

PARTICIPANT RELEASE FORM

It is our duty to advise you that equine assisted activities and horseback riding could lead to accidents that could cause injury or death.

Client Name: _____ Date of Birth: _____ Age: _____

Phone: _____
Home Work Emergency

Liability Release

_____ (participant's name) would like to participate in the North Country RIDE program activities. I acknowledge the risks and potential risks of equine assisted activities. I hereby, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages or other compensation against North Country RIDE, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my daughter/son, my ward may sustain while participating in program activities at North Country RIDE, sponsored by North Country R.I.D.E. or any activity related thereto.

***NCR reserves the right to remove riders from the horse for reasons of safety of all participants, or as a disciplinary measure.

Consent Signature, legally competent participant, parent or legal guardian _____ Date _____

Print Consenter's Name _____ Relationship _____ Phone _____ Home _____ Work _____

Consenter's Address _____ City _____ State _____ Zip _____

Participant Authorization for EMERGENCY MEDICAL TREATMENT

Please print or type

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of North Country RIDE, I authorize North Country RIDE 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 medical emergency treatment.
3. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedures deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Participant's Name: _____ Phone: _____

Person to be contacted in event of emergency:

Please print clearly:

1. Contact: _____ Phone: _____
Name Relationship Home Work

2. Contact: _____ Phone: _____
Name Relationship Home Work

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____
Name City

Health Insurance Company: _____ Policy #: _____

Describe any medical condition requiring special precautions or treatment:

Describe any medications in use & dosage:

List any allergies:

Date of last tetanus shot: _____

I give my consent for emergency medical treatment/aid for _____ (Participant's name) in the case of illness or injury during the process of participating in program activities or while being on the property of North Country RIDE I agree to be personally responsible for payment of any hospital clinic, laboratory, emergency room, transportation charges which are not covered by insurance.

Consent Signature – legally competent participant, parent or legal guardian Relationship Date

Print Name Phone: Home Work

Consenter's Address: Street City State, Zip Code

**All forms MUST be completely filled out, signed, & dated*

North Country RIDE Participant Data 2017

The following information is required for some of our funding sources. Please help us supplement our program and keep the cost to our riders as low as possible.
All information is STRICTLY CONFIDENTIAL and will be used for statistical purposes only.

Gender: Female Male

Age group:

Preschool (under 5)	<input type="checkbox"/>
Child (6-11)	<input type="checkbox"/>
Youth (12-14)	<input type="checkbox"/>
Adolescent (14-18)	<input type="checkbox"/>
Adult (19-65)	<input type="checkbox"/>
Senior (over 65)	<input type="checkbox"/>

Racial/Ethnic Background:

African American / black	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Caucasian /white	<input type="checkbox"/>
Hispanic /Latino	<input type="checkbox"/>
Native American	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

Residence by Zip Code :

Size of family unit:

Annual Income Level:

under \$20,000	<input type="checkbox"/>
\$20,001-30,000	<input type="checkbox"/>
\$30,001-\$40,000	<input type="checkbox"/>
\$40,001-\$60,000	<input type="checkbox"/>
> \$60,000	<input type="checkbox"/>