



LOVE for Therapeutic Riding

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Tax ID 26-2965095

a faith-based, non-profit program 501 (c)(3)



Volunteer Forms

Authorization for Emergency Medical Treatment

Name: _____

Allergies: _____

Medications: _____

Primary Care Physician: _____ Phone: _____

Medical Insurance Provider: _____ Policy # _____

Consent Plan:

In the event emergency medical aid and or treatment is required due to illness, injury or accident during the process of participating in activities at LOVE for Therapeutic Riding or at offsite activities sponsored by LOVE for Therapeutic Riding. I authorize LOVE for Therapeutic Riding personnel to secure and retain medical treatment and transportation if needed for myself or for my minor child or ward, _____ (print legibly). Authorization includes x-rays, hospitalization, medication and any treatment procedure deemed necessary by the physician or emergency medical personnel. I understand that the paid staff at LOVE for Therapeutic Riding is CPR and First Aid Certified, but will defer to emergency medical professionals in any circumstance other than minor illness, injury or accident.

Signed: _____ Date: _____

If for minor or ward, that person's name: _____

Emergency Contact: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____

Alternate Contact: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____

Photo Release

I consent to and authorize the use and reproduction by LOVE for Therapeutic Riding of any and all photographs and any other audiovisual materials bearing my image for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Name: _____ (print legibly)

Signature: _____ Date: _____

For minor or ward: _____ (print legibly)