



# Parkwood Farms

T H E R A P Y   C E N T E R

## Family Start-Up Packet

Dear Parents and Students,

Welcome to Parkwood Farms Therapy Center, Inc.. This packet contains the forms that need to be completed prior to your child's first session. The Waiver form must be notarized, which can be done by any manager at your local Kroger at no charge. Once the Waiver is signed for the participating child, it will include any sibling/s or family member that accompanies you during the child's session.

Please read all information completely. Fill out what applies to you and/or your child and return all forms. Copies of any medical documentation is acceptable. We have tried to keep the amount of paperwork to a minimum, but these forms are required by governing agencies to insure the safety of you and your family.

Our center is a work in progress, please excuse the chaos and be understanding about the mess that construction causes. The observation/reception room and therapy rooms are well under way. We will be adding to the center in phases. These improvements include a play area, trails in the wooded area, and paving the parking area.

Please feel free to contact me with any questions you may have about our program or this packet. Call Dr. Marilyn Peterson at 678-344-6821 or e-mail at [ParkwoodHorses@gmail.com](mailto:ParkwoodHorses@gmail.com)

We looking forward to working with you and you family.

Best Regards,

Marilyn Peterson DC  
Founder/CEO  
Parkwood Farms Therpay Center, Inc.



**Parkwood Farms Therapy Center, Inc.**  
 2519 Parkwood Road  
 Snellville, GA 30039-4403  
 Office 678-344-6821 Fax 404-537-9355

**Rules and Guidelines:**

- All persons riding must wear closed shoes or sneakers. NO SANDALS.
- No persons are allowed in the arena during sessions other than the therapists, volunteers and the rider. The therapists is responsible for mounting and dismounting the rider. This is for safety reasons.
- All gates must be kept shut at all times.
- No persons are allowed walking around the outside of the arena or in the barn area. This can be disquieting to the horses.
- When it is necessary to bring siblings during the riders' session, the parent/s must keep the siblings in designated areas and as quiet as possible. It can be distracting to the rider, the therapist, and the horse. This is the riders' time, please help make it the best experience possible.
- NO PETS ALLOWED on the premises.
- Do not feed any animals by hand. Doing so causes horses to nip and bite at hands and fingers. If you want to bring treats to the animals, ask permission first and a bowl to put the goodies in will be provided.
- Past the parking area is a private residence. Please respect the families privacy and property.

**Stable Fees:**

**Parkwood Farms Therapy Center, Inc.** requires payment of a stable fee. This fee reserves your regularly scheduled time slot each week. This fee covers the cost of the horse's care, feed, vet, farrier, equipment, and insurance that was used for each session. This also offsets the costs involved in the use of the arena, the recruiting, training and managing the volunteers needed to lead the horse and be sidewalkers for the safety of the rider.

The stable fee is \$75.00 per one 30-minute session per week OR \$225.00 per month regardless of the number of weeks in a month. This fee is payable on the first of each month during the rider's enrollment. The first month will be prorated at \$75.00 per session. This gives you approximately 10 free session per year. One month notice is required for termination of services, given directly to **Parkwood Farms Therapy Center, Inc.**. This will allow the slot to be filled from the waiting list.

**PLEASE NOTE: *Insurance and Medicaid DO NOT cover stable fees!***

Cancellation of sessions due to lack of volunteers and/or horse availability will be adjusted by **Parkwood Farms Therapy Center, Inc.** with either a make-up therapeutic riding session or adjustments to the next months bill. In the event a therapists cancels for any reasons, it will be the responsibility of the therapists home center to make adjustments or reimbursements.

Inability to pay stable fees should not be a reason to discontinue therapy. Ask Dr. Marilyn Peterson for a list of community service groups that you may apply to for assistance. There may also be partial or full scholarships available from **Parkwood Farms Therapy Center, Inc.**.

By signing this page, you are stating that you completely understand and accept the conditions and terms of the rules and payment of **Parkwood Farms Therapy Center, Inc.**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Rider/parent)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Rider/parent)



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## Authorization for Emergency Medical Treatment Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

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

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in services, or while being on the property of **Parkwood Farms Therapy Center, Inc.** and its' owners, I authorize **Parkwood Farms Therapy Center, 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.

### Consent Plan

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

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

Client, Parent, or Legal Guardian

### 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 on the property of **Parkwood Farms Therapy Center, Inc.** In the event emergency treatment/ aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Client, Parent, or Legal Guardian

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



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## Medical and Health Information Form

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Legal Guardian Name and Address: \_\_\_\_\_

Recent medical tests: Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test + - Date: \_\_\_\_\_  
(Consult your physician or local health department if you are not up to date with these shots/tests)

### Health History

Please describe your current health status, particularly regarding the physical/emotional demands of participating in a Hippotherapy or therapeutic riding program. Address diagnosis, cardiac, respiratory, or joint function, recent hospitalizations/surgery, or limitations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in **Parkwood Farms Therapy Center Inc.**'s therapy program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release

I  DO  
 DO NOT

consent to and authorize the use and reproduction by **Parkwood Farms Therapy Center, Inc.** of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**RELEASE WAIVER & COVENANT NOT TO SUE**

In accordance with Georgia Law, the following warning notice is hereby given:

**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.**

Without limitation by or to the above-cited laws, the undersigned, for and in consideration of the exchange of mutual promises and covenants and other goods and valuable consideration does hereby knowingly and voluntarily covenant not to sue, on behalf of self, siblings, and the child or children named below and does hereby knowingly and voluntarily waive and release any and all rights to proceed against **Parkwood Farms Therapy Center, Inc.**, Dr. Marilyn Peterson, any agent, employee, instructor, volunteer, or clinician in any action, at law or in equity, and hereby expressly covenants not to sue or bring any action, claim, demand, or seek damages of any kind or nature whatsoever, based on any facts, occurrences, omissions, or commissions by **Parkwood Farms Therapy Center, Inc.**, Dr. Marilyn Peterson, any agent, employee, instructor, volunteer, or clinician, whether such action, claim, demand, or claim of damage is based on personal injury, property damage, medical expenses, hospital expenses, or any other claim of claims, and hereby agrees, warrants, and declares that I shall, at all times, save and keep harmless from any and all losses, costs, damages, liabilities and expenses occasioned by, arising out of, or incurred in connection with my use or my child or children's use of the horses or the facilities, and property provided by **Parkwood Farms Therapy Center, Inc.**, Dr. Marilyn Peterson, any agent, employee, instructor, volunteer, or clinician. We hereby agree, warrant, and declare that we shall indemnify and hold harmless from any and all losses, costs, damages, liabilities, and expenses occasioned by, arising out of, or incurred in connection with any event or occurrence causing injury to any person or property, whomsoever or whatsoever, whether due directly or indirectly to the existence, riding or use of the horses or the facilities and property provided by **Parkwood Farms Therapy Center, Inc.**, Dr. Marilyn Peterson, any agent, employee, instructor, volunteer, or clinician. Further, we, the undersigned, execute, give and intend this to be and operate as a Release, Waiver, and Covenant Not To Sue in favor of **Parkwood Farms Therapy Center Inc.**, Dr. Marilyn Peterson, any agent, employee, instructor, volunteer, or clinician. We do not intend this Release, Waiver, and Covenant Not To Sue or any of the provisions hereof to benefit persons or entities, or classes of persons or entities, other than those expressly set forth herein above.

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.

**WE, THE UNDERSIGNED, HAVE READ THE FOREGOING RELEASE, WAIVER, AND COVENANT NOT TO SUE AND FULLY UNDERSTAND THE TERMS AND PROVISIONS SET FORTH HEREIN AND WE KNOWINGLY AND VOLUNTARILY SIGN THIS DOCUMENT AND AGREE TO ALL TERMS AND PROVISIONS HEREOF.**

Rider's Name (please print) \_\_\_\_\_

Rider's Signature (or parent) \_\_\_\_\_  
*(Must be 18 years old to sign)*

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

This is given under our hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.