



Address: 3141 SW 118 Terrace, Davie, FL 33330

Office: (754) 779-7888

Fax: (954) 414-8363

Email: Info@bitbybittherapy.org

Authorization for Emergency Medical Treatment Form

Name _____ DOB: ___/___/___ Phone: (___) - ___ - ___
 Address: _____ City _____ St _____ Zip _____
 Physician: _____
 Preferred Medical Facility: _____ Health Insurance Company: _____
 Insurance ID # _____ Allergies to any Medications: ___ Yes ___ No
 If yes, which 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 participant 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, animals, and others (hereinafter referred to as "EQUINE PROFESSIONAL"), LOCATED AT : 3141 SW 118th Terrace, Davie, Florida 33330 to instruct/provide services for the participant in recreational riding, riding lessons, therapeutic riding / adaptive riding lessons, camp, hippotherapy, physical, occupational, and/or speech therapy, medical therapy related services, equine care and management, equine assisted therapy or activities, horse shows, trail riding, Pony Scouts, horse training, parades, workshops, scouting programs, parties, fundraisers , educational classes or workshops, public events, any and all independent contractor and/or 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, independent contractor, 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 : _____