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If your child has a disability please fill in the bottom portion of this form and have your child's physician fill out the top portion of this form prior to starting camp.

PHYSICIAN'S AUTHORIZATION

I hereby give medical authorization for (Client) _____ to participate in the TREE House of Greater St. Louis summer camp program which will include outdoor activities as well as horseback riding and other horsemanship activities. This Authorization does not constitute any medical assurance that the person named above will receive physical or psychological benefits from the program conducted by TREE House of Greater St. Louis, nor does it constitute an assessment of the risk of possible injury to said person in relation to the possible psychological or physical benefits from participating in the program.

The client's diagnosis is _____. **Diagnosis Code** _____

PHYSICIAN'S SIGNATURE: _____ **Date:** _____

If client has Down's Syndrome, has ADS (Atlantoaxial Dislocation Syndrome) been ruled out? _____ If ADC is present, do you grant permission for the above named client to participate at TREE House of Greater St. Louis? **YES NO**

RELEASE AND INDEMNITY AGREEMENT

We, the parents* (guardian) / I (Client Name) _____ acknowledge that I understand the medical authorization of (Physician) _____ does not constitute any assurance that I will receive physical or psychological benefits from the program conducted by TREE House of Greater St. Louis, or does it constitute an assessment of the risk of possible injury to me in relation to the possible physical or psychological benefits from participating in the program.

In consideration of the services and the medical authorization of (Physician) _____ I hereby waive, release, and relinquish any and all claims against (him/her) for any and all liability arising from (his/her) authorization for me to participate in the program offered by TREE House of Greater St. Louis, and I hereby agree to hold harmless and to indemnify said physician against any and all claims arising from said authorization.

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

Father _____ **Date** _____ **Mother** _____ **Date** _____

*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.