

ENROLLMENT FORM FOR



**GREATER ATLANTA SPEECH AND LANGUAGE CLINICS, INC.'S
HIPPO THERAPY PROGRAM**

Yes, I do wish to enroll my child in the hippotherapy program through GASLC, Inc. Please put us on your waiting list.

No, we are no longer interested in hippotherapy through GASLC, Inc. Please remove our name from your list.

Child's Name: _____ DOB: _____

Parent's Name: _____

Address & Phone #: _____

Child's diagnosis or brief description of problem: _____

Services Requested: Speech Therapy, Physical Therapy _____

Date of Last Evaluation for above Services Requested and Where: _____

Insurance Company (if Medicaid state if Deeming, SSI, Peachstate, Amerigroup, or Wellcare) _____

Insurance/Medicaid ID# _____

Phone Number for Customer Service _____

Name and Date of Birth of Primary Insured: _____

As soon as this form is received in our office, we will place you on our waiting list. **Please be aware that there may be a waiting list and that we may not be able to accommodate your exact time slot request.** Also, remember that all the information specified in the Guidelines & Procedures must be received before your child can begin participation in either program.



HORSE TALK

A Program of Greater Atlanta Speech and Language Clinics, Inc.
Rider's Registration and Release Form



Registration

Client: _____ Date of Birth: _____ Age: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Phone (home): _____ (work): _____ (emergency): _____
 Parent or Guardian: _____
 Address/Phone: _____
 School or Institution presently attending: _____
 In case of emergency contact: _____ Phone: _____
 contact: _____ Phone: _____

Liability Release

_____ would like to participate in the *Horse Talk* program through *Greater Atlanta Speech and Language Clinics, Inc.* I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my 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 *Horse Talk/ Greater Atlanta Speech and Language Clinics, Inc.*, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in *Horse Talk's* program.

WARNING

Under Georgia law, an equine activity sponsor or 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 Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

Date: _____ Signature: _____
 (Client, Parent or Guardian)

Photo Release (optional)

I hereby consent to and authorize the use and reproduction by *Horse Talk and Greater Atlanta Speech and Language Clinics, Inc.*, of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____
 (Client, Parent or Guardian)



NARHA
 North American Riding
 for the Handicapped
 Association

HORSE TALK

A Program of Greater Atlanta Speech and Language Clinics, Inc.



Rider's Authorization for Emergency Medical Treatment Form

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 *Horse Talk*, a program of Greater Atlanta Speech and Language Clinics, Inc., to:

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.

Client's Name: _____ Phone: _____

Address: _____

In the event I cannot be reached contact: _____ Phone: _____

contact: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____

Consent Plan

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: _____

(Client, parent, or guardian)

Print Name: _____ Phone: _____

Address: _____

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 take place:

Date: _____ Non-Consent Signature: _____

(Client, Parent or Guardian)

Print Name: _____ Phone: _____

Address: _____

A COPY OF THE COMPLETED MEDICAL HISTORY SHOULD BE ATTACHED TO THIS FORM.



**GREEN ACRES EQUESTRIAN CENTER, L. L. C.,
Surrounding Landowners, Trainers/Instructors, and Equine Professionals**

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator.

In consideration, therefore, of the privilege of boarding horse, riding, trail riding across property and/or being around horses, the Undersigned does hereby agree to hold harmless and indemnify the above named parties and further releases them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or any invitee of the Undersigned. The Undersigned further agrees to avoid and maintain a safe distance from any construction activity, building, house, personal property and equipment on property and personally warrants full responsibility and accountability for due diligence in safe management and control of horse related activities.

CHAPTER 12 of TITLE 4 of the GEORGIA ANNOTATED

UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR 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 CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTED.

- 1) I have read and fully understand Chapter 12 of Title 4 of Georgia Law.
- 2) I hold no person or persons responsible for any accident or injury resulting from a horse activity in and around this facility.

Rider: _____ Date: _____

Parent of Guardian: _____

To whom It May Concern: In the event of injury to Rider and/or Rider's invitee, Center, its agents or employees have permission to administer First Aid, transport to a medical facility and sign for medical treatment.

Rider: _____ Date: _____

Parent of Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____