

Trinity Equestrian Center
Healing with Horses

S5300 State Road 37
Eau Claire, WI 54701
(715) 835-4530
trinity-ec.com



Client Release Form

Client _____ Home Phone _____

Address _____ City _____ Zip _____

E-mail _____ Height _____ Weight _____

Date of Birth _____ Age _____ School presently attending _____

Parents or Guardian _____

Address _____ City _____ Zip _____

Parent or other contact person home & work phone _____

Liability Release (REQUIRED)

In return for being allowed to use Trinity Equestrian Center 's therapeutic riding program, including its facilities, horses and equipment, where applicable for horseback riding and other horse related activities, I/ my son/my daughter/my ward _____ (Client's Name) agree to abide by all rules and regulations of Trinity Equestrian Center now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk for me and from my son's/my daughter's/my ward's participation in activities at Trinity Equestrian Center. I further agree to hold Trinity Equestrian Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees free and harmless from all damages or liability for any injury to person or property arising as a result of the use of facilities, horses and/or equipment owned by or leased to Trinity Equestrian Center, including any injury caused by their negligence.

I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself/my son/my daughter/my ward, however I feel that the possible benefits to myself/my son/my daughter/my ward are greater than and out weigh the risk assumed. By signing this agreement, I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless Trinity Equestrian Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees from all liability they may incur.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in the being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes."

Date _____ Signature _____

Client, Parent or Guardian

Photo Released (we appreciate your consideration of this!)

I do I do not

Consent to and authorize the use and reproduction by Trinity Equestrian Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Exceptions _____

Date _____ Signature _____

Client, Parent or Guardian

Authorization for Emergency Medical Treatment

Consent Plan

In the event 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 Trinity Equestrian Center to:

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

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.

In the event, I _____ can not be reached, please

Contact _____ Phone _____

Contact _____ Phone _____

Physician's Name _____

Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

Date _____ Consent Signature _____

Client, Parent or Guardian

Print Name _____ Phone _____

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, Parent or Guardian

Print Name _____ Phone _____