

# AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Health Insurance Company: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

## In the event of emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid / treatment is required due to illness of injury during the process of receiving services, or while being on the property of The Carriage Barn Equestrian Center, I authorize The Carriage Barn, LLC and The Carriage Barn Equestrian Center Therapeutic Riding Program, 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 emergency medical treatment.

## Consent Plan

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

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

Parent or Legal Guardian if Minor

## Non-Consent Plan

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent or Legal Guardian if Minor

PHOTO RELEASE

I  Do

I  Do Not

consent to and authorize the use and reproduction by The Carriage Barn Equestrian Center Therapeutic Programs of any and all photographs and any other audio / visual materials taken of me for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian if Minor

RELEASE AND HOLD HARMLESS

WHEREAS, the UNDERSIGNED, \_\_\_\_\_, acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury and death, from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling;

IN CONSIDERATION, therefore, for the privilege of riding and/or working around horses at **The Carriage Barn Equestrian Center, Sarah's Way, Newton, NH**, the Undersigned does hereby agree to hold harmless and indemnify **The Carriage Barn Equestrian Center Therapeutic Riding Program , Inc., The Carriage Barn, LLC, Ann Miles, Builder, Inc, and Ann Miles.**

FURTHER, \_\_\_\_\_, releases them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of **The Carriage Barn Equestrian Center, Sarah's Way, Newton, NH.**

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

Signature \_\_\_\_\_

The Carriage Barn Equestrian Center

Please Print Name & Address \_\_\_\_\_

6 Sarah's Way  
Newton, NH 03858  
603-378-0140

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian  
(if under 18)

Emergency contact: \_\_\_\_\_  
(Name & Phone) \_\_\_\_\_  
\_\_\_\_\_