

New Heights Therapy and Riding

PARTICIPANT'S CONSENT & RELEASE FORM

CONSENT FOR EMERGENCY MEDICAL TREATMENT:

In the event emergency medical aid/ treatment is required due to an illness or injury suffered while participating in the services of or while being on the property of, New Heights Therapy, I authorize NHT and it's operators and/or volunteers 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 NHT to release my child's medical and other records to any individual involved in a medical treatment and/or necessary transportation. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA) 42 USC 1320d et seq., and 45 CFR 160-164.

Participant's Name _____
In case of emergency, contact _____ Phone _____
or contact _____ Phone _____
Physician's Name _____ Phone _____
Health Insurance Name _____ Policy # _____

Parent Signature _____ Date _____

LIABILITY RELEASE: Under Kansas Law, there is no liability for injury to or death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to sections 1 through 4 of K.S.A. 60-4001 through 60-4004. I know my child will be participating in a domestic equine activity and I will be assuming the risk. I acknowledge the potential for risks of such activity; however I feel the possible benefits to my child are greater than the risks assumed. I hereby, intending to be legally bound, for my child, myself, my ward, my heirs and assigns, executors or administrators, waive and release forever all claims for any damages against NHT it's Board of Directors, Owners, Therapists, Volunteers, Employees and/or Contract Staff and the owners of the property on which NHT conducts its activities for any and all injuries and/or losses my child or my ward may sustain while participating at NHT.

My Child, _____ would like to participate in services at NHT.

Parent's Signature _____ Date _____

PHOTO RELEASE: Optional

I hereby consent to and authorize NHT to produce and use all or any photos and videos taken of the above student for promotional material, educational materials, and exhibitions or for any other use for the benefit of the NHT program.

Parent Signature _____ Date _____