



BLUFF & RIDGE EQUINE ASSISTED THERAPIES, INC.



**LIABILITY, PHOTO, MEDICAL CONSENT RELEASE
NEEDS TO BE COMPLETED FOR ALL RIDERS, VOLUNTEERS and STAFF
PARENT/GUARDIAN SIGNATURE FOR ANY PARTICIPANT UNDER AGE OF 18**

LIABILITY RELEASE

I/ my child/ my ward would like to participate in Bluff & Ridge Equine Assisted Therapies, Inc.. I acknowledge the risk and hazardous nature of horse activities and activities related to equine care and management. I hereby, intending to be legally bound for myself, my heirs, assigns, executors or administrators, waive and release forever all claims for damages against Bluff & Ridge Equine Assisted Therapies, Inc. (Bluff & Ridge), its Board of Directors, instructors, therapists, aides, volunteers, horse owner and/or employees as stable and property owners for any and all injuries and/or losses that I/ my child/ my ward may sustain while traveling to or from, or participating in any Bluff & Ridge activities.

Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

Wisconsin State Statutes Sec. 95.481

Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of equine or in being a passenger upon an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1) (e) of the Wisconsin State Statutes.

PHOTO RELEASE

I DO DO NOT consent to and authorize the use and reproduction by Bluff & Ridge Equine Assisted Therapies, Inc., of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or an other use for the benefit of the program.

Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

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 any other use for benefit of the agency.

I authorize Bluff & Ridge Equine Assisted Therapies, 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.

This authorization includes x-ray, 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 _____

MEDICAL TREATMENT 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:

Non Consent Signature _____ Date _____

Bluff & Ridge Equine Assisted Therapies, Inc. 23797 County Highway CM, Tomah, WI 54638