



Rolling Hills Ranch LLC
33 Rolling Hills Ranch La,
Port Deposit, MD 21904 410)378-3817

Rider's Registration and Release Form

Client's Name: _____ Date of Birth _____

Address: _____ City _____ State _____ Zip Code _____

Email _____ HomePhone _____

Work Phone: _____ Mobile Phone _____

Emergency Contact: Name _____ Relation _____

Emergency: Home Phone _____ Work _____ Cell _____

Comments: _____ LIABILITY RELEASE

_____ (Clients Name) would like to participate in the Rolling Hills Ranch LLC Riding Program. I acknowledge the risks and potential for risks of horseback riding and working around horses and ponies. However, I feel the possible benefits to myself/my son/daughter/ my ward are greater than the risk assumed. I am also aware of the risks of contracting a communicable disease while receiving services at Rolling Hills Ranch LLC. When participating in Day Camp I understand my child will be going on nature hikes to the creek. They may get bit by bugs or ticks.

I hereby, intending to be legally bound, for myself, my heirs an assigns, executors, or administrators, waive and release forever all claims for damages against Rolling Hills Ranch LLC, its owners, volunteers, employees, for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the Rolling Hills Ranch LLC riding program.

Date: _____ Consent Signature _____

Client, Parent, Guardian or Caregiver

Date: _____ Non Consent Signature _____

Client, Parent, Guardian or Caregiver

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Rolling Hills Ranch LLC and Freedom Hills Therapeutic Riding Program, Inc of any and all photographs and any other audiovisual/digital materials taken of me/my son/my daughter/ my ward for promotional printed material, educational activities, social media advertising, or for any other use for the benefit of the program.

Date: _____ Consent Signature _____

Client, Parent, Guardian or Caregiver

Date: _____ Non Consent Signature _____

Client, Parent, Guardian or Caregiver



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Rider's Authorization for Emergency Medical Treatment Form

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 this agency, I authorize Rolling Hills Ranch LLC 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.

Client's Name _____ Phone _____

Address _____

In the event I cannot be reached: Contact _____ Phone _____

Contact _____ 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 only be invaded if the person below is unable to be reached.

Date: _____ Consent Signature _____

Client, Parent, or Guardian

Print Name: _____ Phone: _____

Address _____

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 _____ Non

Consent Signature _____

Client, Parent, or Guardian

Print Name _____ Phone _____

Address _____