



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 require coming to the farm for a Meet & Greet visit. To schedule a visit or have any additional questions, please email Paloma at [paloma@high-n-mighty.org](mailto:paloma@high-n-mighty.org). To learn more about our programs and organization, visit our website at [www.high-n-mighty.org](http://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	June 29-July 3	Ages 6+	Monday-Friday 9am-3pm	\$650
___ Week 2	July 13-July 17	Ages 6+	Monday-Friday 9am-3pm	\$650
___ Week 3	July 27- July 31	Ages 6+	Monday-Friday 9am-3pm	\$650
___ Week 4	August 10-14	Ages 6+	Monday-Friday 9am-3pm	\$650
___ Week 5	August 24-28	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.**



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  
Coxarthrititis  
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](mailto: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
<b>Auditory</b>			
<b>Visual</b>			
<b>Tactile Sensation</b>			
<b>Speech</b>			
<b>Cardiac</b>			
<b>Circulatory</b>			
<b>Integumentary/Skin</b>			
<b>Immunity</b>			
<b>Pulmonary</b>			
<b>Neurologic</b>			
<b>Muscular</b>			
<b>Balance</b>			
<b>Orthopedic</b>			
<b>Allergies</b>			
<b>Learning Disability</b>			
<b>Cognitive</b>			
<b>Emotional/Psychological</b>			
<b>Pain</b>			
<b>Other</b>			

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 \_\_\_\_\_