



332 Stable Lane. Wentzville, MO 63385 Phone: 636.332.4940 Fax: 636.332.4941

PHYSICIAN'S AUTHORIZATION

I hereby give medical authorization for (Client) _____ to participate in the THERAPEUTIC HORSEMANSHIP program which includes an evaluation by a physician and/or occupational therapist to assess functional levels and recommend riding exercises. This Authorization does not constitute any medical assurance that the person named above will receive physical or psychological benefits from the program conducted by THERAPEUTIC HORSEMANSHIP, nor does it constitute an assessment of the risk of possible injury to said person in relation to the possible psychological or physical benefits from participating in the program.

The consumer's diagnosis is _____ Diagnosis Code _____.

PHYSICIAN'S SIGNATURE _____ Date _____

If client has Downs Syndrome, has ADC (Atlantoaxial Dislocation Syndrome) been ruled out? _____ If ADC is present, do you grant permission for the above named client to participate in THERAPEUTIC HORSEMANSHIP? _____

RELEASE AND INDEMNITY AGREEMENT

We, the parents* (guardian) / I (Client Name) _____ acknowledge that I understand the medical authorization of (Physician) _____ does not constitute any assurance that I will receive physical or psychological benefits from the program conducted by THERAPEUTIC HORSEMANSHIP, or does it constitute an assessment of the risk of possible injury to me in relation to the possible physical or psychological benefits from participating in the program.

In consideration of the services and the medical authorization of (Physician) _____ I hereby waive, release, and relinquish any and all claims against (him/her) for any and all liability arising from (his/her) authorization for me to participate in the program offered by THERAPEUTIC HORSEMANSHIP, and I hereby agree to hold harmless and to indemnify said physician against any and all claims arising from said authorization.

Under Missouri Law an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised statutes of Missouri

Date _____ Signature of Applicant (over 18) _____

Father _____ Mother _____

*In the event that you have sole legal custody of or are the sole living parent of the above named child, only one signature is required.