Dear Parents, Guardians, and Caretakers;

We look forward to your child joining High & Mighty's all abilities Horseplay Camp. At High & Mighty, we provide equine-assisted services to those of all abilities, with the goal of enhancing physical, emotional, and spiritual well-being. Horseplay Camp allows the unique opportunity to experience our horses both on the ground, under saddle and even in the carriage. Campers will learn many valuable lessons from our equine friends while also enjoying activities such as arts and crafts, music, games and so much more.

Please fill out the attached Camp Application, Liability and Photo Release as well as have your child’s health care provider complete and sign the Medical History Form. When submitting your forms, please include a $150 deposit to hold your child’s place in camp. This deposit is nonrefundable and without it your child’s spot is not guaranteed. Once your application and deposit have been received, a member of our staff will contact you to confirm your child’s place in Horseplay Camp.

For first-time campers or campers who do not currently participate in High & Mighty programs, we do recommend coming to the farm for a Meet & Greet visit. If you would like to schedule a visit or have any additional questions, please email Rachel at rachel@high-n-mighty.org. To learn more about our programs and organization, visit our website at www.high-n-mighty.org. Thank you and see you at the farm.

Happy Trails,
Laura Corsun
Founder/Executive Director
High & Mighty Horseplay Camp Application

Participant Name: __________________________________________  Date: __________________

Date of Birth: _____________________________________________  Height: ___________

Weight: ___________  Gender: ___________

School: _________________________________________________________________________________________

Parent/Guardian Name(s): __________________________________________________________________________

Address: __________________________________________________________________________________________

Phone: (H) ____________________  (W) ____________________  (C) ____________________

Email: __________________________________________________________________________________________

Occupation (Past and/or present): ____________________________  Employer: __________________________

Best number to reach you during camp hours: ____________________________

Emergency Contact #1: __________________________________________  Relationship: ___________

Phone: ____________________  Email: ____________________________

Emergency Contact #2: __________________________________________  Relationship: ___________

Phone: ____________________  Email: ____________________________

Does your child take any medications? If so, please list here:

______________________________________________________________________________________________

Does your child have any allergies (food, insect, etc.) or any food restrictions? If so, please list here:

______________________________________________________________________________________________

______________________________________________________________________________________________

Please list any disabilities/diagnoses or if your child has any medical/psychological conditions (past or present) that we should be aware of. If you have any questions or concerns, please contact your child’s 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 your child.

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

What is your child’s t-shirt size?: ____________________________

Please describe your child’s riding skill:

___ Never Ridden  ___ Beginner (has only ridden a few times, on lead)

___ Intermediate (off lead at the walk, started to trot)  ___ Advanced (able to walk/trot off lead, beginning to canter)

Please indicate which week(s) of camp you are interested in from 1-3 (1 being your first week choice)

____ Week 1 June 26-30  All Abilities Camp  Ages 6+  Monday-Friday 9am-2pm  $550

____ Week 2 July 5-7  Pony Play Camp  Ages 4-5  Wednesday-Friday 9am-12pm  $250

____ Week 3 July 10-14  All Abilities Camp  Ages 6+  Monday-Friday 9am-2pm  $550

____ Week 4 July 17-21  All Abilities Camp  Ages 6+  Monday-Friday 9am-2pm  $550

____ Week 5 July 31- Aug 4  All Abilities Camp  Ages 6+  Monday-Friday 9am-2pm  $550

____ Week 6 Aug 7-Aug 11  All Abilities Camp  Ages 6+  Monday-Friday 9am-2pm  $550

____ Week 7 Aug 14-18  All Abilities Camp  Ages 6+  Monday-Friday 9am-2pm  $550

____ Week 8 FULL  All Abilities Camp  Ages 6+  Monday-Friday 9am-2pm  $550
LIABILITY RELEASE — REQUIRED

I, ______________________, 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 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 services and horseback riding.

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

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

Dated:________________________

REQUIRED if Participant is under 18 years of age

*Required witness signature______________________________
Dated:________________________

Print Witness Name_____________________________________

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

PHOTO AND FIRST NAME RELEASE

I, ______________________, acknowledge and grant permission to take or have taken still and moving photographs and films including television pictures by HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., of myself, ___________________________, and consent and authorize 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, Instagram, and other social media.

Initials: ____________

In addition, I give permission and consent to have my first name, ___________________, listed with any photograph taken of me and used by 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, Instagram, and other social media.

Initials: ____________

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, pictures, and first name for the primary purpose of promoting and aiding HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., and its work.

______ I  consent to and authorize use of photo. _______ I do not consent to, nor do I authorize use of photo.
______ I  consent to use of first name. _______ I do not consent to use of first name.

Dated:________________________

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

Dated:________________________

REQUIRED if Participant is under 18 years of age

*Required witness signature______________________________
Dated:________________________

Print Witness Name_____________________________________

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

71 County Route 21C ● Ghent, NY 12075 ● 518-672-4202 ● high-n-mighty.org
High & Mighty Participant and Visitor Policies

*Please keep for your reference*

- The speed limit on High & Mighty property is 10 mph and under, both up and down the driveway.
- Smoking and use of drugs and alcohol are not permitted.
- Before a lesson, instructors must be informed of any changes in the participant’s medical condition, medication regimen, hospitalizations, and experiences that might affect the participant’s behavior, safety, or function while at the barn/on the premises.
- Leaving the property during your participant’s lesson may not be possible; please discuss with the instructor if you would like to leave the farm premises.
- Please walk, use appropriate voices, and avoid sudden movements when on the farm premises, particularly when in the barn and 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.
- Visitors wearing open-toed shoes may not be allowed into the barn when program activities are occurring.
- 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 during program activities.
- Ask permission from the instructor before taking photographs during program activities or while on the farm premises.
- In the event of an emergency, please follow the directions of the High & Mighty instructor or other High & Mighty staff members.
- 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 and animal, will not be tolerated. Failure to adhere to this or any of the above High & Mighty Participant and Visitor policies may result in dismissal from the program.

The safety of our participants, staff, volunteers, horses, and all others who visit the farm is our number one priority. Thank you so much for following these policies and assisting us in keeping High & Mighty safe.
Date:______________

Dear Healthcare Provider:

In order to safely provide equine-assisted services, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

**Orthopedic**
- Atlantoaxial Instability- include neurologic symptoms
- Coxarthrosis
- Cranial deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

**Medical/Psychological**
- Allergies
- Animal Abuse
- Cardiac Condition
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to Self or Others
- Exacerbations of Medical Conditions
- Fire Setting
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder

**Neurologic**
- Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chiari II Malformation/
- Tethered cord/Hydromyelia

**Other**
- Age-under 4 years
- Indwelling Catheters/Medical Equipment
- Medications- e.g., photosensitivity
- Poor Endurance
- Skin Breakdown

Thank you very much for your assistance. If you have any questions or concerns regarding this patient’s participation in equine assisted activities, please feel free to contact High & Mighty Therapeutic Riding and Driving Center, Inc. at 518-672-4202 / info@high-n-mighty.org
Participant’s Medical History & Physician’s Statement

Participant: __________________________ DOB: __________ Height: ________ Weight: ________
Address: ____________________________________________________________________________

Diagnosis: _____________________________ Date of Onset: _________________
Past/Prospective Surgeries: ______________________________________________________________
Medications: _________________________________________________________________________
Seizure Type: __________________________ Controlled: Y ___ N ___ Date of last seizure: __________
Shunt Present: Y ___ N ___ Date of last revision: ____________________
Special Precautions/Needs ________________________________________________________________

Mobility: Independent Ambulation Y ___ N ___ Assisted Ambulation Y ___ N ___ Wheelchair Y ___ N ___
Braces/Assistive Devices: __________________________________________________________________________

For those with Down Syndrome: Neurologic Symptoms of Atlantoaxial Instability: Present ___ Absent ___

Please indicate current or past special needs in the following systems/areas, including surgeries:

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In my opinion, this person is not medically precluded from participating in supervised equine services. I understand that High & Mighty Therapeutic Riding and Driving Inc. will compare the above diagnosis and medical information to the current precautions and contraindications.

Name/Title: __________________________________________ MD DO NP PA Other: __________________
Signature: __________________________ Date: __________________________
Address: ____________________________________________________________
Phone: ______________________ License UPIN Number ________________________

71 County Route 21C ● Ghent, NY 12075 ● 518-672-4202 ● high-n-mighty.org