



Great Strides of Northeast Iowa Client Registration and Release Form



Name: _____ Date of Birth: _____ Age: _____ Ht. _____ Wt. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Parents or Guardian: _____

Address/Phone: _____

If student, name of school: _____ City: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Client Liability Release

_____(Client's Name) would like to participate in the **Great Strides of Northeast Iowa** riding program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my child/my ward 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 **Great Strides of Northeast Iowa**, its board of directors, instructors, therapists, volunteers, premises owners, horse owners and/or employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the **Great Strides of Northeast Iowa** riding program.

Date: _____ Signature: _____
Client, Parent or Guardian

Photo Release

I hereby consent to and authorize the use and reproduction by **Great Strides of Northeast Iowa** of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____
Client, Parent or Guardian

(please complete reverse side)

**Great Strides of Northeast Iowa
Client Authorization for Emergency Medical Treatment**

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in the **Great Strides of Northeast Iowa** riding program, I authorize **Great Strides of Northeast Iowa** to secure and retain medical treatment and transportation if needed.

Client's Name: _____ Phone: _____

Address: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Allergies: _____ Medications: _____

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) listed on the reverse side of this form is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

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 participating in the **Great Strides of Northeast Iowa** riding program. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____