

Laurita Equestrian Center, Reindancer Therapeutic Riding Program 501(c)3
31 ARCHERTOWN ROAD, NEW EGYPT, NJ 08533
www.LauritaEquestrianCenter.com
609-752-0900

RIDER AND VOLUNTEER REGISTRATION

Date: _____ Participant Staff Volunteer
Name: _____ DOB: _____ Age: _____
Street: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____ Emergency Phone: _____
Parent or Guardian: _____ Phone: _____

LIABILITY RELEASE

_____ would like to participate in the Laurita Equestrian Center/Reindancer Therapeutic Riding Center Center (RDTRC), and I acknowledge the risks and potential of risks of riding and being around horses.

The Equine Activity Liability laws of the State of New Jersey, SS 5:15-3, state among its statutory provisions that “WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PERSUANT TO P.L. 1997, C287 (c. 5:15-1 et seq.)”

HOLD HARMLESS: In consideration of RDTRC undertaking the boarding, training, camps, lessons, and all relating services, the volunteer/participant/spectator agrees to hold RDTRC and its associates, assigns and agents, harmless from any claim resulting from damage or injury caused by animals, humans, or acts of nature to anyone, and agrees to pay any health or legal fees, and/or expenses incurred by RDTRC in defense of such claims.

CONFIDENTIALITY: In accordance with HIPPA regulations, I hereby agree to maintain the confidentiality of clients’ personal information and health records, whether identified on paper or verbally.

I feel that the possible benefits 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 Charles Plum INC., RDTRC, its Board of Directors, instructors, staff, therapists, aides, volunteers, and/or employees for any and all injuries, and/or losses I/my child/my ward may sustain, any claims relating to negligent conduct, insufficient warning notices, failure to properly asses a participant’s ability, or injuries sustained while under the influence of alcohol or drugs while participating in RDTRC INC.

Date: _____ Signature: _____
Client, Parent, or Legal Guardian

PHOTO/MEDIA RELEASE

I hereby **consent to** and authorize the use and reproduction by *Reindancer Therapeutic Riding Center* of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Print name: _____ Date: _____

Client/Parent/Legal Guardian consent signature: _____

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 *Reindancer Therapeutic Riding Center* 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.

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(s) above is unable to be reached.

Consent Signature: _____ Date: _____

Client, Parent or Legal Guardian

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. Parent or legal guardian will remain on site at all times during equine assisted activities. In the event emergency treatment/aid is required, I wish the following procedure to take place:

Consent Signature: _____ Date: _____

Client, Parent or Legal Guardian