TREE HOUSE OF GREATER ST. LOUIS
Therapy Recreation Education Exploration
332 Stable Lane Wentzville, MO 63385
O 636.332.4940 F 636.332.4941 thstl.org

CAMP PARTICIPANT INFORMATION FORM

Participant Name: _____ DOB: _____ Age: ____ HT: ____ WT: ____

Grade Level: _____ School Name:_____

Physician Name: _____ Physician Phone: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Parent/Guardian Name: _____ Phone:_____

Address: _____

Please list any medical conditions or diagnoses of the Camp Participant:

*Those with medical diagnoses will need to have the Physician Authorization form completed as well

_____

Does the participant have any allergies? __ Yes __ No

If yes please List (including food allergies):_____

_____

How many years has the participant been taking lessons and how frequent? _____

_____

What skills is the participant currently working on in other lessons? _____

What style of riding does the participant typically do? (i.e., western, dressage, etc)_____

_____

What riding skills do you and/or the participant wish to accomplish during his/her camp experience?

_____

_____

_____

332 Stable Lane Wentzville, MO 63385 Phone: 636.332.4940 Fax: 636.332.4941

CONSENT, RELEASE AND INDEMNIFICATION AGREEMENT

We, the parents* (guardian) of_____ hereby consent to and assume the risk of our child participating in the therapeutic horsemanship program sponsored by TREE House of Greater St. Louis, under the supervision of TREE House of Great St. Louis's trained riding instructors and which is conducted at TREE House of Greater St. Louis and the ROCKING R RANCH.

We/I acknowledge our understanding that there are no assurances that our child/I will receive physical or psychological benefits from participation in said program and our understanding that the ordinary risks associated with horseback riding.

For and in consideration of the agreement of TREE House of Greater St. Louis and the ROCKING R RANCH to provide riding instructions to aforesaid child/self, we do hereby forever release, acquit, discharge and hold harmless TREE House of Greater St. Louis and the ROCKING R RANCH, their officers, directors, agents, employees, representatives and any therapists, instructors, volunteers and other people associated with said program and the successors and assigns of each of them on account of any personal injuries, physical or mental condition, known or unknown, to the person of our aforesaid child/myself, and the treatment thereof, as a result of, or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

Under Missouri Law an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised statutes of Missouri.

Dated: _____ _____

Father (guardian)

_____

Mother (guardian)

_____

Self (If over 18 years of age)

*In the event that you have sole legal custody of or are the sole living parent of the above-named child, only one signature is required.

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby ____ **DO** grant or ____ **DO NOT** grant to TREE House of Greater St. Louis permission to take or have taken, still and moving photographs, videos, and films including television pictures of our child/self _____ and consents and authorizes TREE House of Greater St. Louis, its advertising agencies, news media and any other persons interested in TREE House of Greater St. Louis, and its work, to use and reproduce the photographs, videos, films, and pictures to circulate and publicize the same by all means including without limited the generality of the foregoing newspapers, television media, email newsletters, website, TREE House of Greater St. Louis social media channels (including, but not limited to, Facebook and YouTube), annual reports, brochures, pamphlets, fundraising materials, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises other than the intention of TREE House of Greater St. Louis to use or be used such photographs, videos, films, and pictures for the primary purpose of promoting and aiding TREE House of Greater St. Louis and its work.

Dated _____ Signed _____

332 Stable Lane Wentzville, MO 63385 Phone: 636.332.4940 Fax: 636.332.4941

Authorization for Emergency Medical Treatment Form

□Participant □Staff □Volunteer

Name:_____ DOB:_____ Phone:_____

Address:_____

Physician's Name:_____Medical Facility:_____

Health Insurance Company:_____ Policy#:_____

Allergies to medications:_____

Current medications:_____

In the event of an emergency, contact:

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ 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_____
(Operating Center's Name)

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 procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date:_____ Consent Signature:_____
Client, Parent, or Legal Guardian

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 receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

Date:_____ Consent Signature:_____
Client, Parent, or Legal Guardian