



PARTICIPANT APPLICATION AND HEALTH HISTORY

General Information

Participant Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Home Phone: _____ Cell Phone: _____ E-Mail : _____

Parent/Legal Guardian: _____

Address (*if different than above*): _____

Phone (*if different than above*): _____

Employer/School: _____

Address: _____ Phone: _____

Caregivers: _____

Address: _____ Phone: _____

Referral Source: _____ Phone: _____

How did you hear about the program? _____

(Please Continue to Next Section)

Health History/Special Needs

Diagnosis: _____ Date of onset: _____

Describe the participant's 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.*)

Medications (*include prescription, over the counter; name, dose, frequency*)

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

Participant Signature: _____ Date: _____

Signature of Parent/Legal Guardian if Participant is under the age of 18

Parent/Legal Guardian Signature: _____ Date: _____



We hope you enjoy the equine activities being made available to you. Safety is one of our main concerns, and we conduct all activities with adult supervision. However, since horses are by nature unpredictable, Florida law requires us to advise you of the potential danger of equine activities. In order to participate in these activities, it is necessary that we obtain the following release from liability from every adult or the parent/guardian of any person under 18 participating in these activities.

WARNING

UNDER FLORIDA LAW AN EQUINE SPONSOR OR PROFESSIONAL IS NOT LIABLE FOR THE INJURY OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

RELEASE FROM LIABILITY

I, _____, understand that equine activities are inherently dangerous. I assume all risks associated with such activities. I hereby release and hold harmless all directors, employees, instructors, assistants, and volunteers of Horse Sense & Sensitivity, Inc., Clark Bailey, Sarah Bailey, Baileys' Ranch at 2202 Bishop Estates Road (aka Needmore Land and Cattle, Co. and the Sarah Bailey Farm), the Sarah W. Bailey Trust, Horse Sense & Sensitivity, Inc. Independent Contractors, and any employees, assistants or volunteers of Independent Contractors for Horse Sense & Sensitivity, Inc. from all liability resulting from damages or injuries to persons or property, including death, arising from participation in equine activities.

I understand that we are permitted to be at Baileys' Ranch only during the time of scheduled programs and/or when a Horse Sense & Sensitivity, Inc. representative is present. I agree to enter and exit Baileys' Ranch through the designated gate to ensure the privacy of staff and residents. I understand that persons under 18 must be accompanied by an adult. I understand that the horses belong to individual owners and cannot be used at any time other than our scheduled program hours or with the horse owner's explicit permission.

RELEASE AND INDEMNITY AGREEMENT

In consideration of the acceptance of my participation and/or the participation of my child or ward in the use of horses during riding sessions provided by or from Horse Sense & Sensitivity, Inc., and with the understanding that a horse may be startled by sudden movement, noise or other factors, and may shy, rear, stop short, bite, buck, kick or run with the rider, especially when the ride is conducted in a natural setting, **I AGREE TO ASSUME THE RISKS** incidental to such participation including, but not limited to, those risks set out above, and, on my own behalf, on behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators,

RELEASE and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in such horseback riding and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including but not limited to, attorney's fees, disbursements and all expenses incurred in the defense of any actions. The released parties include Horse Sense & Sensitivity, Inc., Clark Bailey, Sarah Bailey, Baileys' Ranch (aka Needmore Land and Cattle, Co. and the Sarah Bailey Farm), and the Sarah Bailey W. Trust, Horse Sense & Sensitivity, Inc. Independent Contractors, and any employees, assistants or volunteers of Independent Contractors for Horse Sense & Sensitivity, Inc. their parent, related, affiliated and subsidiary companies, and both the current and future officers, individual members of the board of directors, instructors, therapists, volunteers, employees, agents, representatives, successors and assigns of each. I understand that this release of liability and indemnity agreement includes any claims based on the negligence, actions or inactions of any of the above released parties and covers bodily injury and property damage, whether suffered by me, my child or ward before, during, or after such participation. I understand that this release and indemnity agreement includes all claims that the released parties provided the equipment or tack or knowingly or unknowingly provided faulty or defective equipment or tack that was partially or totally responsible for any injuries or damages. I also understand that this release and indemnity agreement includes all claims that the released provided the equine or failed to make efforts to determine the ability of the participant to engage safely in the equine activity or to determine the ability of the participant to safely manage the particular equine based on either mine or the participant's representation of the participant's ability. Further, I understand this release and indemnity agreement includes all claims against the released parties for any injuries or damages arising out of conditions of the land or facilities upon which the participant was injured regardless of whether the conditions were latent or patent. I understand this release and indemnity agreement applies to and is in effect at any and all times that I or my child or ward are participating in any of the equine activities or before, during, or after such participation and applies regardless of whether there have been any changes in the activities or the premises on which the activities take place. I further authorize medical treatment for said child or ward, at my cost, if need arises.

Participant **OR** Volunteer

Printed Name of Participant/Volunteer

Name of Participant or Volunteer Parent/Guardian
(If Participant or Volunteer is under 18)

Signature of Participant or Parent/Guardian

Date

E-mail Address

Phone Number



Authorization for Emergency Medical Treatment

Participant

Volunteer

Staff

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:

#1 Name: _____ Relation: _____ Phone: _____

#2 Name: _____ Relation: _____ Phone: _____

Consent Plan

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 **Horse Sense & Sensitivity, Inc.** personnel 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.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____

(Participant, Parent or Legal Guardian 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 **Horse Sense & Sensitivity, Inc.**

Parent or 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:

Non-Consent Signature: _____ Date: _____

Photo Release

I (check one) **DO** **DO NOT** consent to and authorize the use and reproduction by Horse Sense and Sensitivity, Inc. of any and all photographs and any other audio/visual materials taken of me or my child/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
(Signature of Parent/Legal Guardian if Participant is under 18)

(Participant, Parent or Legal Guardian if participant is under 18)



Introduction Letter to Participant's Physician

Date: _____

Dear Healthcare Provider:

Your patient, _____
(Participant's Name)

is interested in participating in supervised equine activities including therapeutic/adaptive horseback riding.

In order to safely provide this service, **Horse Sense & Sensitivity, Inc.** requests that you complete/update the attached *Participant's Medical History & 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 Defects
Heterotopic Ossification/Myositis Ossificans
Joint Subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizures
Spina Bifida/Chiari II Malformations/Tethered
Cord/Hydromyelia

Other

Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – i.e. Photo-sensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Blood Pressure Control
Physical/Sexual/Emotional Abuse
Dangerous to Self or Others
Exacerbation of Medical Conditions
(i.e.R.A.,M.S.)
Fire settings
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 **Jennifer Yudow, Executive Director & Head Therapeutic Riding Instructor**, at 904-349-0963 or jenyudow.horsesense@gmail.com.

Participant's Medical History & Physician's Statement

Participant Name: _____ 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: Atlanto-Axial Instability: _____

Please indicate current special needs in the following systems/areas:

Special Need	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			



Participant's Medical History & Physician's Statement

Participant Name: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapeutic/adaptive horseback riding. I understand that the Instructor from Horse Sense & Sensitivity, Inc. will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the Instructor from Horse Sense & Sensitivity, Inc. for ongoing evaluation to determine eligibility for participation.

Name/Title: _____

MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UI Number: _____

**SEND COMPLETED FORMS TO
jenyudow.horsesense@gmail.com**