



SUNCATCHER
Therapeutic Riding Academy, Inc.
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RELEASE FORMS
Attach Application Part 1-page 1

Applicant's Name _____

Date _____

Attendance Release: I hereby give my permission for the applicant as named above, to participate in SunCatcher Therapeutic Riding Academy, Inc. programs from the date signed through March 31 of the following year.

Publicity Release: I hereby **do consent** _____ / **do not consent** _____ to give permission for SunCatcher to use any photographs or audio/visual materials for promotion, education, publication or exhibition for the purposes of conveying information concerning the above named applicant and/or SunCatcher Therapeutic Riding Academy, Inc.



signature of parent, legal guardian, applicant if own guardian, or authorized person



witness



date

Liability Release: I acknowledge the risks and potential risks of horseback riding, unmounted equine activities, driving, vaulting and other equine events. However, I feel that the possible benefits to the participant are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heir and assigns, executors or administrators, waive and release forever all claims for damages against SunCatcher Therapeutic Riding Academy, Inc., its Board of Directors, staff, consultants, and volunteers but not limited thereto, for any and all injuries and/or losses which may be sustained while participating in SunCatcher Therapeutic Riding Academy, Inc.



signature of parent, legal guardian, applicant if own guardian, or authorized person



witness



date

Consent for Release of Information

I hereby authorize the release of information from the records of the above name participant. The information is to be released to SunCatcher Therapeutic Riding Academy, Inc. for the purpose of developing a therapeutic riding/equine activity program for the above named participant. Please release any applicable information that is listed. I hereby also acknowledge that I have received a copy of SunCatcher Therapeutic Riding Academy, Inc.'s "Notice of Privacy Practices."

- ◇ MEDICAL HISTORY
- ◇ PHYSICAL THERAPY EVALUATION, ASSESSMENT & PROGRAM PLAN
- ◇ OCCUPATIONAL THERAPY EVALUATION, ASSESSMENT & PROGRAM PLAN
- ◇ CLASSROOM INDIVIDUAL EDUCATION PLAN (I.E.P.)
- ◇ PSYCHOSOCIAL EVALUATION, ASSESSMENT & PROGRAM PLAN
- ◇ COGNITIVE- BEHAVIOR MANAGEMENT PLAN
- ◇ OTHER _____

Medical History

Physician _____ Facility _____ Phone _____

Therapy Program(s)

Therapist _____ Facility _____ Phone _____

Therapist _____ Facility _____ Phone _____

School or Residential Facility

Contact Person _____ Facility _____ Phone _____

_____ Request to have a Psychotherapy consent completed for the above participant. (Separate forms required)



signature of parent, legal guardian, applicant if own guardian, or authorized person



witness



date

Authorization for Emergency Medical Treatment Form

I hereby give permission for the applicant as named below, that 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 SunCatcher 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.

Participant's Name _____ Phone _____

Address _____

Please list two people who may be contacted in case of emergency.

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy # _____



Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if the person(s) listed as guardian or emergency contacts is (are) unable to be reached. **(signature required)**



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: _____

OR

In an effort to document the positive effects that riding has on individuals with special needs, we are implementing an ongoing research component within our program. Each participant will automatically be included in this aspect of the program. This research study is done with consultation from other professionals and will be compiled and documented in a manner that protects the anonymity of our participants in strict compliance with current privacy practices. Participation in these assessments will provide us, and other therapeutic riding centers, with invaluable information to enhance programming.



signature of parent, legal guardian, applicant if own guardian, or authorized person



witness



date

_____ We are unable to obtain signatures at this time. A copy of this selection has been sent to the appropriate individual for signatures and will be mailed to SunCatcher Therapeutic Riding Academy, Inc., prior to the applicant's participation in the program.