



HIGH & MIGHTY™
THERAPEUTIC RIDING AND DRIVING CENTER INC.
501 (c)(3)

Participant Application

Date: _____

Participant Name: _____

DOB: _____ Age: _____ Weight _____ Height _____ Gender: _____

Address: _____

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

Email: _____

Participant's Employer/School: _____

Parent/Guardian: _____

Address: _____

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

Email: _____

Preferred method of contact: Phone call (H/W/C) _____ Text _____ Email _____

Occupation: _____

Employer: _____ Phone: _____

Parent/Guardian: _____

Address: _____

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

Email: _____

Preferred method of contact: Phone call (H/W/C) _____ Text _____ Email _____

Occupation: _____

Employer: _____ Phone: _____

Caregiver/Respite Worker: _____

Phone: _____

How did you hear about the program? _____

Who should we contact for billing? _____

Billing Address (if different than above): _____

HEALTH HISTORY

(To be completed by the Participant/Parent/Guardian)

Diagnosis: _____ Date of Onset _____

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

	Y	N	<i>Comments</i>
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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

This page is to be filled out by the participant/parent/guardian. This information will help the participant have a successful experience as well as help us to facilitate progress. **If not filled out and signed, this application is considered incomplete.**

GOALS FOR YOURSELF OR YOUR CHILD

MEDICATIONS (Include prescription, over-the-counter, name, dose and frequency):

Please describe your abilities/challenges in the following areas (include assistance/equipment needed):

PHYSICAL FUNCTION (e.g., mobility skills such as walking, wheelchair use, etc.):

SOCIAL AND PSYCHOLOGICAL FUNCTION (e.g., relationships/family dynamic, hobbies/interests, fears/concerns, etc.)

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/my child/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/their 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, facebook and Instagram 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/their 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**

Authorization For Emergency Medical Treatment

Participant Name: _____ DOB: _____ Phone: _____
Address: _____
Physician's Name: _____ Preferred Medical Facility: _____
Allergies to Medications: _____
Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of High & Mighty Therapeutic Riding and Driving Center, Inc., I authorize High and Mighty Therapeutic Riding and Driving Center, Inc. to:

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

Date: _____ Consent Signature: _____
Signature of parent/legal guardian/conservator of Participant in his/her/their Name. REQUIRED if participant is under 18.

Non Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of High & Mighty Therapeutic Riding and Driving Center, Inc..

Parent of Legal guardian will remain on site at all times during equine assisted activities. In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____
Signature of parent/legal guardian/conservator of Participant in his/her/their Name. REQUIRED if participant is under 18.

Team Collaboration Form

Participant Name: _____

Name of Primary Care Physician: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Participant receives the following collaborative services:

- | | |
|---|--|
| <input type="checkbox"/> Physical Therapist (PT) | <input type="checkbox"/> Recreational Therapist (RT) |
| <input type="checkbox"/> Occupational Therapist (OT) | <input type="checkbox"/> Music Therapist (MT) |
| <input type="checkbox"/> Speech and Language Therapist (SLT) | <input type="checkbox"/> Art Therapist (AT) |
| <input type="checkbox"/> Psycho-therapist or counselor (Psy./Coun.) | <input type="checkbox"/> Other _____ |

For all services checked above, please complete contact information: (use reverse side if needed)

Service: _____ **Name of provider:** _____ **Email:** _____

Phone: _____ Address: _____

Service: _____ **Name of provider:** _____ **Email:** _____

Phone: _____ Address: _____

Service: _____ **Name of provider:** _____ **Email:** _____

Phone: _____ Address: _____

Service: _____ **Name of provider:** _____ **Email:** _____

Phone: _____ Address: _____

I give High & Mighty Therapeutic Riding and Driving Inc. permission to contact the collaborative service providers listed above to obtain information that could assist the therapeutic riding instructors in providing quality services to the participant. This includes obtaining a copy of the participant's IEP or ISP. High & Mighty will keep this information confidential.

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

Date

BASIC RULES: (Please sign and return)

All Participants will:

- Walk, not run, when in the barn/on the farm premises.
- Use appropriate voices and avoid sudden movements, particularly near the horses.
- Not chew gum or eat candy while riding or participating in program activities.
- Wear appropriate clothes and shoes for riding, avoiding loose or floppy items.
- Wear a currently ASTM-SEI approved helmet for all riding and stable activities.
- Absolutely not smoke on the farm premises.
- Not approach or feed any animals unless accompanied by a HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. representative who has been given explicit permission from the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. instructor.
- Prior to program, activities inform the instructor of any changes in the rider's medical condition.
- Prior to program activities, inform the instructor of any experiences that might affect the rider's behavior, safety or function while at the barn/on the premises.
- Inform the instructor of any schedule changes or conflicts that would affect the participant's attendance.

All others waiting or observing the Program will:

- Closely supervise participants, siblings of participants or visitors while waiting in the designated waiting/observation areas.
- Remain outside the riding arena at all times.
- Ask permission from the instructor to take photographs or use a flash camera.
- Wait for HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING, INC. authorized representatives to mount or dismount riders.
- Not approach or feed any animals unless accompanied by a HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. representative who has been given explicit permission from the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. instructor.
- Absolutely not smoke on the farm premises.

All volunteers and staff will:

- Follow the procedures detailed in the [Volunteer Handbook]
- Wear appropriate clothing and shoes; avoiding loose, floppy or noisy items.
- Not use their cell phones during program.
- Prior to program activities, notify the instructor of any limitations or changes in their physical capabilities or pertinent medical conditions.
- Absolutely not smoke on the farm premises.
- Refrain from use of drugs or alcohol prior to and during Program activities.
- Maintain PATH INTL. accreditation standards.
- **Follow the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING, INC. Confidentiality Statement.**

Failure to follow the established safety procedures, demonstration of inappropriate and/or abusive behavior towards others, incidents due to the use of drugs or alcohol, and demonstration of mistreatment/abuse of equine and/or other animals on the site may result in immediate dismissal from HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING, INC. or its Program, as the case may be. **I have read and agree to adhere to the basic rules and procedures outlined above.**

Dated: _____

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

REQUIRED if Participant is under the age of 18

***Required Witness Signature:** _____

Dated: _____

Print Witness Name: _____

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