

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 Palermo Show Stable or Stepping Stones to Communication, I authorize Palermo Show Stable or Stepping Stones to Communication to:

1. Secure and retain medical treatment and transportation as needed;
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

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 medical contact(s) provided are unable to be reached.

Consent signature: _____ Date: _____

Witness: _____ Date: _____

LIABILITY RELEASE

I/my child would like to participate in the program offered by Palermo Show Stable and Stepping Stones to Communication. Although every effort will be made to avoid accident or injury, no liability can be accepted by any of the organizations concerned including Palermo Show Stable and Stepping Stones to Communication, its officers, trustees, employees, independent contractors, each and every one of its members and associations, and the property owners upon whose land the hippotherapy sessions are conducted. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to me/my child are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Palermo Show Stable, Stepping Stones to Communication, Instructors, Therapists, Aides, Volunteers, Independent Contractors and/or Employees for any and all injuries and/or losses I/my child may sustain while participating in activities. I request and consent to treatment that may include hippotherapy and I have discussed this with my child's doctor. I understand that no liability can be accepted by any of the organizations concerned with this therapy, including Palermo Show Stable and the physician.

"WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L., CHAPTER 287"

Consent signature: _____ Date: _____

Witness: _____ Date: _____

PHOTOGRAPH RELEASE

Consent
I hereby consent to and authorize the use and reproduction by Stepping Stones to Communication, LLC of any and all photographs and any other audiovisual materials taken of me/my child for promotional printed material, educational activities, exhibitions, or for any other use.

Signature: _____ Date: _____

Non-Consent
I do not consent to have myself/my child appear in any photograph or other audiovisual representations.

Signature: _____ Date: _____