

Purple Pony Therapeutic Horsemanship, Inc.

Returning Rider Application

PARTICIPANT INFORMATION:

Application Date

Participant's Name Gender: M F Disability

Height: Weight* Date of Birth Age

Riders Current School Grade

Mailing Address

City State Zip

Enrolling for: **Riding** **Showmanship (Ground)** **Spring Session** **Fall Session**

The chart below indicates the class schedule for this season. Please number the boxes in order of preferred class day & time. Every effort will be made to place riders into their 1st choice but flexibility is greatly appreciated as we match riders with our horses, our volunteer availability and, class dynamics:

	4:45 p.m.	6:00 p.m.	7:15 p.m.
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian who will be attending lessons with rider?

Preferred contact method Phone # Cell or Home

e-mail (for primary care giver)

Emergency Contact Info

Physician's Name Phone #

Health Ins Co Policy #

Known Allergies

MEDICATIONS we should be aware of

Describe any **changes** in rider's abilities or difficulties in the following areas (include assistance required or equipment needed): **PHYSICAL FUNCTION** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (e.g., work/school including grade completed, leisure interests, Relationships, family structure, support systems, companion animals, fears/concerns, etc.)

GOALS What would you like to accomplish?

PHOTO RELEASE I DO I DO NOT consent to & authorize the use & reproduction by Purple Pony Therapeutic Horsemanship, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. Signature

 Date

Client, Parent or Legal Guardian

Purple Pony Therapeutic Horsemanship, Inc.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event that emergency medical aid/treatment is required due to illness or injury during lesson activities, or while on the property of the agency, I authorize Purple Pony Therapeutic Horsemanship, Inc to:

1. Secure and maintain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the 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 emergency contact person(s) is unable to be reached.

Consent Signature Date

Participant, parent or legal guardian

NON-CONSENT PLAN I do not give my consent for emergency medical treatment/aid in the case of illness or injury during lesson activities or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature Date

Participant, parent or legal guardian

RELEASE AND HOLD HARMLESS AGREEMENT

No participant will be accepted for therapeutic horsemanship instruction at Pony Therapeutic Horsemanship, Inc. until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of the participant.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding, driving, and working around horses. This includes bodily injury from horseback riding or driving or being in close proximity to horses. Among other risks, both horse and participant can be injured during normal use. In order to provide this valuable service, **NO LIABILITY** will be accepted by the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC., KD RANCH**, or any of the organizations or persons connected with the above-named facilities.

IN CONSIDERATION for the opportunity to ride, drive and/or work with horses at **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC., and/or KD RANCH**, the undersigned, as self, or as parent(s), or guardian(s) of the named participant, jointly or severally, do hereby agree to release, hold harmless and indemnify **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC., and/or KD RANCH**, its officers, directors, trustees, agents, employees, representatives, successors and assigns from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned or said participant may now or in the future have against the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC., and/or KD RANCH**, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said participant, or the treatment thereof, arising as a result of, or in any way connected to, acts or incidents occurring at or relating to the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC., and/or KD RANCH**, its officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto.

I have carefully read this agreement and fully understand its contents.

Participant Name (Print) _DOB

Participant or Parent/Guardian Signature Date

Address (if different than pg. 1)

City State Zip