



Mailing address: 515 NE 12th Ave, Fort Lauderdale, FL 33301 Barn: 3141 SW 118 Terrace, Davie, FL 33330
Scheduling: (954)-802-8874 Intake: (786)-412-5757 Administration: (954)-471-6119 Fax: (954)-414-8363

Authorization for Emergency Medical Treatment Form

Name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_) - \_\_\_ - \_\_\_
Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_
Physician: \_\_\_\_\_
Preferred Medical Facility: \_\_\_\_\_ Health Insurance Company: \_\_\_\_\_
Allergies to any Medications: \_\_\_\_\_
Medications Currently taking: \_\_\_\_\_

In Case of Emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that 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 Bit-By-Bit to:

- 1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized agency involved in the medical emergency treatment.

(Recommended) 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 emergency contact person(s) above are unable to be reached.

Date: \_\_\_/\_\_\_/\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian, signed

OR:

(Not Recommended) 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.

- > Parent or legal guardian will remain on site at all times during equine assisted activities
> In the circumstance that I am not on site in violation of Bit-By-Bit policy, I will be financially responsible for any emergency treatment. In the event emergency treatment/aid is required, I wish the following procedure(s) to take place:

Date: \_\_\_/\_\_\_/\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian, signed



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## Equine Professional Release

KNOW ALL MEN by these PRESENTS, that

\_\_\_\_\_ (Write name) who resides at \_\_\_\_\_ (write address) (hereinafter referred to as "participant"), desires to engage in and hereby does engage in the services of Bit-By-Bit, Inc., and all of its, EMPLOYEES, Trainers, therapists, instructors, volunteers, board of directors, independent contractors, and others (hereinafter referred to as "EQUINE PROFESSIONAL"), LOCATED AT : **Mailing address:** 515 NE 12<sup>th</sup> Ave, Fort Lauderdale, FL 33301 & **BARN:** 3141 SW 118<sup>th</sup> Terrace, Davie, Fl 33330 to instruct the participant in recreational riding, riding lessons, therapeutic riding lessons, camp, hippotherapy, equine care and management, horse shows, trail riding, Pony Scouts, horse training, parades, workshops, parties, fundraisers, public events, any and all volunteer activities, experiences, and duties, transportation and any other farm sponsored, charitable activity or equine activity.

FOR AND IN CONSIDERATION OF THE ABOVE SERVICES, Participant hereby does and forever and finally release, remise, acquit, satisfy and forever discharge Bit-By-Bit, Inc., and all of its, actions, cause and causes of actions, debts, dues, suit, sums of money, bonds, billings, contracts, controversies, agreement, promises, damages, variances, judgments, executions, claims, and demands whatsoever, including, but not limited to attorney's fees and disbursements, in law or in equity, which may arise or might in the future arise or hereinafter may arise for or against the Equine Professional for the services as stated above. This document is meant to be a **full and complete release from all and any liability** and release against any claims based on negligence, actions or inactions of the above named parties, and any claim that may arise from instructing the participant on how to properly ride, manage and care for horses and other animals, and all program activities, medical treatments, therapeutic activities, and/or animal related activities. I hereby release the EQUINE PROFESSIONAL(S) from any and all liability from any injury or damage that may occur from participation in the inherently risky equine activities that may or may not be the result of either simple and gross negligence, and by signing this agreement acknowledge the possible risks and dangers that could result from participation in equine activities, whether caused by the equine sponsor's negligence or the inherent risks of equine activities. This release is given freely and voluntarily by the participant and is meant to remain in existence throughout the duration of any instruction, medical treatment, charitable, volunteer, or equine related activity. **Photo release:** I also consent to or (check *only if applies*- O do not consent to) and authorize the use and reproduction by Bit-By-Bit, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

### WARNING:

**Under Florida law, an equine activity sponsor or 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.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Participant Signature \_\_\_\_\_ Phone \_\_\_\_\_

Legal Guardian Signature (required if < 18 years old) \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Complete Address \_\_\_\_\_

\*\*Email Address\*\* : \_\_\_\_\_