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

Dear Parents, Guardians, and Caretakers;

We look forward to your child joining High & Mighty's all abilities Horseplay Summer Program. At High & Mighty, we provide equine-assisted services to those of all abilities, with the goal of enhancing physical, emotional, and spiritual well-being. Our Horseplay Program allows the unique opportunity to experience our horses both on the ground, under saddle and even in the carriage. Participants 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 Horseplay Program 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 the program. 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 our Horseplay Summer Program. If you are in need of financial assistance, please reach out to us about our scholarship opportunities.

For first-time participants or participants who do not currently attend 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 Paloma at paloma@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,
Rachel Conaway
Executive Director

High & Mighty Horseplay Summer Program 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 Aug 11-15	Ages 6+	Monday-Friday 9am-3pm	$650
_____ Week 2 Aug 18-22	Ages 6+	Monday-Friday 9am-3pm	$650
_____ Week 3 Aug 25-29	Ages 6+	Monday-Friday 9am-3pm	$650

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:

_____ Dated:_____

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

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 and 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

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**

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.

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

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
Coxarthritis
Cranial deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

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

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

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:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

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_____