

Freedom Farm – Books Around the Farm  
 11500 Ferman Avenue SW  
 Waverly, MN 55390  
 952-955-2505  
[info@freedomfarmmn.org](mailto:info@freedomfarmmn.org)

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

**SEND TO FREEDOM FARM**

## 2018 Authorization for Emergency Medical Treatment Form

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

Address: \_\_\_\_\_ City \_\_\_\_\_, MN, Zip \_\_\_\_\_

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

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

List all Allergies (medication, food, etc.): \_\_\_\_\_

Current medications: \_\_\_\_\_

**In the event of an emergency, contact:**

Email: \_\_\_\_\_

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

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

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

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

**\*\*PLEASE CHOOSE ONE\*\***

**Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication 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.

**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 being on the property of the agency.

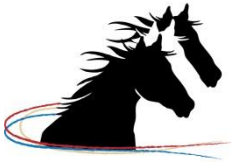
**In the event emergency treatment/aid is required, I wish the following procedures to take place:**

---

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

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

Client, Parent or Legal Guardian



Freedom Farm  
 11500 Ferman Avenue SW  
 Waverly, MN 55390  
 952-955-2505  
[info@freedomfarmmn.org](mailto:info@freedomfarmmn.org)

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

## 2018 Participant's Application and Health History

Please indicate current or past special needs in the following areas:

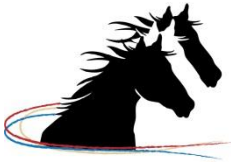
	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognitive			
Allergies			EpiPen? Yes No

### PHOTO RELEASE

I  **DO**  **DO NOT** consent to and authorize the use and reproduction by Freedom Farm of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program (this includes the website, Freedom Farm Facebook & newspapers).

**\*\*new\*\* PHOTO POLICY: PHOTOS** you take at Freedom Farm of riders/volunteers other than YOUR child may not be posted to FaceBook or other social media sites. Please respect the privacy of all participants & volunteers.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Client, Parent or Legal Guardian



Freedom Farm  
11500 Ferman Avenue SW  
Waverly, MN 55390  
952-955-2505  
[info@freedomfarmmn.org](mailto:info@freedomfarmmn.org)

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

## 2018 Release and Agreement

1. I, \_\_\_\_\_, the undersigned or my minor child, (herein called Releasor), in consideration of being permitted to use the facilities and services of Bjorklund Training Stable/Freedom Farm for himself/herself, spouse, my minor child, legal representatives, heirs and assigns, HEREBY RELEASES, WAIVES AND DISCHARGES BJORKLUND TRAINING STABLE/FREEDOM FARM, (HEREIN CALLED RELEASEE) THE OWNERS AND LESSEES OF BJORKLUND TRAINING STABLE/FREEDOM FARM INCLUDING TOM BJORKLUND AND SUSAN BJORKLUND THEIR AGENTS, EMPLOYEES AND VOLUNTEERS, FROM ALL LIABILITY TO THE RELEASOR, THEIR SPOUSE, LEGAL REPRESENTATIVES, HEIRS AND ASSIGNS, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DAMAGES RESULTING THEREFROM ON ACCOUNT OF INJURY TO RELEASOR'S PERSON, EVEN INJURY RESULTING IN DEATH OF THE RELEASOR, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASOR OR OTHERWISE WHILE THE RELEASOR IS RIDING, WORKING, OR FOR ANY PURPOSE USING THE FACILITIES, EQUIPMENT OR SERVICES OF BJORKLUND TRAINING STABLE/FREEDOM FARM.
2. I agree to indemnify Bjorklund Training Stable/Freedom Farm, Tom Bjorklund, Susan Bjorklund and each of them from any loss, damage or cost they may incur due to the participation or use of the facilities, equipment and services of Releasee due to the presence of myself or my minor child in or upon the property owned, located at or controlled by Bjorklund Training Stable/Freedom Farm whether caused by the negligence of the Releasees or otherwise.
3. I fully understand any involvement with horses involves some risk of harm or injury to myself, my minor child, my horses or my other property and that risk of damage or injury is a normal incident of involvement with horse-related activities and I hereby agree that risk is borne by me an/or my minor child and not by Bjorklund Training Stable/Freedom Farm, Tom Bjorklund or Susan Bjorklund, or their officers, members, agents, employees or volunteers.

THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGNED THIS RELEASE AS MY OWN FREE ACT.

Releasor (Parent/Guardian) \_\_\_\_\_

Minor Child \_\_\_\_\_ Date \_\_\_\_\_