

CHASTAIN HORSE PARK THERAPEUTIC PROGRAM  
GROUP ACTIVITY REQUEST FORM

Agency/Institution \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Hours of Operation \_\_\_\_\_  
Contact Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
Contact Ph. \_\_\_\_\_ Cell or Home Ph. \_\_\_\_\_

Request For (Please Check One):  
 Unmounted Activity or Field Trip       Mounted Activity or Field Trip (Max. 6 riders/3 horses)  
Regular Therapeutic Riding Sessions (Max. 6 riders/3 horses)      Other:  
Approx. #Staff \_\_\_\_\_ #Group Members \_\_\_\_\_      Would staff like to be trained as sidewalkers for group? \_\_\_\_\_

Preferred Date(s)/Time(s) \_\_\_\_\_  
Please Circle:  
    Weekday mornings      Weekday afternoons      Saturday a.m.      Saturday p.m.      Sunday p.m.

*A \$15.00 per person fee is charged for unmounted field trips. As we serve persons from disadvantaged backgrounds, this fee may be waived upon request, or a partial fee submitted. Fees for mounted activities will be set on a case-by-case basis. (The regular rate for a mounted therapeutic session is \$50 per person.)*

Would you need any special parking arrangements (bus, handicapped van)?  
\_\_\_\_\_

Please describe the individuals in your group, including health challenges/disabilities, ages, number in group, and prior riding experience (continue on back of page if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like your group members to accomplish at Chastain Horse Park's Therapeutic Program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to:  
Chastain Horse Park Therapeutic Program  
4371 Powers Ferry Road  
Atlanta, GA 30327  
Ph. 404-252-4244 ext. 27 OR FAX TO: 404-252-1106

**CHASTAIN HORSE PARK OUTREACH PROGRAM**  
**Registration Form for Group Activity**

*We are pleased to offer you the invitation to join us at Chastain Horse Park, where horses increase the health and happiness of our guests. Our instructors and volunteers will strive to make your time at Chastain a pleasurable experience benefiting mind, body, and spirit.*

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School/Institution Presently Attending \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**PHOTO RELEASE:** \_\_\_\_\_ I hereby consent to and authorize \_\_\_\_\_ I do not consent to nor do I authorize the use and reproduction by Chastain Horse Park of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

**LIABILITY RELEASE (REQUIRED):** \_\_\_\_\_ (name printed) would like to participate in the Chastain Horse Park activity. I acknowledge the risks and potential for risks of horseback riding. However, I feel the possible benefits to myself/child/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 Chastain Horse Park Ltd., 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 the Program.

**EMERGENCY RELEASE:**

**CONSENT PLAN:** In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Chastain Horse Park 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. This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below cannot be reached.

Consent Signature (client/parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

*I have read the above releases, and give Photo, Liability, and Emergency Consent, as described above:*

**\*\*** Signature (parent / guardian) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_

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*\*A helmet is provided and required while riding. \*Please do not bring food for the horses.*

**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.**

Mail to: Chastain Horse Park \* Attn: Mandy Branton \*4371 Powers Ferry Road, Atlanta GA 30327  
Fax to: 404-252-1106 \* Ph. 404-252-4244, ext. 27 \* e-mail mbranton@chastainhorsepark.org  
If onsite: Place in brass drop box beside the Clubhouse's front door.