**Client Authorization for Emergency Medical Treatment**

In the event emergency medical aid or treatment is required due to illness or injury during the process of receiving services, or while on the property of T.A.I.L.S., I authorize T.A.I.L.S. to:

Secure and retain medical treatment and transportation if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts (2):**

Name & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent to Medical Treatment**

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 below is unable to be reached.

Name of Responsible Adult (Participant, Parent or Legal Guardian)

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***CONSENT AND WAIVER OF LIABILITY:***

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| --- |
| **Client/Participant’s Name** |

I hereby request that the participant named above be accepted into the T.A.I.L.S. program involving activities such as grooming, haltering, leading, and round pen work.

I understand such activities and interactions will not include riding. I acknowledge that the scope of the equine program has been fully explained to me, including the safety guidelines and procedures and the potential for injury which can occur from working around horses. Because of the potential benefits of the program, I hereby waive any claim which I or the client may sustain while involved in the program, unless caused by the willful misconduct or gross negligence of T.A.I.L.S. employees, contractors, and/ or volunteers.

The undersigned assumes the unavoidable risks inherent in all animal-related activities, including but not limited to bodily injury and physical harm to participant and spectator.

In consideration, therefore, for the privilege of participating in activities around animals at T.A.I.L.S., the undersigned does hereby agree to hold harmless and indemnify T.A.I.L.S., Maureen Waff and her employees, contractors and/or volunteers and further release them from any liability or responsibility for accident, damage injury or illness to the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

**I have read and understood this entire document and agree to be legally bound by its terms and conditions. This agreement shall be legally binding upon me, my heirs, my estate, legal guardians and representatives, and on any people for whom I hold responsibility.**

|  |  |
| --- | --- |
| Signature of Client/Participant *or* Responsible Adult | Date |