than the risk assumed. 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 Peg's ponies, its Board of Directors, Instructors, Therapist, Aides, Volunteers and/or Employees for any and all injuries and/or loses I/my son/daughter may sustain while participating in Peg's Therapeutic Ponies, Inc..

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Photo Release

I hereby consent to and authorize the use and reproduction by PEG'S THERAPEUTIC PONIES INC. of any and all photographs and any other audiovisual materials taken of me/my son/daughter for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Client, Volunteer, Parent, Guardian)

(Guardian/Parent)

## RIDER'S CONSENT FOR RELEASE OF INFORMATION

I hereby authorize \_\_\_\_\_  
(Person or Facility)

to release information from the records of \_\_\_\_\_  
Client's Name

The information is to be released to: PEG'S THERAPEUTIC PONIES, INC.

For the purpose of developing a therapeutic Riding Program for the above named student. The information is to be released is marked below.

\_\_\_ Medical history

\_\_\_ Physical therapy evaluation, assessment and program plan

\_\_\_ Occupational therapy evaluation, assessment and program plan

\_\_\_ Speech therapy evaluation, assessment and program plan

\_\_\_ Classroom individual education plan (I.E.P.)

\_\_\_ Other: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Client, Parent, or Guardian)

Please send the indicated material to:

PEG'S THERAPEUTIC PONIES, INC  
1055 WALES RUN  
MOUNT WASHINGTON, KY. 40047  
502-955-4152

(Guardian/Parent)

**RIDER'S/VOLUNTEER'S AUTHORIZATION FOR EMERGENCY  
MEDICAL TREATMENT FORM**

In the event of emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize PEG'S THERAPEUTIC PONIES, INC. to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In the event I cannot be reached, Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client/SELF, Parent or Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event, emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client/SELF, Parent or Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**COPY OF THE COMPLETE MEDICAL HISTORY SHOULD BE ATTACHED TO THIS FORM.**