



ROCK, Ride On Center
 PO Box 2422 Georgetown, TX 78627
 2050 Rockride Lane, Georgetown, TX 78626
 (512) 930-7625 office (512) 863-9231 fax
 www.rockride.org



ROCK Liability Form

Liability Release:

_____ (Participant's name) would like to participate in the ROCK program. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against ROCK, its Board of Directors, Instructors, Therapists, Aides, Horse Owners, Volunteers and /or Employees for any and all injuries and/or losses I/my son/daughter/ward may sustain while participating in ROCK programs. **WARNING**-Under Texas law (Chapter 87, Civil Practice and Remedies Code), 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.

Signature: _____ **Date:** _____
 (Participant, Parent, or Legal Guardian)

PHOTO/VIDEO RELEASE:

I hereby (Circle one) **Consent** **Do NOT Consent***

To the use and reproduction by ROCK of any and all photographs and any other audio/visual materials taken of me/my son/daughter/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. (if you do not choose to either consent or not consent we will automatically choose consent).

Signature: _____ **Date:** _____
 (Participant, Parent, or Legal Guardian)

Confidentiality:

I understand that all information, both written and verbal, regarding participants at ROCK, Ride On Center, and confidential business matters shall be held in strict confidence at all times except as needed with the facilitation for therapy and/or business purposes.

Signature: _____ **Date:** _____
 (Participant, Parent, or Legal Guardian)



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Social Media Policy:

ROCK controls what is posted on the ROCK Facebook and other ROCK social media outlets. Only those who signed Photo Releases may have photographs posted. Participant and families are asked verbal permission prior to posting. No participant names are posted. If taking pictures/videos for personal use, respect the privacy of other riders by not posting photo/videos on social media that includes other participants.

Signature _____ **Date** _____
 (Participant, Parent, or Legal Guardian)

***AUTHORIZATION FOR EMERGENCY
 MEDICAL TREATMENT***

Name: _____

Read both and check one below and sign:

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize ROCK to 1) Secure and retain medical treatment and transportation if needed. 2) Release any records upon request to the 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 emergency contacts are unable to be reached.

Consent Signature: _____ **Date:** _____
 (Participant, Parent, or Legal Guardian)

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to be followed:

Non-Consent Signature: _____ **Date:** _____
 (Participant, Parent, or Legal Guardian)