



GAIT THERAPEUTIC RIDING CENTER

PO Box 69 Milford, PA 18337
(Phone) 570-409-1140 (Email) info@gaittrc.org
(Web) www.gaittrc.org



BUILD A BOAT WORKSHOP

AUGUST 25, 2023

CEU's: 8 CEUs (3 DE 4 CR ESMHL 1 CE)

Price: \$175 - If two or more from same organization \$125 per person

Application & Payment Deadline: RSVP by August 18th (570)-409-1140

CONTACT INFORMATION:

Name: _____ DOB: _____ Age: _____

Center Affiliation: _____ PATH Member # _____

Mailing Address: _____ City _____

State: _____ Zip Code: _____ County: _____

Phone (Home): _____ (Cell): _____ Email: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Allergies/ Health History: _____

Preferred Method of Contact: Home Phone Cell Phone Email

Would you like to join GAIT's newsletter to learn about upcoming events? Yes No

CANCELLATION & REFUND POLICY

GAIT TRC reserves the right to cancel the workshop up to 5 days after the registration deadline listed due to insufficient registrants or unforeseen circumstances. In that case, all paid registration fees will be refunded in full. Participant cancellations prior to the registration deadline will receive a full refund minus a \$50 service fee. No reimbursements will be granted after the registration deadline.

I have read, understand and accept all GAIT TRC terms, conditions, and cancellation/ refund policies in this registration form.

Signature: _____

Date: _____

GENERAL RELEASES:

1. MEDICAL AUTHORIZATION:

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 and retain medical treatment and transportation if needed, and release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Signature: _____

Date: _____

2. 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: _____

3. 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: _____

4. CONFIDENTIALITY POLICY:

GAIT TRC shall preserve the right of confidentiality of all individuals in its programs, including medical, social, referral, personal, and financial information regarding a person and his/her family. Anyone who works, volunteers, or provides services for GAIT TRC shall be bound by this policy. This includes but it not limited to: staff, independent contractors, volunteers, interns/ mentees, Board/ Advisory Council, and Educational Workshop 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 at this PATH Int'l 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 a minor.

Signature: _____

Date: _____