



REGION 2 STATE EDUCATION MEETING GAIT TRC REGISTRATION FORM



CONTACT INFORMATION:

Name: _____ Path Int'l Membership#: _____

Mailing Address: _____ Phone: _____

Cell: _____ Email: _____

How did you hear about this event? _____

Please register me for the following:

- EARLY BIRD (before March 15) PATH Int'l Member Fee: \$65
- EARLY BIRD (before March 15) Non- Member Fee: \$90
- PATH Int'l Member Fee: \$75
- Non- Member Fee: \$100

GENERAL RELEASES:

Please sign and date for each release separately. **Anyone under the age of 18 must also have their parent/ legal guardian's signature**

1. LIABILITY RELEASE:

I would like to participate in GAIT TRC's program. I acknowledge the risks and potential for risks of horseback riding or working with or around horses. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legal bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against GAIT TRC, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Staff for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in any GAIT programs.

Signature: _____

Date: _____

2. MEDIA RELEASE: for all promotional materials including (but not limited to) photographs, audio/videos, testimonials for our use on our website or Facebook page and/or for print:

I, _____ (print name), DO DO NOT (check one) consent to and authorize the use and reproduction by GAIT TRC of any and all audio/visual materials taken of me/my son/my daughter/my ward for promotional material, education activities, website, or for any other use for the benefit of the program.

Signature: _____

Date: _____



GAIT TRC Registration Form Medical Authorization & Confidentiality



Please sign and date for each release separately. **Anyone under the age of 18 must also have their parent/ legal guardian's signature**

MEDICAL AUTHORIZATION:

Name: _____ DOB: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact: _____ Phone: _____
Allergies: _____ Current Medications: _____

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 GAIT TRC, I authorize GAIT to secure/retain medical treatment and transportation if needed and release client records upon request to the authorized Individual or agency involved in the medical emergency treatment.

CONSENT PLAN (to be invoked in the event that the Emergency Contact cannot be reached)

I **DO** **DO NOT** give consent for emergency medical treatment/aid (including x-ray, surgery, medication, hospitalization, and any treatment procedure deemed "lifesaving" by the physician) in the event of illness/ injury while on the property of the agency.

Signature: _____ **Date:** _____

CONFIDENTIALITY POLICY:

GAIT TRC places great importance on protecting the confidential information of its participants, staff, and volunteers. "Confidential Information" includes, but is not limited to, names/ diagnoses of participants, medical/ social/ financial information, or any other personal information. Any sensitive information and/ or breach of confidentiality to one of GAIT's Certified Instructors or to the Executive Director, who will then follow GAIT protocol.

Anyone who works, volunteers, or provides services to GAIT TRC shall be bound by this policy. This includes but is not limited to: Full/ part-time staff, volunteers, independent contractors, Board Members, or workshop/ event participants

Statement of Confidentiality

I have read and will observe the above Confidentiality Policy of GAIT TRC. I understand that all information (written and verbal) about participants/ volunteers/ staff at this PATH Int'l Premier Accredited Center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/legal guardian or authorized caregiver, in the case of minor.

Signature: _____ **Date:** _____