



BODY N SOUL LLC
HAVEN HILLS STABLES
BODYNSOULEQUESTRIAN.COM

Consent for Medical Treatment

In the even that the rider/participant is injured, or appears to be injured, during horse related activities, and the Participant is not conscious or appears to have impaired judgment at the time of such injury, Participant hereby authorizes Instructor, Therapist, or employees ages 18 and older, to consent to medical treatment or dental care, or both for the Participant.

The authority granted by this paragraph, includes the authority to consent to any X-Ray examination, anesthetic, medical diagnosis, surgical diagnosis, medical treatment, surgical treatment or hospital care under the supervision, and upon the advice of, a physician. The authority granted by this section also extends to any X-ray examination, anesthetic, dental diagnosis, surgical diagnosis, dental treatment, surgical treatment or hospital care under the supervision, and upon the advice of, a dentist. Rider/Participant agrees to reimburse and hold Instructor/Therapist harmless for the cost associated with such treatment, even in the event that applicable health insurance does not fully cover the costs of such treatment.

Participant: _____ Date: _____

Emergency Contact: _____

Parent (if Participant is under 18): _____

Photo Release

I hereby consent to and authorize the use and reproduction by Body N Soul LLC/ Body N Soul Psychotherapy of any and all photographs and other audiovisual material taken of me or my child for promotional printed materials, educational activities, exhibitions, or any other use for the benefit of the business.

Name: _____ Child(if under the age of 18): _____

Address: _____ Phone: _____

Email: _____ Date: _____

Signature (parent/guardian if under 18): _____