

RHYTHM OF THE REIN THERAPEUTIC RIDING PROGRAM



PO Box 67 386 US Rt.2 Marshfield, Vt. 05658 802 426 3781

RhythmOfTheRein@aol.com

EAAT ADMISSION FORM AND CONSENT TO PARTICIPATE

Client Name _____	Date of Birth _____
Address _____	Phone _____
_____	Emergency Contact name _____
Referring MD _____	Emergency contact # _____
MD phone # _____	Soc Security # _____
Insurance _____	Group # _____
Address _____	Policy # _____
_____	Ins phone # _____
Other Insurance _____	Policy # _____
Address _____	_____

CONSENT TO TREATMENT: We, the parents or legal guardians, agree that Rhythm of the Rein, Water Tower Farm, its employees, program volunteers, and others associated with Rhythm of the Rein may provide Equine Assisted Activities and Therapies (EAAT) as directed by my physician to my minor child / legal ward and have duly executed Rhythm of the Rein’s and Water Tower Farm’s Alternative Riding Program Agreement, Liability Release and Assumption of Risk Agreement and hereby affirm my consent to release all agents of Rhythm of the Rein, Water Tower Farm, its owners, employees, agents and associates from liability from any risk, injury or harm that may occur as a result of the minor child’s / legal ward’s participation in EAAT,. I further acknowledge that the possible benefits to my child / legal ward are greater than the risks assumed.

I/we ___ consent ___ do not consent to emergency medical treatment if necessary _____ initialed

I/we authorize Dianne Lashoones, PT to bill my insurance for prescribed hippotherapy services. I/we agree to pay any applicable co-pays and for any missed scheduled sessions that I/we do not give at least 12 hours prior notice of cancellation. (There are no charges for sessions cancelled by provider) _____ initialed

I/we understand the HIPPA privacy provisions that have been provided to me _____ initialed

WARNING –Under Vermont law, an equine activity sponsor is not liable for any injury to, or the death of, a participant in equine activities resulting from inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. Section 1039.

For purposed of this agreement, I/we understand that the term “Equine Activity Sponsor” includes Rhythm of the Rein, Water Tower Farm and it’s owners, instructors, therapists, volunteers, and/or employees. _ _ initialed

PHOTO RELEASE (optional) I hereby ___ do ___ do not consent to and authorize the use of and reproduction of and all photographs or audiovisual materials taken of me and my minor child/legal ward by Rhythm of the Rein and/or Water Tower Farm for promotional media, educational activities or for any other use for the benefit of the program. _____ initialed

Signature of parent/spouse/legal guardian #1
Signature of parent/spouse/legal guardian #2

date
date