



Destiny's Ride Therapeutic Program Inc.

Located at 165 Angel Hill Road
Chatham, NY 12037

Mailing Address 406 Old Post Rd ~ Stop 24
Ghent, NY 12075

destinysridetherapeutic@gmail.com (518)610.4408

Participant's Authorization for Emergency Medical Treatment Form

Participant's Name: _____ DOB: _____ Phone: _____

Address: _____

Family Email Address: _____

In the event of an emergency, contact;

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician's Name _____ Telephone _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

State any information that you want supplied to a medical professional treating you in an emergency: _____

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 premises operated by Destiny's Ride Therapeutic Program Inc. I authorize Destiny's Ride

Therapeutic Program Inc. to: (circle one)

1. Secure and retain medical treatment and transportation if needed.
2. Release client 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 person below is unable to be reached.

Date: _____

Consent Signature: _____
Participant (Parent or Guardian if participant is under the age of 18 yrs)

Print Name _____ Phone: _____

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. Therefore, check one of the following:

_____ *A parent or legal guardian will remain on site at all times during equine assisted activities.*

_____ *In the event emergency treatment/aid is required, I wish the following procedures to take place:*

Date: _____ Non-Consent Signature:

Participant (Parent or Guardian if participant is under the age of 18 yrs)

Print Name _____ Phone: _____

Address: _____



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Destiny's Ride Cancellation Policy

Destiny's Ride Therapeutic Program Inc. is putting the following lesson cancellation policies into effect immediately:

1. We ask that if you need to cancel a lesson, please inform your instructor at least 24 hours prior to your scheduled lesson time. Your lessons will resume normally in the following week, or rescheduled to another day/time.
 - If you would like to plan a make-up lesson at a different date or time, we will try our best to accommodate you. Please understand that the make-up lesson is contingent on instructor and volunteer availability. Any lessons canceled by the rider through a session that have not been made up by the end of a session will not be credited or refunded.
2. If you cancel a lesson less than 24 hours of your scheduled lesson time, you will be charged a late cancellation / no show fee which is equivalent to the price of an individual lesson. The riding arena has a riding/usage schedule and private lessons may not be guaranteed.
 - The 24-hour window does NOT apply in the event of an emergency situation or inclement weather. This advanced notice allows us to use the now free time effectively -to organize make-up lessons for other students, to plan a volunteer training session, etc.3)
 - In the event that severe weather is being forecasted, i.e. severe thunderstorms, tornados, blizzards, etc., and the Staff at DRTP decide to make the call to cancel, there will be NO penalty to any rider, as it was the Program's decision to cancel.
 - We will notify you as soon as we can of Program cancellations. Lessons canceled by DRTP will have priority for make-up lessons.
 - DRTP does not hold mounted riding lessons in the event that the temperature or "real feel" is above 90 degrees Fahrenheit or below 20 degrees Fahrenheit for the safety of all horses and humans. DRTP will instead provide unmounted horsemanship lessons in place if weather permits.
3. As always, these policies are subject to change as the Riding Center grows and expands! We want to bring as much communication to the front with all our riders, volunteers, and Staff members that we can. Thank you for your understanding! Phone: (518) 610.4408 destinysridetherapeutic@gmail.com,

Participant Signature: _____ Date: _____
(Parent or Guardian signature if participant is under 18)