

Horsin' Around Therapeutic Riding Center
Participant Application and Registration

Participant: _____ DOB: _____

Diagnosis: _____ Onset: _____

Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ (h) _____ (w) _____ (c)

Employer/School: _____

Parent/Legal Guardian: _____

Address: _____

Telephone: _____ (h) _____ (w) _____ (c)

Email Address: _____

How did you hear about Horsin' Around Therapeutic Riding Center?

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

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
Fear/aversion to animals			

Medications (prescription and over-the-counter include: name, dose and frequency, side effects encountered): _____

**Describe participant's abilities/difficulties in the following areas
(include assistance required or equipment needed)**

Physical Function (mobility skills such as transfers, walking, wheelchair use, driving/bus riding): _____

Psycho/Social Function (work/school including grade completed, leisure interests, relationship-family structure, support system, companion animals, fears/concerns, etc.):

Goals (Why are you applying to participate? What would you like to accomplish?):

Participant (if 18 or over)

Parent/Legal Guardian

**Horsin' Around Therapeutic Riding Center
PHYSICIAN REFERRAL
(updated annually)**

Rider Name: _____ DOB: _____

Diagnosis: _____ Date of Onset: _____

Parent/Legal Guardian: _____

Occupation: (father) _____ (mother) _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ (h) _____ (w)

** The following is to be filled out by the Physician of record**

Relevant Medical History: _____

Current Weight: _____ Current Height: _____

Atlantoaxial Dislocation Condition (ADC) X-ray outcome: _____

Surgical Procedures: _____

Psychological (IQ where pertinent): _____

Medications: _____

Visual Defects: _____ Auditory Defects: _____

Speech Defects: _____ Circulation Problems: _____

Neuro-sensory: _____ Balance: _____

Coordination: _____ Braces: Yes _____ No _____

Spasticity and/or rigidity: _____ Assistive Devices: Yes ___ No ___

In my opinion, this patient can receive horseback riding instruction under appropriate supervision:

Precautions or contraindication to horseback riding therapy: _____

Physician's Name(print): _____ Signature: _____

Address: _____ Telephone: _____

Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
****STUDENT****

In the event emergency medical aid treatment is required due to illness or injury during the course of riding with the Horsin' Around Therapeutic Riding Center, or while being on said premises of the agency, I hereby authorize Horsin' Around Therapeutic Riding Center and/or its representatives to:

1. Obtain medical treatment and/or transportation, if needed.
2. Release client records upon request to the authorized agency or its representative involved in the medical emergency treatment.

Name: _____ Telephone: _____

Address: _____ City/State/ZIP: _____

In the event that either I or my dependent is unconscious, please contact:

Name/Relationship: _____ Telephone: _____

Physician's Name: _____ Telephone: _____

Medical Facility: _____ Telephone: _____

Health Insurance Company: _____ Telephone: _____

In an effort to provide the best care possible, please indicate below:

I am/my child is allergic to the following medication(s). I/my child has the following ongoing medical conditions (i.e. Diabetes, Seizures, etc.):

Date: _____ Signature: _____
Rider or Parent/Guardian

-OR-

****NON-CONSENT FOR MEDICAL TREATMENT****

I/We DO NOT give consent for emergency medical treatment for myself/my child in the case of illness or injury during the course of participating in the lesson program or while on the premises of the Horsin' Around Therapeutic Riding Center, in the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Signature: _____
Rider or Parent/Guardian

Print Name: _____ Telephone: _____

Address: _____

Horsin' Around Therapeutic Riding Center

Liability Release Form/Photo Release

Horsingaroundcenter@yahoo.com | 505-390-1341 | 341 Highway 116, Bosque, NM

Horsin' Around Therapeutic Riding Center operates a Therapeutic Horsemanship program at the above listed address, and there are no areas which are completely free from animal activities or for persons who are not participants. While there is a spectator area, there is still an inherent risk in being in close proximity to horses and farm animals.

Warning: Under New Mexico Law, **an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to A.R.A. s 12-553.**

On my behalf and that of my personal representatives, heirs, next-of-kin, and spouse. I HEAREBY:

- Understand and acknowledge that Horsin' Around Therapeutic Riding Center operates out of the 341 Highway 116 facility, which is an active stable with a variety of animals housed throughout the premises, that I must exercise care and caution while on the premises, including responsibility for any minors in my care.
- This includes not interacting with any farm animal without the express permission of a Horsin' Around Therapeutic Riding Center staff member.
- Assume the risk of injury which I or minors in my care may sustain arising from approaching, handling, or riding a horse in connection with Horsin' Around Therapeutic Riding Center activities.

I understand and acknowledge that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any spectator or participant when they are in close proximity.

I further voluntarily agree and warrant to Hold Harmless Horsin' Around Therapeutic Riding Center and all employees, volunteers, Board of Directors, and associated parties from any liability whatsoever, including, but not limited to: any incident caused by or related to Horsin' Around Therapeutic Riding Center negligence, relating to injuries known or unknown, or otherwise not herein disclosed: including but not limited to: injuries, death, or property damage from: mounting, riding, dismounting, walking, grooming, feeding, use of horse barn, pastures, stalls, or arena in any capacity; falling off the horse; or my failure to understand Horsin' Around Therapeutic Riding Center directions related to my riding or otherwise use and control, or lack thereof, horses or equipment.

I will exercise safety precautions for my own protection and any minors accompanying me on the property, and I agree to abide by the policies and procedures of Horsin' Around Therapeutic Riding Center, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times, including supervising and taking responsibility for any accompanying minors while on or near any horse.

I Indemnify and hold harmless Horsin' Around Therapeutic Riding Center, its officers, instructors, volunteers, participants or employees, and they shall not be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation or attendance at any Horsin' Around Therapeutic Riding Center event.

I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent any and all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release, discharge and promise not to sue Horsin' Around Therapeutic Riding Center, its officers, instructors, volunteers, participants, employees, and agents where lessons, horse shows or other Horsin' Around events occur, from all liability for property damage and personal injury to me.

This agreement shall apply to any horse being used for Horsin' Around Therapeutic Riding Center event or any person or equipment affiliated with said event.

Furthermore, I assume full responsibility and liability for the conduct and safety of any minors I bring onto the property where Horsin' Around Therapeutic Riding Center events are conducted.

I have read and understand all of the above and waive any claim which may arise against Horsin' Around Therapeutic Riding Center, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horsin' Around Therapeutic Riding Center events are conducted.

This agreement is effective upon signing and continues so long as I participate in Horsin' Around Therapeutic Riding Center events.

I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

Name of Rider (or Parent/Guardian if under age 18)

Name of Rider if under 18

Signature of Rider (or Parent/Guardian if under age 18) Date

PHOTO/VIDEO RELEASE

I consent to and authorize the use and reproduction of any and all photographs and other audiovisual materials taken of me, my son/daughter or ward, for promotional printed material, educational activities, social media and exhibitions or for any use for the benefit of Horsin' Around Therapeutic Riding Center.

_____ (CONSENT-initial) _____ (NON-CONSENT-initial)
I understand and agree to the above conditions as defined by Horsin' Around Therapeutic Riding Center.

List All Riders (please print) Parent / Guardian Name if Rider is under 18 (print)

Signature of Parent/Guardian Date