

Aeroflex Equine Therapy

Consent & Release Forms

Photo Release:

I consent to authorize the use and reproduction by Tri-County Behavioral Care LLC., of any and all photographs and any other audio/visual materials taken of me or my children for promotional material, educational activities, exhibitions, etc. for the benefit of the program.

I DO

I DO NOT

Signature:	Date:
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Sunscreen:

Over-the-counter ointments and creams, such as sunscreen that are used for preventative purposes do not require written authorization from a primary care provider. However, parent/ guardian permission is required, and all label instructions must be followed. Participants of Tri-County Behavioral Care are responsible for applying protective sunscreen and following instructions on the bottle.

Signature:	Date:
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Participation:

As a participant at Aeroflex Equine Therapy, a Division of Tri-County Behavioral Care LLC., I acknowledge the risk of a horseback-riding program. However, I feel that the possible benefits to me and the clients I work with are greater than the risk I assume. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, to waive and release forever all claims for damage against Aeroflex Equine Therapy, a Division of Tri-County Behavioral Care, LLC., D&M Training Center, LLC., its Board of Directors, instructors, therapists, volunteers, and/or employees for any and all injuries and or losses I may sustain while participating in Aeroflex Equine Therapy, a Division of Tri-County Behavioral Care, LLC. programs and activities.

Signature:	Date:
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Confidentiality:

At Tri-County Behavioral Care, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information, such as surnames, telephone numbers, addresses, e-mail address, etc., as well as the non-public business records of Tri-County Behavioral Care. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Tri-County Behavioral Care staff. Volunteers must seek staff permission before taking any pictures of videos. I have read and understand the Tri-County Behavioral Care Confidentiality Policy and agree to abide by the same.

Signature:	Date:
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