



Thorncroft Equestrian Center
190 Line Road, Malvern, PA 19355
Office: 610.644.1963 *Fax: 610.644.9342* www.thorncroft.org

Consent for Release of Information

I, _____, do here by give consent to
(rider/parent/guardian – circle one)

_____, to provide any and all necessary
(Provider)

information on _____ to Thorncroft Equestrian Center
(Rider's name)

personnel for the determination of appropriateness of continued participation in the equine-assisted therapy program.

It is my understanding that all information released to Thorncroft Equestrian Center will be held in the strictest of confidence and no information will be released to any unnecessary personnel or outside individuals.

All information will be kept in the rider's file under lock and key in the front office.

This release is valid for one (1) year from date of signature.

Signature _____
(rider/parent/guardian – circle one)

Date _____