

Fall 2014



NOTE: Must be updated ANNUALLY but continuing riders may use the update form

Participant's Application & Health History

GENERAL INFORMATION

NOTE: 165 lb. Weight limit!

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ E-mail: _____ Alternative #: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Caregivers: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

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

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

(over)

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency) _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. why are you applying for participation? What would you like to accomplish?)

Signature: _____ Date: _____

PHOTO RELEASE

I DO

DO NOT

consent to and authorize the use and reproduction by Hope Retreat Ranch
(center)

of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, Parent or Legal Guardian
Signed in the presence of center staff

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Authorization for Emergency Medical Treatment Form

Participant Name: _____ DOB _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

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 the agency,

I authorize **Hope Retreat Ranch** to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client 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: _____

Client, Parent, Caregiver or Legal Guardian
Signed in presence of center staff

A COPY OF THE COMPLETED MEDICAL/HEALTH HISTORY SHOULD BE ATTACHED TO THIS FORM



RIDER/PARTICIPANT RELEASE OF LIABILITY FORM

The undersigned _____, of lawful age, represents that he/she is the parent or legal guardian of _____, a minor child, who is a rider/participant in the HOPE RETREAT RANCH EQUINE ASSISTED THERAPEUTIC RIDING PROGRAM.

He/She hereby acknowledges the inherent, foreseeable, and unforeseeable risks and/or perils associated with horses, activities involving such animals, and the facilities wherein such activities are conducted.

In recognition thereof, and for and in consideration of the opportunity for said minor child to ride/participate in the HOPE RETREAT RANCH EQUINE ASSISTED THERAPEUTIC RIDING PROGRAM, the undersigned does hereby for and on behalf of said minor child and his/her heirs, executors, administrators, successors and assigns, release, acquit, waive, hold harmless, and forever discharge HOPE RETREAT RANCH EQUINE ASSISTED THERAPEUTIC RIDING PROGRAM and its directors, employees, volunteers, landlords/landowners and/or agents, from any and all liability, claims, losses, actions, suits, causes of action, demands, rights, damages, costs, expenses, fees and/or compensation of any type, description or character whatsoever, which may accrue on account of said minor child's participation as a rider/participant in the HOPE RETREAT RANCH EQUINE ASSISTED THERAPEUTIC RIDING PROGRAM.

By executing this agreement, it is his/her intention to fully assume, on behalf of said minor child, all risk of bodily injury, death, or property damage occurring as a result of said minor child's participation as a rider in the HOPE RETREAT RANCH EQUINE ASSISTED THERAPEUTIC RIDING PROGRAM. He/She further agrees to indemnify and hold harmless HOPE RETREAT RANCH EQUINE ASSISTED THERAPEUTIC RIDING PROGRAM and its directors, employees, volunteers, landlords/landowners and/or agents, from any and all liability, claims, losses, actions, suits, causes of action, demands, rights, damages, costs, expenses, fees and/or compensation of any type, description or character whatsoever, which may accrue on account of the actions, intentional, negligent, or otherwise, of said minor child, himself/herself, or his/her guest, while participating in the HOPE RETREAT RANCH EQUINE ASSISTED THERAPEUTIC RIDING PROGRAM, or while present on the premises used for said program and related activities.

I acknowledge that I have read the foregoing agreement and fully understand its content.

Signature

Date