



Xenophon Therapeutic Riding Center  
 P.O. Box 16 • Orinda • CA • 94563  
 (510) 459-8116



## Authorization for Emergency Medical Treatment

Student                       Staff                       Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

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

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

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

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 the agency, I authorize Xenophon Therapeutic Riding Center 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.

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment deemed "life saving" by the physician. This provision will only be invoked if the person/s above is/are unable to be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student, Parent, or Legal Guardian

### Non-Consent Plan

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services from or while being on the property of Xenophon Therapeutic Riding Center. In the event emergency medical aid/treatment is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student, Parent, or Legal Guardian

Signed in presence of center staff

A COPY OF THE COMPLETED MEDICAL/HEALTH HISTORY SHOULD BE ATTACHED TO THIS FORM

# Xenophon Therapeutic Riding Center

## Rider Release of Liability

Name: \_\_\_\_\_

I acknowledge that horseback riding is a sport which carries inherent risks of injury to myself and/or my property. I knowingly assume all risks, whether known or unknown, of horseback riding. I release Xenophon Therapeutic Riding Center from all liability for any act of negligence on the part of the organization or any of its agents.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever Xenophon Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any/or all injuries and/or losses, claims, demands, and/or causes of action, including court costs and actual attorney fees arising from any proceeding or lawsuit brought by or prosecuted for my benefit, in which this release is upheld.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor".

I hereby acknowledge that I have read this Release of Liability and know and understand its contents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## PARENT OR LEGAL GUARDIAN MUST SIGN FOR MINOR CHILDREN

I, the undersigned parent/guardian of \_\_\_\_\_ on consideration of my child's participation in Xenophon Therapeutic Riding Center, agree that the terms and conditions of the Release of Liability shall be binding as to damage or injury to my child and/or property; arising out of his/her participation at the Xenophon Therapeutic Riding Center.

I hereby acknowledge that I have read this Release of Liability and know and understand its contents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_