Free Rein Therapeutic Riding

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PARTICIPANT APPLICATION AND HEALTH HISTORY

GENERAL INFORMATION

Participant: _____

DOB: _____ Age:_____Height:_____Weight*_____ Gender: M F

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Employer/School: _____

*Due to the safety of the riders, horses and volunteers there is a 180-pound weight limit for riders. If rider is over 130 pounds they must be able to mount independently.

Parent/Legal Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (H) _____(C)_____

Email Address: _____

Best Way to Contact You: ☐ Email ☐ Phone

Employer: _____

How did you hear about us? _____

Scheduling Contact (if different from above): _____

Relationship: _____

Phone: _____

Email: _____

HEALTH HISTORY

Primary Diagnosis: _____

Date of Onset: _____

Secondary Diagnosis: _____

Date of Onset: _____

Current or past seizures: _____

Please explain type, frequency and method of control: _____

_____

_____

_____

Past Surgeries? _____

_____

_____

Recent imaging studies (x-ray, MRI, CT scan, etc.) _____

_____

_____

Medications (include prescription and over-the-counter; name, dose and frequency):

_____

_____

_____

_____

Please indicate current or past considerations in the following areas:

Area (Examples)	**YES**	**NO**	**Comments**
Vision (Glasses/contacts)			
Hearing (Hearing aids, implants)			
Sensation (Over or under sensitive)			
Communication (ASL, speech delays, gesture)			
Heart (Surgeries, implants)			
Breathing (Asthma, oxygen)			
Digestion (Gastronomy tube)			
Elimination (Catheters, colostomy, incontinence)			
Circulation (Varicose veins, hemophilia, reduced circulation)			
Emotional/Mental Health (Depression/Anxiety)			
Behavioral (Aggression)			
Pain (Over-or under-sensitive, headaches, joint pains)			
Bone/Joint (Spinal surgeries, fusions, implants, osteoporosis, arthritis)			
Muscular (Weakness, high tone, low tone)			
Neurological (Seizures, ataxias, tremors)			
Cognitive (Ability to follow 1 to multiple steps)			
Allergies (Hay, dust, dander, food)			

Describe the rider's abilities in the following area:

Physical Function (include mobility skills such as use of assistive devices and transfers, orthotics worn and purpose)

Psycho/Social Function (include daily activities such as work or school-including grade completed, leisure interests, family structure, support system, companions and animals, fears)

Goals (What would you like to accomplish through riding? Feel free to include other therapy goals and IEP objectives)

Signature: _____ **Date:** _____

(Rider/Parent/Guardian)

Free Rein Therapeutic Riding

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged to be sufficient, the undersigned hereby grant permission to Free Rein Therapeutic Riding to take or have taken still and moving photographs, films, including television footage, of the following individual:

Rider Name: _____ Date of Birth: _____
(Please Print)

The undersigned hereby consent and authorizes Free Rein Therapeutic Riding and its work to use and reproduce the photographs, films, and footage to circulate and publicize the same by all means, including and without limit to, the generality of the newspapers, television media, internet promotion including but not limited to Facebook, YouTube, blogs and webpage, publication, pamphlets, instructional materials, books and clinical materials.

With regard to the foregoing material, no inducement or promises have been made to us/me to secure out/my signature(s) to this release other than the intention of Free Rein Therapeutic Riding to use or have used such photographs, films, and footage for the primary purpose of promoting and aiding Free Rein Therapeutic Riding and its work.

Consent for Photographs: Yes_____ No_____

Rider Signature (if over 18 years old): _____

Parent or Legal Guardian Signature: _____

PARTICIPANT/LEGAL GUARDIAN STATEMENT OF ACKNOWLEDGEMENT

This is to acknowledge that I have received a copy of Free Rein's Rider Handbook. I understand that it provides policies and procedures about Free Rein's billing, attendance, and codes of conduct. I also understand that it is my responsibility to read, understand, become familiar with and comply with the standards that have been established. I further understand that Free Rein reserves the right to modify, supplement, rescind, or revise any procedure or policy from time to time, with or without notice, as it deems necessary or appropriate.

Today's Date: _____

Rider Signature (if over 18 years old): _____

Parent or Legal Guardian Signature: _____

Free Rein Therapeutic Riding
Emergency Medical Treatment Consent

Participant's Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Legal Guardian's Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (H) _____ (C)_____ (W)_____

Physician's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Healthcare Insurance Company: _____

Policy Number: _____

Emergency Contact: _____

Relationship: _____

Phone (H) _____ (C)_____ (W)_____

_____ (Participant) and his/her Legal Guardian _____ Consents as Follows:
In the event of a medical emergency, I authorize Free Rein Therapeutic Riding and/or its designated agent to authorize such medical assistance as it deems necessary. I further authorize any licensed physician and/or medical facility to provide any medical or surgical care and/or hospitalization for the participant deemed necessary or advisable until I am available or able to provide more specific authorization. So authorize:

Dated this _____ day of _____ , 20____

_____
Participant/Legal Guardian

If the participant is brought to Free Rein Therapeutic Riding by a caregiver other than the participant's parents, such caregivers are to remain on the Free Rein campus during the entirety of the participant's lesson and presence on the facility grounds unless otherwise authorized by the Director of Free Rein Therapeutic Riding.

Free Rein Therapeutic Riding

Release of Liability and Indemnity Agreement

I, _____ , hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in an activity visiting Free Rein Therapeutic Riding.

I fully understand that being near a horse, involves numerous dangers and risk of injury to me. I acknowledge that the assumption of all the risks involved is my responsibility and I completely release Free Rein Therapeutic Riding and its agents from all liability for any and all injuries caused by my participation in the general activity of horseback riding.
Please initial to show that you agree _____ .

I agree not to sure, claim against, attach the property of or prosecute Free Rein Therapeutic Riding, its officers, board members, affiliated organizations, agents and/or its employees for riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause.
Please initial to show that you agree _____ .

I agree to release the State of Washington and all its agencies, agents, contractors, servants and employees for liability for any acts of Free Rein Therapeutic Riding causing injuries arising out of premises operation, acts of independent contractors, products completion, or personal injuries sustained due to Free Rein Therapeutic Riding's negligence in connection with providing services under this contract.
Please initial to show that you agree _____ .

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representative.
Please initial to show that you agree _____ .

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of my own free will.
Please initial to show that you agree _____ .

<u>This is a release of liability. Do not sign or initial the release if you do not understand and/or agree with the terms.</u>

Participants under 18 years of age require the signature of a parent or legal guardian.

_____
Signature of Participant (if over 18 years old)

_____
Signature of Parent or Legal Guardian

_____
Address

_____ _____
Phone Number Date