



Good Hope Equestrian & Regenerative Farm, Inc.
1108 Wild Turkey Run
Halifax, Virginia
(305) 297-4729

Participant's Consent for Release of Information

I hereby authorize Good Hope Equestrian Training Center to release information from the records of:

_____ DOB: _____

(Participant's Name) for the purpose of developing a Riding Program for the above-named participant. The information to be released is indicated below.

- Medical History
- Physical Therapy evaluation, assessment, and program plan
- Occupational Therapy evaluation, assessment, and program plan
- Speech Therapy evaluation, assessment, and program plan
- Mental Health diagnosis and treatment plan
- Individual Program (IPP)
- Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment, and program plan
- Cognitive-Behavioral Management Plan
- Other: _____

Signature: _____ Date: _____
(Participant or Parent/Guardian)