



## Back In The Saddle Equine Therapy Center

334 College Hill Rd. / Hopkinton, NH 03229

(603) 746-5681

fax: (603) 746-3522

[info@bitsetc.org](mailto:info@bitsetc.org)

[www.bitsetc.org](http://www.bitsetc.org)

### DAY CAMP APPLICATION PACKET

Hello,

Please fill out this application form completely and return with your payment prior to the start of camp. We accept cash, check made payable to BITS ETC and Venmo (@bitsetc).

If you need to cancel, we ask that you contact the barn as soon as you know at: 603-746-5681. We provide riding lessons and equine assisted activities, as well as vocational education opportunities. If interested in any of these, please check out our website at: [www.bitsetc.org](http://www.bitsetc.org)

Best Regards,

*Jaryn Hall-Haines*

Executive Director



## DAY CAMP REGISTRATION FORM

Participant Name \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address [street] \_\_\_\_\_ [city/zip] \_\_\_\_\_

E-Mail [please print clearly] \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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I would like my child to attend camp during the week(s) marked below:

- Week of:     June 29-July 2                       July 6-July 9                       July 13-July 16  
                   July 20-July 23                       July 27-July 30                       August 10-August 13  
                   August 17-August 20

We will be offering day camp for those with special needs:

- August 3-August 6 from 9:00am-12:30pm.

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### PHOTO RELEASE:

I  DO  DO NOT consent and authorize the taking and use / reproduction of any and all photographs, and or other audiovisual materials taken of me by BITS ETC for promotional, (printed, or web-based), exhibitions, educational activities, or for any other use for the benefit of BITS ETC.

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Signature (Parent or Guardian if under 18)

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date

# AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address [street] \_\_\_\_\_ [city/zip] \_\_\_\_\_

Phone [home] \_\_\_\_\_ [cell] \_\_\_\_\_ Email \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies to medications? \_\_\_\_\_

Current Medications \_\_\_\_\_

In the event of an emergency, contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_

**(Parent or Legal Guardian if under 18)**

# RELEASE OF LIABILITY

Although every effort will be made to avoid accident or injury, NO LIABILITY can be accepted by BITS ETC, it's officers, board of directors, agents, employees, and any of its members, associates, or the property owners upon whose land the therapeutic riding sessions are conducted.

According to RSA 508:19:

"...an equine activity sponsor, an equine professional, or any other person engaged in an equine activity, shall not be liable for any injury or the death of a participant resulting from the inherent risks of equine activities and, except as provided in paragraph III of this section, no participant's representative shall made any claim against, maintain an action against, or recover from any other person for injury, loss, damage, or death of a participant resulting from any other inherent risks of equine activities. Each participant in an equine activity expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property which results from participation in an equine activity. Each participant shall have the sole responsibility for knowing the range of his or her ability to manage, care for, and control a particular equine or perform a particular equine activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular equine at all times while participating in an equine activity, to heed all posted warnings, and to refrain from acting in a manner which may cause or contribute to the injury of any person..."

I have read and understand the legal limits of liability of BITS ETC, and request to participate in therapeutic riding activities as a **(please initial)**:

\_\_\_\_\_ Student \_\_\_\_\_ Volunteer \_\_\_\_\_ Visitor/Clinic Participant

I understand the inherent risks and potential for risk of equine activities, and agree to accept them. I hereby, intending to be legally bound for myself, my heirs, and assigns, executors, and administrators, waive and release forever all claims for damages against BITS ETC, its board of directors, instructors, therapists, aides, volunteers, and /or employees for any and all injuries and or losses I (my child, ward) may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he / she has read this Liability Release in its entirety; that he / she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.'

\_\_\_\_\_  
Participant [Please print clearly]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent or Guardian if under 18 years old)

\_\_\_\_\_  
Date

# CONFIDENTIALITY POLICY

It is the policy of Back In The Saddle Equine Therapy Center to hold absolutely confidential all charts, and communications (oral or written) made by and between or about Therapeutic Riding Center staff, board, volunteers, and clients. It is required that all staff, board members, and volunteers sign this confidentiality agreement. All of these persons are accountable for maintaining the confidentiality of therapy which occurs at BITS ETC. BITS ETC shall treat all communications regarding therapy as protected health information, and will be guided by the Federal Health Insurance Portability and Accountability Act (HIPAA) in all dealings with outside agencies, or interested persons.

**Confidential Communication** is any information that is either written or spoken, and shared between client, and / or family-guardian, and staff, volunteers, and board of directors in the course of service delivery of Equine Assisted Therapy and Equine Assisted Learning activities at BITS ETC. The information that is exchanged is considered confidential and is to be kept as such by all involved, and disclosed only to those people who are:

1. Present at the time the information is shared and working to further the interests of the client.
2. Working for BITS ETC, maintaining records of clients for informational purposes (i.e.) to aid in evaluation, and facilitating communications between staff/ volunteers, as well as for medical and psychological documentation.
3. Not associated with BITS ETC, but working on behalf of the client, such as an attorney, counselor, housing worker, or other social service agent.

## **Maintenance of Records:**

1. BITS ETC maintains all records in a strictly confidential manner. Only staff members have access to these records. Clients/guardians may access their records at any time, and copies are available for a nominal copying fee.
2. In cases where information must be disclosed to others, BITS ETC must have a signed release form on file from the client or guardian before said information is disclosed.

## CONFIDENTIALITY POLICY (continued)

### Exceptions for the Release of Information:

1. Where a staff member or volunteer has reason to suspect a person has been either physically or sexually abused, a report must be made to the appropriate authority. If a volunteer suspects abuse, they should notify a staff member who will be responsible for reporting such. If the client is willing to report the abuse themselves, BITS ETC will have complied with the requirements for reporting. If they assist that individual with making the report.
2. In criminal proceedings, when the court has determined, through the procedure explained in RSA 173-c, that the information contained in the record or testimony is admissible under chapter 173-c, where medical emergency exists and the information from the file is required and the client/family/guardian is unable to authorize the release, information limited to the medical emergency will be **disclosed to any emergency personnel, and / or the medical institution treating the client.**

I \_\_\_\_\_

(Please print name)

have read and agree to abide by the confidentiality policy of BITS ETC.

\_\_\_\_\_  
Volunteer / Staff Member / Client (or Guardian) signature

\_\_\_\_\_  
Date



## BITS ETC CONTACT NUMBERS

Office & Barn Number: (603)-746-5681

E mail: [jarynh@bitsetc.org](mailto:jarynh@bitsetc.org)

Office Secure Fax: (603)-746-3522

**Executive Director: Jaryn Hall-Haines (603)-545-5886**

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**Melissa LoVetere, Instructor:** (978) 886-0392

[MelissaL@bitsetc.org](mailto:MelissaL@bitsetc.org)

*PATH certified instructor offering Therapeutic Riding, Vocational Education, Equine Assisted Learning, Ride UP for Uniformed Professionals.*

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**Kathy Mauzerall, Instructor:** (603) 344-8848

[Ktymzrl@gmail.com](mailto:Ktymzrl@gmail.com)

*Hippotherapy certified instructor offering Therapeutic Riding and Ride UP for Uniformed Professionals*

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