



**VIDEO RELEASE/LIABILITY WAIVER**

**P.O. Box 1820 205-7th Ave. N. Creston BC, V0B 1G0 ph. 250-428-2296 fax 428-2297**

**Name of Rider:** \_\_\_\_\_

**PHOTO/VIDEO RELEASE/NON-CONSENT**

While on outings and during our daily programs many exciting situations arise. By photographing or video taping these events we can share them with you, family members, caregivers, and others and utilize them to demonstrate the "good works" for our organization. For this reason, we ask permission to share these photographs and or videotapes with the general public.

I, \_\_\_\_\_ of \_\_\_\_\_  
Name Address

Give permission for CDSCL to:

- 1. Share photographs with the general public Yes ( ) No ( )
- 2. Share video tapes with the general public Yes ( ) No ( )
- 3. Publish photographs/videos/stories on the internet Yes ( ) No ( )

Signature of Rider: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ date: \_\_\_\_\_

**RIDER LIABILITY WAIVER**

I acknowledge that the sport of horses is a risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding, working around horses (mounted and dismounted) and viewing horse activities, which include bodily injury to both horse and rider which can result from therapeutic riding as well as normal use, competition and schooling. It is hereby also understood that no helmet or protective equipment can protect me against all foreseeable injury.

I hereby assume all risk and hereby absolve Creston and District Society for Community Living, its members and volunteers, Kootenay Region Association for Community Living, their members and volunteers from all responsibility, liability or claims of any nature and kind which I may have arising from participation in the Therapeutic Riding Program including but not limited to bodily injury or death, and damage to or loss of my property arising from any cause whatsoever, including negligence of one or more of the organizations or individuals referred to herein.

I hereby declare that in signing this document that I have read and fully understood and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signature of Rider: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ date: \_\_\_\_\_



## EMERGENCY MEDICAL TREATMENT

P.O. Box 1820 205-7th Ave. N. Creston BC, V0B 1G0 ph. (250) 428-2296 fax 428-2297

Name: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

### PLEASE ONLY SIGN ONE – CONSENT OR NON-CONSENT

#### CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, **I give permission** to Creston and District Society for Community Living to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

#### NON CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, **I do not give permission** to Creston and District Society for Community Living to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_