www.touchstone-farm.org
info@touchstone-farm.org
Tel. 603.654.6308
233 Old Temple Road
Lyndeborough NH 03082

Touchstone Farm

Positively Changing Lives!

Pony Farm

Horse Power

Hoof Print Project Registration Form

Kid's name: _____ Age:_____ DOB:_____

Additional kid's name: _____ Age:_____ DOB:_____

Primary Contact Information (participant/primary contact is responsible for all communication, scheduling, and billing)
Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Other Phone *(specify)*:_____

Email:_____ Specify best way to contact you:_____

Secondary Contact Information *(secondary contact will not be included on all communication unless indicated below)*

❑ Yes, please include secondary contact on **all** participant communication. Initials: _____ *(Check & initial if applicable)*

Name: _____

Relationship to participant: ❑ Self ❑ Parent ❑ Guardian ❑ Caretaker ❑ Other *(specify)*: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Other Phone *(specify)*:_____

Email:_____ Specify best way to contact you:_____

Rates:

☐ Hoof Print Project: $275 per child, 4 weeks of lessons **$275**

TOTAL Enclosed _____

Touchstone Farm - Communications & Marketing

How did you hear about our program? _____
May we add your contact information, including email, to our mailing and email newsletter communications: ❑ Yes ❑ No

Participant/Parent or Legal Guardian Contact Signature(s)

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

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Touchstone Farm Covenant

_____, of _____ ,
(Participant, Parent or Legal Guardian) (Physical Address)

for myself and for my heir legal representatives, and assigns, in partial consideration of the acceptance of

_____ for participation in the **Touchstone Farm Inc., Pony Farm or Horse Power**
(Participant's Name)

Programs and/or associated activities, and being fully and completely aware and knowledgeable of the assumption of risk of personal injury which I seek to make by becoming a member of the **Touchstone Farm Inc., Pony Farm or Horse Power** Program do, for as long as I remain a member of the **Touchstone Farm Inc., Pony Farm or Horse Power** Program or use its facilities, equipment and amenities, covenant with the **Touchstone Farm Inc., Pony Farm or Horse Power**, its heirs, legal representatives and assigns, to never institute any suit or action at law or in equity against the **Touchstone Farm Inc., Pony Farm or Horse Power**, by reason of any claim which I now have or may hereinafter acquire relating to personal injuries which may be sustained by me/my child arising from participation in the **Touchstone Farm Inc., Pony Farm or Horse Power** Programs and use of the facilities provided by the "Touchstone Farm Inc., Pony Farm, or Horse Power."

The undersigned acknowledges that there exists inherent risks of personal injury in the sport of riding and driving or handling of horses and the undersigned agrees to assume such risks and hold the **Touchstone Farm Inc., Pony Farm or Horse Power** harmless for any injuries incurred by the undersigned and/or their children while riding, driving or handling horses at **Touchstone Farm Inc., Pony Farm or Horse Power.**

I expressly reserve all legal remedies arising from tortious injuries intentionally or with malice, and expressly reserve any and all rights, causes of action, claims and demands against any person, firm or corporation other than the **Touchstone Farm Inc., Pony Farm or Horse Power** its owners, heirs, legal representatives, staff and assigns and employees.

Signature _____ Date _____

Witness _____ Date _____

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Touchstone Farm Authorization for Emergency Medical Treatment

Participant name: _____ Preferred name: _____

Participant DOB: _____ Participant Age: _____ ❑ Male ❑ Female

Primary Diagnosis: _____

Physician's Name: _____ Preferred Medical Facility: _____

Known Allergies: _____

Participant/Primary Contact Information (is responsible for all communication, scheduling, and billing)

Name: _____

Relationship to participant: ❑ Self ❑ Parent ❑ Guardian ❑ Caretaker ❑ Other *(specify)*: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Other Phone *(specify)*: _____

Email: _____ Specify best way to contact you: _____

Employer: _____ May we contact you at work: ❑ Yes ❑ No

Work Phone: _____ Work Email: _____

In the event of an emergency, please contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Other Phone *(specify)*: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Other Phone *(specify)*: _____

In the event emergency medical aid or treatment is required due to illness or injury during the process of receiving services or while being on the property of **Touchstone Farm Inc.,** I authorize **Touchstone Farm Inc.** to:

1. Secure and retain medical treatment and transport if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes X-rays, surgery, hospitalization, medications and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____

(Participant, Parent or Legal Guardian)

-OR-

Non-Consent Plan

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

Non-Consent Signature: _____ Date: _____

(Participant, Parent or Legal Guardian)

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Liability Release

(Participant's name) _____ would like to participate in the **Pony Farm or Horse Power Program at Touchstone Farm Inc.** I acknowledge the potential risk of horseback riding, vaulting, driving or unmounted horsemanship. However, I feel that the possible benefits to my child, my ward or myself 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 **Touchstone Farm Inc., Pony Farm or Horse Power**, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses I, my child, my ward may sustain while participating in **Touchstone Farm Inc., Pony Farm or Horse Power.**

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

Photo Release

Participant's Name:_____ Date:_____

I hereby consent to and authorize the use and reproduction by **Touchstone Farm Inc., Pony Farm or Horse Power** of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

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