



ANGELS ON HORSEBACK

www.angelsonhorseback.org

A PATH International Center Member  
**STUDENT APPLICATION**

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Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Mom (or other guardian): \_\_\_\_\_ Dad (or other guardian): \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Describe any previous horse/riding experience: \_\_\_\_\_

List any Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Any notes about your child that we should know: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

CONSENT PLAN: In the event emergency medical aid/treatment is required to due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Angels on Horseback to:

- ★ Perform CPR if student requires it and parent or guardian is not present.
- ★ Secure and retain medical treatment and transportation if needed.
- ★ Release client records upon request to 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 person(s) above is unable to be reached.

NON -CONSENT PLAN: I **do not** give my consent for emergency medical aid. I will be **personally** responsible for any and all treatment decisions in the event of an emergency.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signed by Participant, Parent or Legal Guardian

**\*\*\* PLEASE PROVIDE HEALTH INSURANCE INFORMATION \*\*\***

INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY #: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PREFERRED MEDICAL FACILITY: \_\_\_\_\_



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## WAIVER AND RELEASE OF LIABILITY

Participant's Name: \_\_\_\_\_

**--WARNING--**

**Under Georgia law, an equine activity sponsor or 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 Chapter 12 of Title 4 of the Official Code of Georgia Annotated.**

I acknowledge that horseback riding or activities involving horses is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, personal property loss or even death. Horses are large animals and even the most quiet and calm horse can be unpredictable. I hereby assume the risk of participating in such activities.

I hereby take the following action for myself and my executors, administrators, heirs, next of kin, successors and assigns:

- a) I waive, release and discharge from any and all claims or liabilities for death, personal injury or damages of any kinds, which acts arise out of or relate to my participation in, or my traveling to and from, the horseback riding events, the following persons or entities: Angels on Horseback, Inc., its building or facility owners, sponsors, officers, directors, employees, volunteers, representatives, instructors, fieldhands, and agents of the above.
- b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein, and
- c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as results of my actions and any attorney fees or costs incurred by them as a result of my action.

I  do  do not consent to and authorize the use and reproduction by Angels on Horseback of any and all **photographs** and any other **audio/visual materials** taken of me for promotional material, educational, exhibitions or for any other use for the benefit of the center.

By signing this form, I affirm that I am of legal age (21 years of age or older), I have read this document, and I understand its contents. This document shall be construed under the laws of the State of Georgia.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

The undersigned \_\_\_\_\_, parent and natural or legal guardian of

*name of parent or legal guardian*

\_\_\_\_\_ hereby executes the foregoing Waiver and Release for and on behalf of

*participant's name*

the minor named herein. I hereby bind myself and all other assigns to the terms of the Waiver and Release. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons and entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for or on behalf of the minor in the execution of the Waiver and Release.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

**PLEASE RETURN COMPLETED APPLICATION TO ANGLES ON HORSEBACK**