



Eagle Mount Great Falls

P.O. Box 2866

Great Falls, MT 59403

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Area for Office Use Only:

Online Waivers ____/____/____

Paper Waivers ____/____/____

Media: Highlight names with NO media.

EMPACT GROUP PARTICIPATION

BUSINESS/GROUP INFORMATION

Business/Group Name:		Contact Person:		Phone:
Address:				
City:		State:	Zip:	
Business Phone:		Mobile:	Other:	
Email Address:				
Check best way(s) to reach you: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Business <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Text				

PROGRAM INFORMATION / GUIDELINES

Session Date (s): _____ Total Cost of Session (s): _____

I understand that each person participating in any Eagle Mount activity must have a liability form signed before attending. Liability waivers can be signed online at <https://www.waiverfile.com/b/EagleMountGreatFalls/> or you can download a paper copy from www.eaglemount.net or request a paper copy.

ATTENDANCE – First & Last Name and all information requested for each person attending. We ask for this information for statistic reasons. Ht, Wt and Limitations are important **IF** a session leads to riding a horse (each horse has weight restrictions).

1.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
2.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
3.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
4.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
5.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
6.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____

Find Us!

www.eaglemount.net or [eaglemountgf](https://www.facebook.com/eaglemountgf) on



Business/Group Name:

OTHER INFORMATION

What brought you to Eagle Mount Great Falls?

What are your expectations from participating in the EMPACT Program?

Billing contact information?

Please provide any additional information or concerns that you feel will help us create a successful experience for your group:

ACKNOWLEDGEMENT – Must be completed by authorized person that is responsible for your group.

I certify that the information provided on this form is true and correct to the best of my knowledge. Eagle Mount Great Falls reserves the right to verify all information.

✓ Liability Waiver: **Initial:** _____ **Everyone in my group has signed the waiver(s) online.** _____ **We signed paper copies.**

Contact Person's Printed Name:

Date:

Contact Person's Signature:

Notice of Information Practices and Privacy Statement for Eagle Mount Great Falls (EMGF)

Eagle Mount Great Falls, P.O. Box 2866, Great Falls, MT 59403. www.eaglemount.net (406) 454-1449

Programs: Montana Vet Program, Equestrian, Sled Hockey, Ski/Board, Tippy Toes, Camp GREAT, Climbing, Bowling, and any other activity EMGF provides its participants on a one-time or yearly basis.

How We Collect Information About You: Eagle Mount Great Falls (EMGF) and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voicemails, and from the submission of applications that are either required by law or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voicemails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about participants or volunteers who apply for or receive our services that are considered confidential, is restricted by law, or has been specifically restricted in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with safe recreational adaptive activities which may require communication between EMGF and health care providers, medical product or service providers, and other providers necessary to: verify your information is accurate and determine the most appropriate and safe activities in any of the EMGF programs.

If you apply or attempt to apply to receive services through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors.

Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of EMGF. We reserve the right to use non-identifying information about our participants and volunteers for fundraising and promotional purposes that are directly related to our mission.

No one will be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

I have read and understand EMGF's Privacy Statement.
