



Front Range Hippotherapy Participant Consent & Release Form

10456 N. Foothills Hwy., Longmont, CO 80503 Phone (303)823-2320

In the event emergency medical aid/ treatment is required due to illness or injury while participating in the services of, or while being on property of, Front Range Hippotherapy, I authorize FRH to secure and retain medical treatment and/ or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x- ray, surgery, hospitalization and medication. In addition, I authorize FRH to release my/ my child/ my ward's record to any individual involved in medical treatment and/ or necessary transportation.

Name: (printed) _____

Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____

In Case of Emergency, Contact: _____ Phone: _____

Or Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Health Insurance Company: _____ Phone: _____

Policy/ Member I.D. #: _____

Signature: _____

(Parent or Guardian if under age 18)

Liability Release

Warning

Under the Colorado Law, 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, pursuant to section 13-21-119, Colorado Revised Statutes.

_____ (Participant's Name) would like to participate in the Front Range Hippotherapy Program. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/ my child/ my ward are greater than the risk assumed. I hereby waive my right to be legally bound for myself, my heirs, executors and/or Board, Instructors, Therapist, Aides, Volunteers, Employees, Agents and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits and/or losses I/my child/my ward may sustain while participating in FRH's Program.

Date: _____ Participant's Signature: _____
(Parent or Guardian if under age 18)

PR Release

I hereby expressly grant to said Front Range Hippotherapy, Lisa Siciliano/Dogdaze Photo and licensees, successors, legal representatives and assigns, the absolute and irrevocable right and permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright and publish photographic pictures and/or moving pictures and/or videotaped images of me with or without my voice, or in which I may be included in whole or in part, and circulate the same in all forms and media (including, but not limited to: videotapes, audio tapes, compact disks, computer files, film, slides and photographs) for art, advertising, trade, competition of every description and/or any other lawful purpose. I also consent to the use of any printed matter in conjunction therewith. I acknowledge that I have no interest, ownership or copyright rights in any pictures, images or recording or in any forms or media thereof produced by Front Range Hippotherapy.

Name: (printed) _____

Signature: _____

(Parent or Guardian if under age 18)