

Lutherlyn Therapeutic Riding Application

Participant Name: _____

Birthdate: ____ / ____ / ____ Height: ____ Weight: ____ Gender: M / F

Contact Information: Please circle: Self Parent Guardian

Cell Phone: _____ Home Phone: _____

Email: _____

Address: _____

Emergency Contact Information:

Please Circle: Spouse Parent Guardian

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Address: _____

Caregiver(s): _____

Cell Phone: _____ Home Phone: _____

Which Therapeutic Riding services are you seeking?

Private Lessons (30 min or 60 min) Semi-private Lessons Group Lessons

Availability: Weekday Daytime Weekday Evening Weekend

List best days/times _____

Have you previously participated in Horseback Riding or Therapeutic Riding? Yes No

Where? _____

Describe any riding/horse experience: _____

What are your primary goals or reasons for participating in Therapeutic Riding?

Physical: _____

Cognitive: _____

Social/Behavioral: _____

Health History

Diagnosis: _____

Onset: _____

Medications (include prescription and OTC medication; name, purpose, dose, frequency):

Describe any medical conditions requiring *special precautions* or treatment which would impact participation in a therapeutic riding program: _____

Seizures: ☐ Yes / No Type: _____ Controlled? Yes / No

Frequency: _____ Date of last seizure: _____

For persons with Downs Syndrome: symptoms of Atlanto-Axial instability? Y / N

AtlantoDens Interval X-Ray date: _____ Results: Pos Neg

Please describe any current or past problems in the following areas:

	Yes	No	Comments
Visual			
Auditory			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Orthopedic			
Muscular			
Allergies			
Learning Disability			
Mental Impairment			
Psychological			
Other			

Please describe abilities and difficulties in the following areas:

Physical Function (balance, strength, gross/fine motor, adaptive equipment/transfers, mobility)

Sensory (proprioception, vestibular, tactile, oral-tactile, auditory, visual, smell, taste)

Cognition (attention, memory, comprehension, expression, problem solving,)

Psychosocial Function (behavior, fears/anxiety, social skills, relationships and family structure, leisure interests, companion animals)

Any additional information you think we should know to make the best possible experience for the participant:

Authorization for Emergency For Medical Treatment

Consent Plan: In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property, I authorize Lutherlyn to:

- 1) Secure and retain medical treatment and transportation if needed, including Flight for Life.
- 2) Release the ill/injured person's records upon request to the authorized individual or agency involved in the emergency medical treatment.

This authorization includes X-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician or emergency medical team.

Consent Signature: _____ Date: _____
(Participant/Spouse/Parent/Guardian)

Non-consent Plan: I do NOT give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property of Lutherlyn.

- Parent or legal guardian will remain on site at all times during equine activities.
- In the event emergency medical aid/treatment is required, I wish the following procedure(s) to take place: _____

Non-Consent Signature: _____ Date: _____
(Participant/Spouse/Parent/Guardian)

Photo Release

_____ I do _____ I do not consent to and authorize the use and reproduction by Lutherlyn Equestrian Center of any and all photographs and any other audio/visual materials taken of me/my spouse/my son/my daughter/my ward for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Exceptions: _____

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

Equestrian Services Liability Release and Assumption of Risk For Lutherlyn

Registered Participant: _____ **Age:** _____ **Date of Birth:** _____

MEDICAL INSURANCE: I/WE AGREE THAT: Should medical treatment be required, I and/or my medical insurance shall pay for ALL such incurred medical expenses.

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING

- A. **REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE** I, above listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in the equestrian services provided by this stable.
- B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS:** This legal agreement shall be legally binding upon me the registered participant and the parents or legal guardians thereof if a minor and it shall be interpreted according to the laws of the state and county of this stable's location. This agreement is intended to be valid and binding at all times now and in the future when this stable permits me to enter this stables' property, be near any horse, when I receive instruction or guidance from its associates on or off this stable's property. The terms "HORSE" or "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME", "MY", shall herein refer to the above registered participant and the parents or legal guardians thereof if a minor.
- C. **INHERENT RISKS / ASSUMPTION OF RISKS: I ACKNOWLEDGE THAT:** Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that risks, conditions, and dangers are inherent in (meaning and integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result on injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reactions to sounds, sudden movement, unfamiliar object, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; a collision, encounter and/or confrontation with another equine, another animal a person or object. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and/or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider fall from horse to ground it will generally be a distance of 3.5 to 5.5 feet and the impact may result in harm to the rider. Horseback riding is an activity in which one much smaller, weaker predator animal (the human) tries to impose its will on and become one unit of movement with another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short; spinning around; changing direction and/or speed at will; shifting its weight; bucking. Rearing; kicking; biting; and/or running from danger. **I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on this stable to list all possible risks for me.**
- D. **PROTECTIVE HEADGEAR: I/WE AGREE THAT: I** for myself and on behalf of my child and/or legal ward have been fully warned and advised by this stable that protective headgear/helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F1163 Equestrian Helmet, should be worn while riding, handling, and/or being near horses, and I understand that the wearing of such headgear/helmet at these times may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall or other occurrences
- E. **LIABILITY RELEASE: I AGREE THAT:** In consideration of this stables allowing my participation in this activity, under the terms set forth herein, I for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives, do agree to release, hold harmless, and discharge this stable, its owners, agents, employees, officers, directors, representative, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on their behalf (herein after collectively referred to as "associates"), or and from all claims, demands, causes of action and legal liability whether the same be known or unknown, anticipated or unanticipated, due to this stables and/or its associates ordinary negligence or legal liability; and I do further agree that except in the event of this stables gross negligence I shall not bring any claims, demands, legal actions and causes of action against this stable and its associates as stated in above clause for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by me and/or my minor child and/ or legal ward in relation to the premises and operations of this stable to include while riding, handling, or otherwise being near horses owned by me or owned by this stable or in the care, custody or control of this stable.

EACH PARTICIPANT AND PARENTS OR LEGAL GAURDIANS MUST SIGN BELOW AFTER READING AND COMPLETING THIS ENTIRE DOCUMENT.

SIGNER STATEMENT OF AWARENESS

I/we the undersigned, represent that I/we have read and do understand the foregoing agreement, liability release, and assumption of risk agreement. I/we understand that by signing this document/we are giving up rights to sue today and in the future. I/we attest that all facts are true and accurate. I am signing this while of sounds mind and not suffering from shock, or under the influence of alcohol, drugs or intoxicants

Signature: _____