



Horses with Hearts, Inc.

Equine Assisted Activities

Appendix A: Participant Forms

For new applications and to renew a participant's application for a new riding year:

1. Print out and complete the application on pages 2 and 3 and forward to Kay Barkwill. Upon receipt of this application, new applicants will be placed on the waiting list.
2. Print out the physician's statement on page 4 and ask your doctor to complete this form. This form needs to be turned in before you or your family member begins the first riding session.
3. Once you or your family member has been assigned to a riding session, be sure to print out, read and sign the participant and family rules (pages 6 and 7) and the liability agreement:
 - for participants who are minors, the liability agreement form is on pages 8
 - for participants who are not minors but who have legal guardians, the liability agreement form is on pages 9
 - for adult participants, the liability agreement form is on pages 10
4. Bring the signed participant and family rules and liability agreement form with you to your first session.

Documentation must be updated annually. You will need to complete the entire set of forms and bring them with you to your first riding session.



**Horses with Hearts, Inc.
Therapeutic Riding
PO Box 2186, Martinsburg, WV, 25402**

Participant's Application and Health History

GENERAL INFORMATION:

Participant: _____

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

Address: _____
(street address) City State Zip Code

Home Phone: _____ Cell #: _____ Work #: _____ Alternative #: _____

Email Address: _____

Emergency Contact Information: Name: _____

Relationship: _____

Phone #: _____ Cell #: _____

Employer / School: _____

Address: _____

Phone: _____

Parent/Legal Guardian/Caregivers: _____

Employer: _____ Occupation: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

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			

(over)

MEDICATIONS (include prescription, over the counter; name, dose and frequency) _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e., Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e., Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e., Why are you applying for participation? What would you like to accomplish?)

Signature: _____ Date: _____

PHOTO RELEASE

- I _____ DO
- _____ DO NOT

Consent to and authorize the use and reproduction by Horses with Hearts, Inc. of any and all photographs and other audio/visual materials taken of me and/or my family members for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, Parent or Legal Guardian

Form date 02/19/2013 rev 3



Horses with Hearts, Inc.

Therapeutic Riding

PO Box 2186, Martinsburg, WV, 25402

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of Last Revision: _____

Cautions & Contraindications: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: Neurologic Symptoms of AtlantoAxial Instability: Present Absent

Please indicate current or past special needs in the following systems/areas, including surgeries: These conditions may suggest precautions and contraindications to equine activities

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that the PATH Intl. center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO MP PA Other: _____

Signature: _____ Date: _____

Address: _____

Phone: () _____ License/UPIN Number: _____



Horses with Hearts, Inc.
 Therapeutic Riding
 PO Box 2186, Martinsburg, WV, 25402

Authorization for Emergency Medical Treatment Form

Circle One: Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy : _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, please contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize _____ to:
 (Center's Name)

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

Non-Consent Plan

I do not consent for emergency medical treatment /aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

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

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

Rev 2/19/2013

Horses with Hearts Therapeutic Riding Participant and Family Rules

All participants and/or responsible adult must read and sign this form. Rules are subject to change at the organization's discretion. All participants and/or parents are required to read and sign updated form within 30 days of publication.

All participants must have a parent or guardian attend annual orientation and ALL forms completed and signed including Participant's Medical History and Physician's Statement and the appropriate Participant Agreement. If the participant is under the age of 18 or unable to sign, a parent or guardian must sign forms.

There must be a parent or an adult who is responsible for the participant and family members present at the facility at ALL times. Responsible adult will be referred to in these rules as the person who has total responsibility for participant and other children during the time participant and family are at the facility.

All participants and siblings must be supervised at all times by a Horses with Heart's volunteer or responsible adult. Responsible adult is responsible for ALL actions of the participant and ALL other children.

Responsible adult is responsible for the actions of all guests who may be visiting the facility.

All participants must have an Application and Health History form signed and on file at the facility

All participants must have a Release of Liability Form signed. If participant is under the age of 18 or unable to sign a responsible adult must sign form.

Participant is required to wear long pants and shoes with hard soles while riding.

Participant is required to wear an ASTM approved helmet when mounted on the horse. Participant may provide their own helmet but it must be ASTM approved. If participant does not have a personal helmet, one will be provided for them. Helmet must fit participant properly. Helmet must be within 5 years of date of manufacture.

Family members must stay in designated Horses with Hearts area at all times.

Participants and/or family members are not allowed in barn or other undesignated areas without a Horses with Hearts volunteer.

No smoking of any kind (cigarette, cigar, pipe, vaping, etc.) allowed on the premises.

When entering or leaving the property, all vehicles must drive no more than 5 miles per hour.

Sessions must be paid in full prior to the end of session. If a scholarship is needed, please request the form at the beginning of the session. Scholarship forms are good for 1 year.

Payment fee is \$180.00 per semester. If participant is unable to attend a session for any reason (e.g., vacation, illness, etc.), the session fee is not reimbursed nor is the session made up on another day. If Horses with Hearts cannot provide a session, a credit or make up session will be provided.

Do not feed the horses without the assistance of a Horses with Hearts volunteer.

All participants and their family are guest of Horses with Hearts and are asked to be respectful of the facility at all times.

Failure to adhere to all of the above rules can result in participant's participation in the program to be cancelled immediately.

I, _____, have read and understand the Horses with Hearts Rules.

Signature

Date

If participant is under the age of 18 or unable to sign, signature of a parent/responsible adult is required on this form.

I, _____, am the parent/responsible adult for _____ and I have read and understand the Horses with Hearts Rules.

Signature

Date

PARTICIPANT AGREEMENT

(Parent(s) of a minor)

HORSES WITH HEARTS, INC.



- I, _____, the parent/guardian of _____, a minor under the age of 18 years, acknowledge that we applied to participate in Horses with Hearts equine assisted activities.
- I understand that it is my responsibility to notify Horses with Hearts if he/she is unable to participate, or has limitations or restrictions, in riding activities for medical or any other reason, and I understand it is my responsibility to notify Horses with Hearts of any medical or other recommendations which may be made that are relevant to the riding program and attendant activities.
- I understand that Horses with Hearts or other project sponsors do not provide insurance coverage for him/her or their participation in the program.
- I give my permission for Horses with Hearts to use, without limitation or obligation, photographs, film footage, or tape recordings which may include _____'s image or voice for the purposes of promoting, or interpreting the Organization's programs.
- I agree to hold harmless and defend Horses with Hearts, its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, losses, or death sustained by _____ and arising out of, connecting with, or in any way associated with the activities of this Organization.
- I acknowledge and agree that Horses with Hearts reserves the right to terminate his/her participation in the program for failure to act in accordance of any rules and regulations or for any reason which the leaders of Horses with Hearts deem necessary to maintain the safety of him/her, the leaders, the volunteers, the horses, or others.
- I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia. I agree that in the event any clause or provision of this Agreement shall be held to be invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Agreement which shall continue to be enforceable.
- I have carefully read this agreement and fully understand its contents. By signing this agreement, I certify that I am the parent or legal guardian of _____, and that I have had the opportunity to consult with counsel, or others of my choosing, prior to executing this agreement and that I sign the same voluntarily.

Signature of Participant's Parent/Guardian

(Date)

On behalf of Horses with Hearts, Inc.

(Date)

PARTICIPANT AGREEMENT

(Legal Guardian)

HORSES WITH HEARTS, INC.



- I, _____, the legal guardian of _____, acknowledge that we applied to participate in Horses with Hearts equine assisted activities.
- I understand that it is my responsibility to notify Horses with Hearts if he/she is unable to participate, or has limitations or restrictions, in riding activities for medical or any other reason, and I understand it is my responsibility to notify Horses with Hearts of any medical or other recommendations which may be made that are relevant to the riding program and attendant activities.
- I understand that Horses with Hearts or other project sponsors is not providing insurance coverage for him/her or their participation in this program.
- I give my permission for Horses with Hearts to use, without limitation or obligation, photographs, film footage, or tape recordings which may include _____'s image or voice for the purposes of promoting, or interpreting the Organization's programs.
- I agree to hold harmless and defend Horses with Hearts, its officers, directors, volunteers, agents, servants, and employees from any and all claims resulting from injuries, damages, losses, or death sustained by _____ and arising out of, connecting with, or in any way associated with the activities of this Organization.
- I acknowledge and agree that Horses with Hearts reserves the right to terminate his/her participation in the program for failure to act in accordance of any rules and regulations or for any reason which the leaders of Horses with Hearts deem necessary to maintain the safety of him/her, the leaders, the volunteers, the horses, or others.
- I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia. I agree that in the event any clause or provision of this Agreement shall be held to be invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Agreement, which shall continue to be enforceable.
- I have carefully read this agreement and fully understand its contents. By signing this agreement, I certify that I am the legal guardian of _____, that I have had the opportunity to consult with counsel, or others of my choosing, prior to executing this agreement and that I sign the same voluntarily.

Signature of Participant's Legal Guardian

(Date)

On behalf of Horses with Hearts, Inc.

(Date)

PARTICIPANT AGREEMENT

(Adult)

HORSES WITH HEARTS, INC.



- I, _____, an adult over the age of 18 years, acknowledge that I applied to participate in Horses with Hearts equine assisted activities.
- I understand that it is my responsibility to notify Horses with Hearts if I am unable to participate, or have limitations or restrictions, in riding activities for medical or any other reason, and I understand it is my responsibility to notify Horses with Hearts of any medical or other recommendations which may be made that are relevant to the riding program and attendant activities.
- I understand that Horses with Hearts or other project sponsors is not providing insurance coverage for me or my participation in the program.
- I give my permission for the Horses with Hearts to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promoting, or interpreting the Organization's programs.
- I agree to hold harmless and defend Horses with Hearts, its officers, directors, volunteers, agents, servants, and employees from any and all claims resulting from injuries, damages, losses, or death sustained by me and arising out of, connecting with, or any way associated with the activities of this Organization.
- I acknowledge an agree that Horses with Hearts reserves the right to terminate my participation in the program for failure to act in accordance of any rules and regulations or for any reason which the leaders of Horses with Hearts deem necessary to maintain the safety of me, the leaders, the volunteers, the horses, or others.
- I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia. I agree that in the event any clause or provision of this Agreement shall be held to be invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Agreement which shall continue to be enforceable.
- I have carefully read this agreement and fully understand its contents. By signing this agreement, I certify that I have had the opportunity to consult with counsel, or others of my choosing, prior to executing this agreement, and that I sign the same voluntarily.

Signature of Participant

(Date)

On behalf of Horses with Hearts, Inc.

(Date)