

Hands and Hearts for Horses Therapeutic Riding Program
Participant Registration Form

Name: _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: (____) _____ Alternate Phone: (____) _____
Parents/Guardian/Spouse Name: _____
Home Phone:(____) _____ Alternate Phone: (____) _____
Address: _____ City: _____ State: ____ Zip: _____
School/Institution Presently Attending: _____
Physical Therapist: _____ Occupational Therapist: _____
Speech Therapist: _____ Other: _____

WARNING: Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 the Official Code of Georgia Annotated.

Liability Release:

_____ (Participant's Name) would like to participate in the Hands and Hearts for Horses therapeutic riding program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my child /my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hands and Hearts for Horses, their Board of Directors or Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in any Hands and Hearts for Horses program .

I understand that for the purpose of assisting volunteers in providing safe and responsible services to students, Hands and Hearts for Horses will release information pertaining to the student's disability as necessary.

Signature _____ Date _____

Witness _____ Date _____

Photo Release:

I hereby consent to _____ OR do not consent to _____ (Please check one) and authorize without any compensation the use and reproduction by Hands and Hearts for Horses of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, or for any other use for the benefit of the program.

Signature: _____ Date: _____

HANDS AND HEARTS FOR HORSES

EQUINE ACTIVITY RELEASE/WAIVER, ASSUMPTION OF RISKS AND INDEMNIFICATION AGREEMENT AND NOTICE OF RISKS

I, _____, do hereby:

1. RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Hands and Hearts for Horses, their operators, horse owners, and each of them, their officers, agents, employees, leasees, and participants (all hereafter collectively referred to as RELEASEES) from any and all claims, loss, damage, and liability to the UNDERSIGNED, his/her personal representatives, assigns, heirs, next of kin, or anyone claiming through them, arising out of any liability or negligence of RELEASEES which causes the UNDERSIGNED injury, death, damages, or property damages. I HEREBY COVENANT to hold RELEASEES harmless and indemnify RELEASEES for any claim, judgment, or expense including attorneys fees and costs of litigation RELEASEES may incur arising out of my activities or presence, or travel to or from, at or on the farm or on the property of RELEASEES or at horse shows.
2. UNDERSTAND that my entry onto the farm or premises of RELEASEES, riding, showing, or attending horse shows involves DANGER AND RISK OF INJURY OR DEATH, that conditions of horseback riding and horses change from time to time and may become more HAZARDOUS, and that there is INHERENT DANGER in horse and riding which I appreciate and VOLUNTARILY ASSUME because I CHOOSE TO DO SO. I have observed horses and riding of the type that I seek to participate in and I have inspected the grounds, horse, and equipment provided. I further know that other riders, horses, and participants pose a danger to me; nevertheless, I VOLUNTARILY ELECT TO ACCEPT ALL RISKS connected therewith in my participation.
3. I verify that no representations or inducements have been made to me to sign this Release. I further expressly agree that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the state in which I participate in activities conducted by the RELEASEES and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

WARNING

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THE UNDERSIGNED HAS READ, VOLUNTARILY SIGNED, AND UNDERSTANDS THAT THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT FULLY RELEASES HANDS AND HEARTS FOR HORSES FROM ANY LIABILITY TO THE UNDERSIGNED.

READ CAREFULLY BEFORE SIGNING!

Participant's Signature: _____ Date: _____

Signature of Parent or Guardian if the participant is under 18: _____

Witness: _____ Date: _____

Hands and Hearts for Horses Therapeutic Riding Program Participant Emergency Medical Treatment Form

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name of Parent/Guardian/Spouse _____
Address _____
Phone (Home, Work, & Cell) _____

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during volunteering with the Hands and Hearts for Horses or while being on the property, I authorize Hands and Hearts for Horses to secure and retain medical treatment and transportation if needed.

In case of emergency: Contact _____ Phone _____
Contact _____ Phone _____

Physician's Name _____
Health Insurance Co. _____
Preferred Medical Facility _____

Emergency Medical Treatment Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician.

Consent Signature _____ Date _____
(Participant, Parent, Guardian)
Witness Signature _____ Date _____

Emergency Medical Treatment Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-consent signature: _____ Date _____
(Participant, Parent, or Guardian)

Witness signature _____ Date _____

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Hands and Hearts for Horses Rider's Medical History and Physician's Statement

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Name of Parent or Guardian _____

Diagnosis _____

Date of Onset _____

**** For Persons with Down syndrome:**

* Negative Cervical X-ray for Atlantoaxial Instability. X-ray Date _____

* Negative for clinical symptoms of Atlantoaxial Instability.

**** For Persons with Scoliosis:**

* Degree of Scoliosis: _____

Tetanus Shot: _____ Yes _____ No Date: _____

Height _____ Weight _____

Seizure Type _____ Controlled _____

Date of Last Seizure _____

Medications _____

Mobility	Yes	No
Independent Ambulation		
Crutches		
Braces		
Wheel Chair		

To my knowledge there is not reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician's Signature: _____

Physician's Name (Please Print): _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: (____) _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes please comment.

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

Hands and Hearts for Horses

What is Therapeutic Horseback Riding?

Therapeutic riding uses equine-oriented activities for the purpose of contributing positively to the cognitive, physical, emotional; and social well-being of people with special needs. Therapeutic riding provides benefits in the areas of sport, recreation, education, and medicine to individuals with a wide range of disabilities.

What are the Benefits of Therapeutic riding?

Physically, therapeutic riding can improve coordination and help normalize muscle tone. It can help improve posture and increase the functional range of motion, muscular strength, and flexibility. Perceptual motor skills and sensory motor skills may also improve. The psychological benefits for the individuals who participate include improved motivation, self-esteem, and confidence. Therapeutic riding enhances the development of cognitive skills and allows the rider to improve socialization skills and learn teamwork.

How do I qualify to participate as a rider with Hands and Hearts for Horses?

You must:

- Be over the age of 4
- Weigh no more than 200 lbs.
- Have sufficient balance to maintain sitting on the horse
- Behave appropriately to maintain safety

The following conditions ARE contraindicated for therapeutic riding:

- Structural scoliosis greater than 30 degrees
- Positive X-ray for Atlantoaxial Instability
- Hip subluxation, dislocation, or degeneration
- Tethered cord or Chiari II malformation
- Spinal cord injury above T-6
- Uncontrolled seizures
- Indwelling catheter
- Hemophilia

The following conditions MAY BE contraindicated for therapeutic riding:

- Osteoporosis
- Recent surgeries
- Heart condition
- Diabetes
- Lordosis or Kyphosis
- Osteogenesis imperfecta
- Recurrent pathological fractures
- Spinal fusions/spinal instability
- Spinal stabilization devices
- Spina Bifida
- Varicose veins

Hands and Hearts for Horses may be unable to accommodate a potential rider due to resources available and program capabilities (i.e. horses, equipment, availability of therapist involvement, volunteers, instructor capabilities). Hands and Hearts for Horses follow NARHA's Precautions and Contraindication guidelines.

If you have a question as to whether you may qualify to become a rider in our program, please contact Kirsten McGee or Virginia Summerell at 551-0086 or email at info@handsandheartsforhorses.com.

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