



**Colorado Therapeutic Riding Center, Inc.**  
**11968 Mineral Road, Longmont, CO 80504**  
**(303) 652-9131 FAX (303)652-2072 www.ctrcinc.org**

## PARTICIPANT'S CONSENT & RELEASE FORM

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of, or while being on the property of, the Colorado Therapeutic Riding Center (CTRC), I authorize CTRC to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize CTRC to release my/my child/my ward's records to any individual involved in medical treatment and/or necessary transportation.

Participant's Name \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

or contact \_\_\_\_\_ Phone \_\_\_\_\_

or contact \_\_\_\_\_ Phone \_\_\_\_\_

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

Health Insurance Name (optional) \_\_\_\_\_ Policy # \_\_\_\_\_

Date \_\_\_\_\_ Participant Signature \_\_\_\_\_  
 (or signature of parent/guardian if participant is under age 18)

**LIABILITY RELEASE:** Under Colorado 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 section 13-21-119, Colorado Revised Statutes.

\_\_\_\_\_ (Participant's name) would like to participate in the Colorado Therapeutic Riding Center's (CTRC) program. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against CTRC, its Board of Directors, Advisory Board, Instructors, Therapists, Aides, volunteers, employees, agents, and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child/my ward may sustain while participating in CTRC's program.

Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_  
 (or signature of parent/guardian if participant is under age 18)

**PHOTO & PUBLICITY RELEASE (Optional):** I hereby consent to and authorize the Colorado Therapeutic Riding Center to use my/my child's/my ward's name in all audio, visual and written promotional material and to use and/or reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_  
 (or signature of parent/guardian if participant is under age 18)