



# Horse Heritage Educational Program

## Participant Application and Questionnaire

### **GENERAL INFORMATION**

Participant Name	DOB	Age
Primary Contact:	Relation:	
Address	Phone	
City, State, Zip	Alternate Phone	
Employer / School	Email	
How did you hear about Horse Heritage?		Gender
<i>Due to the safety of the riders, horses and volunteers there is a 190lb weight limit for riders. Riders weighing more than 130lbs must be able to transfer independently.</i>	Height	Weight
DSHS Caseworker Name and contact phone & email:		

### **EMERGENCY MEDICAL TREATMENT**

Emergency Contact:	Relationship:	Phone:
Emergency Contact:	Relationship:	Phone:
Medical conditions requiring special consideration/treatment:		
Allergies:		
Current medications & dosage:		

### **PHOTO RELEASE**

I consent to and authorize the use and reproduction by Horse Heritage Educational Program 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 of Participant	Date:
Signature of Parent	Date:



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## **WAIVER OF LIABILITY**

To the Participant or Parent(s)/Legal Guardian(s):

\_\_\_\_\_ would like to participate in the Horse Heritage Therapeutic Riding Program. During the time spent participating in programs using Horse Heritage Educational Program's horses and facilities, he/she will be expected to participate in many activities associated with horsemanship. Precaution and the safety is of the utmost importance. Horse Heritage Educational Program, however, requests your signature in agreement with the following statement.

- *I/We, the undersigned, in full recognition of the possible dangers and hazards inherent in any activity involving horses, do hereby agree to assume all the risks and responsibilities surrounding my child's participation in programs using Horse Heritage Educational Program horses and horse facilities; and further hereby defend, hold harmless, indemnify and release and forever discharge Horse Heritage Educational Program, and its staff members, from and against any and all claims, demands and actions on account of damage to personal property, injury, or death, which may result from my child's participation in programs utilizing Horse Heritage Educational Program's horses and horse facilities, which result from causes beyond the control of and without the fault or negligence of Horse Heritage Educational Program, or its employees/volunteers, during the period of my child's participation in the aforementioned program.*
- All minor participants are required to wear approved equestrian helmets, which Horse Heritage Educational Program will provide for program activities.
- **Under Washington law, an equine activity sponsor or and equine professional shall not be liable for an injury to or death of a participant engaged in an equine activity. RCWA 4.24.530**

Participant Signature:

Date:

Parent/Guardian Signature:

Date:

Printed Name of Parent/Guardian:

## **HEALTH HISTORY**

Yes Do you have any physical complaints or illness at this time?

Yes Are you under the care of a physician or practitioner of any sort?

Yes Are you taking any type of medication? Type and dosage

Yes Are you on a special diet?

Yes Do you have Diabetes? Type and dosage of insulin

Yes Do you have Asthma? Type and dosage of inhaler

Yes Do you have allergies? Please list:

Yes Are you current on tetanus? Last shot month and year:

Other conditions or comments:



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Please indicate current or past considerations in the following areas:

	Y	N	Comments
Vision (Glasses/contacts)			
Hearing (aids/implants)			
Sensation (over or under sensitive)			
Communication (ASL, gestures, delays)			
Heart (surgeries/implants)			
Breathing (asthma, oxygen)			
Digestion (gastronomy tube)			
Elimination (catheters, colostomy, incontinence)			
Circulation (varicose veins, hemophilia, reduced circulation)			
Emotional/Mental Health (depression, anxiety)			
Behavioral (aggression)			
Pain (headaches, joint pain)			
Bone/Joint (surgeries, fusions, arthritis)			
Muscular (weakness, low/high tone)			
Neurological (seizures, ataxias, tremors)			
Cognitive (age level & multi step directions)			
Allergies (hay, dust, dander)			

Physical Function - posture, balance, movement and coordination

Psycho/Social Function – general attitude and behavior, support system, school dynamics

Goals – List specific goals for the session (I.E. riding, behavioral changes, physical improvements, etc)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_