



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 opportunities to experience our horses both on the ground, under saddle and in the carriage. Our programs incorporate games, music and more all while learning valuable lessons from our equine friends.

Safety is always our number one priority. For that reason, we ask you to fill out the attached release forms. Please complete the attached medical history forms, emergency contact form, liability and photo release form as well as the basic rules.

If you have any questions, feel free to call us at 518-672-4202 or email us 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: \_\_\_\_\_

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

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

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

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

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

### Health History:

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

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

*For those with Down Syndrome:* Neurologic Symptoms of Atlantoaxial Instability: Present \_\_\_ Absent \_\_\_

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>          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><b>Medical/Psychological:</b>          Allergies          Animal Abuse          Cardiac Condition          Physical/Secual/Emotional Abuse          Blood Pressure Control          Dangerous to self or others          Exacerbations of medical conditions          Fire Settings          Hemophilia</p> <p>Recent Surgeries          Eating Disorder          Substance Abuse          Psychosis</p>
<p><b>Neurologic:</b>          Hydrocephalus/Shunt          Spina Bifida/Chiari II Malformation/Tethered          Seizure</p>	<p><b>Medical Instability:</b>          Migraines          PVD          Cord/Hydromyelia Respiratory Compromise</p>
<p><b>Other:</b>          Age - under 4 years          Indwelling Catheters/Medical Equipment          Medication - i.e. photosensitivity          Poor Endurance          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: \_\_\_\_\_

## **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.



# High & Mighty Participant and Visitor Policies

(Please sign this copy and return)

**At High & Mighty the safety of our participants, staff, horses and all others who visit the farm is our number one priority. Please carefully review the following guidelines as they help to maintain safety during all High & Mighty activities.**

- There is absolutely no smoking on the farm premises.
- The speed limit on High & Mighty property is 5 mph.
- Please walk when in the barn or on the farm premises.
- Please use appropriate voices and avoid sudden movements, particularly near the horses.
- Do not approach or feed any animals unless accompanied by a High & Mighty instructor or a representative who has been given explicit permission from a High & Mighty staff member.
- There is no chewing gum on farm premises.
- All participants are required to wear a current ASTM-SEI approved helmet for all riding, driving and barn activities.
- All participants are required to wear closed toed shoes, long pants and shirts with sleeves (no tank tops) for Program activities.
- Visitors wearing open toed shoes may not be allowed into the barn when Program activities are occurring.
- Instructors must be informed of any changes in the participant's medical condition, medication regimen, hospitalizations and/or experiences that might affect the participant's behavior, safety or function while at the barn/on the premises prior to the lesson.
- Instructors must be informed if the parent/guardian will not be staying on the property for the participant's lesson. Leaving the property may not be possible in some situations.
- Lesson cancellations must be within 24 hours of the scheduled lesson, otherwise the lesson will be charged as usual.
- Visitors are required to remain outside the activity areas (arena, trails, barn, etc.) at all times unless given explicit permission. Please wait in the designated viewing and observation areas while Program activities are occurring.
- Ask permission from the instructor to take photographs during Program activities or while on the farm premises.
- Please be mindful of all signage on the farm premises.
- Use of drugs or alcohol is not permitted.
- In the event of an emergency, please follow the directions of the High & Mighty instructor or other High & Mighty staff member.
- All persons on High & Mighty property are required to abide by our anti-harassment and discrimination policy. A copy of this policy is on our website or can be provided in print upon request.
- Demonstration of inappropriate behavior and/or abusive behavior toward others, human or animal, while on the farm premises will not be tolerated and may result in dismissal from the Program.
- Failure to follow the above High & Mighty Participant and Visitor policies is taken very seriously and in some cases may be grounds for dismissal.

**Thank you so much for your assistance in keeping High & Mighty safe. Please sign below to indicate that you have read and agree to adhere to the basic rules and procedures outlined above.**

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Participant Signature or**

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

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