

HIDE-AWAY at CAMERON LANE

Volunteer Consent & Release Form

In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of Hide-Away at Cameron Lane (HACL), I authorize to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize HACL to release my/ my child/ my ward's record to any individual involved in medical treatment and/or necessary transportation.

Volunteer's name: \_\_\_\_\_

In Case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

(or signature of parent or guardian if volunteer is under age 18)

Under the Colorado Law, 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 section 13-21-119, Colorado Revised Statutes.

\_\_\_\_\_ (Volunteer's name) would like to participate in the Hide-Away at Cameron Lane (HACL) program. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against HACL, it's Board, Instructors, Therapist, Aides, volunteers, employees, agents, and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child/my ward/ may sustain while participating in the HACL program.

Date: \_\_\_\_\_ Volunteer's Signature: \_\_\_\_\_

(or signature of parent or guardian if volunteer is under age 18)

I hereby consent to and authorize the use reproduction by HACL of any kind and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, education activities, exhibitions or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Volunteer's Signature: \_\_\_\_\_

(or signature of parent or guardian if volunteer is under age 18)