



Dear Parents/Guardians,

We look forward to your child's visit to High & Mighty. We offer therapeutic riding, driving and other equine assisted activities to children and adults. We offer an opportunity to experience our horses both on the ground, under saddle and in the carriage. Our program incorporates art, music and games while learning from our equine friends.

Safety is always our number one priority. For that reason, we ask you to fill out the attached medical history forms. In addition, please complete the attached liability and photo release form.

If you have any questions, feel free to call me at 518-672-4202 or email me at [info@high-n-mighty.org](mailto:info@high-n-mighty.org). Please also visit our web site at [www.high-n-mighty.org](http://www.high-n-mighty.org) to learn more about our organization. Thank you and see you at the farm.

Happy Trails,  
Laura Corsun  
Founder/Executive Director

## Medical History & Parental/Guardian Release

(To be completed by parent/guardian)

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Home Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Would you like to receive newsletter via email from High & Mighty? Yes \_\_\_\_\_ No \_\_\_\_\_

### Health History:

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

For those with Down Syndrome: AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + \_\_\_ - \_\_\_

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

|                                | Yes | No | Comments                         |
|--------------------------------|-----|----|----------------------------------|
| <b>Vision</b>                  |     |    |                                  |
| <b>Hearing</b>                 |     |    |                                  |
| <b>Sensation</b>               |     |    |                                  |
| <b>Communication</b>           |     |    |                                  |
| <b>Heart</b>                   |     |    |                                  |
| <b>Breathing</b>               |     |    |                                  |
| <b>Digestion</b>               |     |    |                                  |
| <b>Elimination</b>             |     |    |                                  |
| <b>Circulation</b>             |     |    |                                  |
| <b>Emotional/Mental Health</b> |     |    |                                  |
| <b>Behavioral</b>              |     |    |                                  |
| <b>Pain</b>                    |     |    |                                  |
| <b>Bone/Joint</b>              |     |    |                                  |
| <b>Muscular</b>                |     |    |                                  |
| <b>Thinking/Cognition</b>      |     |    |                                  |
| <b>Allergies</b>               |     |    |                                  |
| <b>Shunt Present</b>           |     |    | <b>Date of last revision:</b>    |
| <b>Seizure Type</b>            |     |    | <b>Date of last seizure:</b>     |
| <b>Mobility: Independent</b>   |     |    |                                  |
| <b>Mobility: Assisted</b>      |     |    | <b>Braces/Assistive devices:</b> |
| <b>Mobility: Wheelchair</b>    |     |    |                                  |
| <b>Current Medication(s):</b>  |     |    | <b>(If yes, please list):</b>    |

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><b>Orthopedic:</b><br/>         Atlantoaxial Instability<br/>         Coxa Arthrosis<br/>         Cranial Deficits<br/>         Heterotopic Ossification/Myositis Ossificans<br/>         Joint subluxation/dislocation<br/>         Osteoporosis<br/>         Pathologic Fractures<br/>         Spinal Joint Fusion/Fixation<br/>         Spinal Joint Instability/Abnormalities</p> | <p><b>Medical/Psychological:</b></p> <table border="0"> <tr> <td>Allergies</td> <td>Recent Surgeries</td> </tr> <tr> <td>Animal Abuse</td> <td>Eating Disorder</td> </tr> <tr> <td>Cardiac Condition</td> <td>Substance Abuse</td> </tr> <tr> <td>Physical/Secual/Emotional Abuse</td> <td>Psychosis</td> </tr> <tr> <td>Blood Pressure Control</td> <td></td> </tr> <tr> <td>Dangerous to self or others</td> <td></td> </tr> <tr> <td>Exacerbations of medical conditions</td> <td></td> </tr> <tr> <td>Fire Settings</td> <td></td> </tr> <tr> <td>Hemophilia</td> <td></td> </tr> </table> | Allergies | Recent Surgeries | Animal Abuse | Eating Disorder | Cardiac Condition | Substance Abuse | Physical/Secual/Emotional Abuse | Psychosis | Blood Pressure Control |  | Dangerous to self or others |  | Exacerbations of medical conditions |  | Fire Settings |  | Hemophilia |  |
| Allergies  | Recent Surgeries   |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| Animal Abuse   | Eating Disorder  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| Cardiac Condition  | Substance Abuse  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| Physical/Secual/Emotional Abuse  | Psychosis  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| Blood Pressure Control   |  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| Dangerous to self or others  |  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| Exacerbations of medical conditions  |  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| Fire Settings  |  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| Hemophilia   |  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| <p><b>Neurologic:</b><br/>         Hydrocephalus/Shunt<br/>         Spina Bifida/CHIari II Malformation/Tethered<br/>         Seizure</p>  | <p><b>Medical Instability:</b><br/>         Migraines<br/>         PVD<br/>         Cord/Hydromyelia Respiratory Compromise</p>  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |
| <p><b>Other:</b><br/>         Age - under 4 years<br/>         Indwelling Catheters/Medical Equipment<br/>         Medication - i.e. photosensitivity<br/>         Poor Endurance<br/>         Skin Breakdown</p>  |  |           |                  |              |                 |                   |                 |                                 |           |                        |  |                             |  |                                     |  |               |  |            |  |

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

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

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I \_\_\_\_\_ (parent/guardian name) consent for \_\_\_\_\_ (child’s name) to participate in equine assisted activities at High & Mighty Therapeutic Riding and Driving Center, Inc. I understand the precautions/contraindications for the equine assisted activities and have consulted my child’s physician if I have any concerns regarding his/her 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**