



HIGH & MIGHTY™

THERAPEUTIC RIDING AND DRIVING CENTER INC.
501 (c)(3)

Medical History/Release

Name: _____ Date: _____

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

Home Address: _____

Phone Number: (H) _____ (W) _____ (C) _____

Email: _____

Would you like to receive newsletters via email from High & Mighty? Y ___ N ___

Health History:

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Please indicate current or past special needs in the following areas:

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Allergies			
Shunt Present			Date of last revision:
Seizure Type			Date of last seizure:
Mobility: Independent			
Mobility: Assisted			Braces/Assisted Devices:
Mobility: Wheelchair			
Current Medication(s):			List:

Our according organization, PATH International (Professional Association of Therapeutic Riding and Horsemanship) provides a guideline of precautions and contraindications for equine assisted activities. These may include, but are not limited to:

<p>Orthopedic: Atlantoaxial Instability Coxa Arthrosis Cranial Deficits Heterotopic Ossification/Myositis Ossificans Joint subluxation/dislocation Osteoporosis Pathologic Fractures Spinal Joint Fusion/Fixation Spinal Joint Instability/Abnormalities</p>	<p>Medical/Psychological: Allergies Animal Abuse Cardiac Condition Physical/Secual/Emotional Abuse Blood Pressure Control Dangerous to self or others Exacerbations of medical conditions Fire Settings Hemophilia Recent Surgeries Eating Disorder Substance Abuse Psychosis</p>
<p>Neurologic: Hydrocephalus/Shunt Spina Bifida/CHiari II Malformation/Tethered Seizure</p>	<p>Medical Instability: Migraines PVD Cord/Hydromyelia Respiratory Compromise</p>
<p>Other: Age - under 4 years Indwelling Catheters/Medical Equipment Medication - i.e. photosensitivity Poor Endurance Skin Breakdown</p>	

Please list if you have any medical/psychological conditions (past or present) that may be a precaution/contraindication. If you have any questions or concerns, please contact your health care provider.

Please share with us any additional information (i.e. physical and/or psychosocial development, etc.) that would assist us in better serving you.

I _____ (name) understand the precautions/contraindications for the equine assisted activities and have consulted my physician if I have any concerns regarding my participation.

Signature: _____

Date: _____

LIABILITY RELEASE -- *REQUIRED*

_____ (Participant's Name) would like to participate in the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. therapeutic riding program ("Program"). I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I believe 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 my assigns, executors, and administrators, waive and release forever all claims for damages against HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., its Managing Member, Members, Instructors, Therapists, Aides, Volunteers, Employees and/or any farms, stables, clubs and their respective officers, directors, employees, agents, landowners and members for any and all injuries and/or losses I/mychild/my ward may sustain while participating in the Program from whatever cause, including but not limited to, the negligence of these released parties. This hold harmless agreement shall extend to all activities engaged in, including but not limited to, equine-assisted therapy and horseback riding.

I have read and understood the foregoing and fully consent to the provisions contained herein:

Dated: _____

Signature or Signature of parent/legal guardian/conservator of Participant in his/her name

REQUIRED if Participant is under 18

***Required witness signature** _____ **Dated:** _____

Print Witness Name _____

***Witness must be a non-family member over 18 years of age**

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. permission to take or have taken still and moving photographs and films including television pictures of my child/self, _____, and consents and authorizes HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., its advertising agencies, news media, and any other persons interested in HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. and its work, to use and reproduce the photographs, film and pictures to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional material, books and clinical material and any other form of media, including High & Mighty's website and facebook page.

With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signatures(s) to this release other than the intention of HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. and its work.

_____ **I hereby consent to and authorize** _____ **I do not consent to, nor do I authorize**

Dated: _____

Signature or Signature of parent/legal guardian/conservator of Participant in his/her name

REQUIRED if Participant is under 18

***Required witness signature** _____ **Dated:** _____

Print Witness Name _____

***Witness must be a non-family member over 18 years of age**