



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR PARTICIPANTS

Participants Name: _____

Please Print

In case of Emergency, contact: _____	Phone(s): _____
Physician's Name: _____	
City: _____	Phone: _____
Preferred Medical Facility: _____	
Health Insurance Carrier: _____	Policy #: _____
Please indicate any allergies: _____	
Please indicate any medical issues that may effect your/your child's participation at Hope for the Trail. _____	
Date of last Tetanus shot: _____	

CONSENT PLAN I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Hope for the Trail (HFTT), or while being on the property of HFTT, I authorize Hope for the Trail Therapeutic to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Consent Signature _____ Date: _____

Signature of Parent/Guardian _____
*(If participant is under 18 years of age, **both** signatures are required)*

~ ~ ~ OR ~ ~ ~

NON-CONSENT PLAN (Only for Persons 18 or Older)

I do not give consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at Hope for the Trail (HFTT), or while being on the property of HFTT. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Participant Signature: _____ Date: _____

Participant Name: _____

Please Print



PHOTO RELEASE:

_____ **I consent** to and authorize _____ **I do not** consent to nor do I authorize the use and reproduction by Hope for the Trail of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____
*(If volunteer/participant is under 18 years of age, **both** signatures are required)*

POLICY OF CONFIDENTIALITY:

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Hope for the Trail Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____
*(If volunteer/participant is under 18 years of age, **both** signatures are required)*



TEXAS RANCH GENERAL RELEASE OF LIABILITY

This Texas Ranch General Release of Liability is a release, assumption of risk, and indemnity contract made between the undersigned and the owners of the land located at 325 Brown Creek Rd. Weatherford, TX 76085 (collectively called the "Premises"), which is operating, or permitting to be operated, Hope for the Trail, Inc., a Texas not for profit corporation (the "Charity"), for good and valuable consideration, including but not limited to the right to visit the Premises.

1. Horseback Riding. In consideration of the fact that horseback riding is a recreational and non-essential activity, I agree to the following:

I fully understand that horseback riding is an active sport requiring basic skill and that both the experienced and occasional rider takes on a risk of accident and injury every time he or she approaches, mounts or rides a horse. I know that horse related accidents can result in broken bones, disfigurement, disability and death. I have been advised and understand the nature of the risk is such that I cannot be insured except at excessive cost by anyone other than the rider. Neither the owners of the Premises nor your hosts for your visit to the Premises carry liability insurance to cover riding accidents.

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

I understand and agree that I will assume every risk of injury – including death – and I promise and agree to fully release the owners of the Premises and the Charity, and their principals, agents, directors, servants and employees from any other cause.

2. Premises Conditions and Activities as Inherently Dangerous. The undersigned acknowledges that (a) horseback riding, handling horses, being in close proximity to horses, and all related activities are all inherently dangerous; (b) dangerous natural or man-made conditions may exist or occur on the Premises, including, without limitations, presence of snakes, animals or insects that bite, poison ivy/oak/sumac, water bays, ponds, and streams with currents and water that may be deep or flood, hazardous driving and walking conditions, uneven terrain, the presence of wild, domestic, poisonous, or diseased animals, elevated hunting stands, and/or camouflaged sunken hunting blinds, and all related conditions, are all inherently dangerous; and (c) the presence and use of vehicles, whether conventional trucks, jeeps, golf carts, 4-wheelers, mule-type vehicles, motorcycles, trailers, and/or other vehicles which may or may not be registered to travel on public roads, are inherently dangerous. All of the above are referred to collectively as "Premises Conditions and Activities".

3. Assumption of Risk. The undersigned assumes all damages and risks relating to the Premises Conditions and Activities.

4. Indemnity. The undersigned will indemnify, defend, and hold harmless the owners of the Premises and Charity, and their respective principals, directors, servants, agents, employees,



contractors, representatives, invitees, licensees, or visitors (collectively, "Owners and Related Parties") harmless against all claims, damages, and costs (collectively, "Claims") incurred by or alleged against Owners and Related Parties and arising out of or relating to any act or omission of the undersigned or any of the undersigned's agents, representatives, employees, invitees, contractors, licensees, or visitors (collectively, "Visitor and/or Related Parties") while at the Premises, including any Claims based on any (a) injury to or death of any person(s), (b) damage to or loss of property, or (c) failure to comply with any applicable laws.

5. Release. The undersigned waives all Claims against the Owners and Related Parties, and releases the Owners and Related Parties from any liability, based on any (a) injury to or death of the Visitor and/or Related Parties or (b) damage to or loss of any property.

6. **NEGLIGENCE OF OWNERS AND RELATED PARTIES. THE ASSUMPTION OF RISKS, INDEMNITIES, WAIVERS, AND RELEASES CONTAINED IN THIS CONTRACT WILL APPLY EVEN IF THE INCIDENT GIVING RISE TO THE CLAIM IS CAUSED IN WHOLE OR IN PART BY THE CONDITION OF THE PREMISES OR BY THE SOLE OR CONCURRENT ORDINARY NEGLIGENCE OR BY THE SOLE OR CONCURRENT GROSS NEGLIGENCE OF THE OWNER AND RELATED PARTIES.**

7. Costs of Enforcement. Should the Owner and Related Parties, or anyone acting on its behalf, be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

8. Acknowledgment of Agreement. I have read, understood and am in full agreement with all statements in this contract, and I agree that this contract is a full agreement and complete release of liability that will be binding on me, my heirs, executors, administrators and assigns.

Your Signature* _____ Date _____
Print your Name: _____
Home Contact Information:
Address: _____ Phone # _____
City _____ State _____ Zip _____

I am qualified as a parent or guardian of the following minors:

Name(s) of Minor(s): _____ Age: _____
Name(s) of Minor(s): _____ Age: _____

I accept all responsibilities and liabilities related to his, her or their visit to the Premises and agree on their behalf to the above terms.

Parent or Guardian Signature* _____ Date _____
Print Your Name: _____

Fax and Email copies of the above signatures are valid as originals.