



## Participant Registration and Health History

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ M / F

Parent/Legal Guardian Name and Address: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

### LIABILITY RELEASE

I / my child would like to participate in the Riding with HEART program. I acknowledge the potential risks of horseback riding and working around horses. However, I feel the possible benefit to me/my child is greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damages against Riding with HEART, its Board of Directors, Affiliated Organizations, Employees, Instructors, Therapists, Aides, Volunteers, Equines and Operating Site for any and all injuries and/or losses I/my child may sustain while participating in Riding with HEART activities.

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C.287, C:5:15-1 ET ESQ.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent/guardian if participant is under 18 years of age)

### PHOTO/MEDIA/WEBSITE/ADVERTISING CONSENT

I **DO**

I **DO NOT**

Consent to and authorize the use and reproduction by Riding with HEART of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities and exhibitions or for any other use for the benefit of the program.



## Participant Registration and Health History

### HEALTH AND MEDICAL HISTORY

Participant Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

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

**Functional** (i.e. Mobility skills such as transfers, walking, wheelchair use): \_\_\_\_\_

\_\_\_\_\_

**Social** (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns): \_\_\_\_\_

\_\_\_\_\_

**Goals:** (i.e. Why are you applying for participation? What would you like to accomplish?): \_\_\_\_\_

\_\_\_\_\_

### PARTICIPANT'S EMERGENCY MEDICAL TREATMENT INFORMATION

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies: (medications and other): \_\_\_\_\_

Medical Conditions / Diagnosis: \_\_\_\_\_

Current Medications: \_\_\_\_\_

### IN THE EVENT OF AN EMERGENCY PLEASE CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



## Participant Registration and Health History

### CONSENT FOR TREATMENT

I **DO** CONSENT

I **DO NOT** CONSENT

To emergency medical treatment/aid in the case of illness or injury while I/my child participate in activities at Riding with HEART. Riding with HEART reserves the right to and will contact first responders (911). Riding with HEART staff are certified in Basic Life Support and CPR and will make every effort humanly possible to assist the participant until emergency personnel arrive, however, staff are not trained medical professionals and cannot make medical recommendations or decisions on the injured party's behalf.

In the event emergency treatment/aid is required, the participant's parents or legal guardian WILL immediately be contacted. If that emergency contact cannot be reached, the indicated second emergency contact will be called.

Consent or Non-consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent/guardian if participant is under 18 years of age)



## Participant Registration and Health History

### PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT (To be completed by Physician)

Your patient, \_\_\_\_\_ would like to participate in supervised equestrian activities at Riding with HEART.

To safely provide this **service of horseback riding and horse related activities**, our program requests that you complete/update this Medical History and Physician's Statement form.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ \*\*Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Past/Prospective Surgeries (dates): \_\_\_\_\_

Fractures (dates): \_\_\_\_\_

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:** AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: +/-

Neurologic Symptoms of Atlantoaxial Instability: \_\_\_\_\_

Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present and to what degree:

**ORTHOPEDIC**  
Atlanto Axial Instability – include neurologic symptoms  
Coxarthrosis  
Cranial Deficits  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Fusion/fixation  
Spinal Instability Abnormalities

**NEUROLOGIC**  
Medical Instability  
Migraines  
Hydrocephalus/Shunt  
Seizure/Respiratory Compromise  
Spina bifida/Chiari II Malformation/Tethered  
Cord/Hydromyelia  
Substance Abuse  
Thought Control Disorders

**MEDICAL/PSYCHOLOGICAL**  
Allergies  
Animal Abuse  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to self or others  
Down Syndrome  
Exacerbations of medical conditions  
Fire Setting  
Heart Conditions  
Hemophilia

**OTHER**  
Weight Control Disorder  
Recent Surgeries  
Under the age of four  
Indwelling Catheters  
Medication Photosensitivity  
Poor Endurance  
Skin Breakdown



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

	Y	N	IF YES PLEASE SPECIFY
AUDITORY			
VISUAL			
TACTILE SENSATION			
SPEECH			
CARDIAC			
CIRCULATORY			
INTEGUMENTARY/SKIN			
IMMUNITY			
PULMONARY			
NEUROLOGIC			
MUSCULAR			
BALANCE			
ORTHOPEDIC			
ALLERGIES			
LEARNING DIASBILITY (please specify)			
COGNITIVE			
EMOTIONAL/PSYCHOLOGICAL			
PAIN			
OTHER			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g., PT, PT, Speech, Psychologist, etc.) in the implementation of an effective equestrian program.

Name/Title: \_\_\_\_\_ Lic./UPIN Number: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_



## Participant Registration and Health History

### CANCELLATION POLICY

The Riding with HEART staff monitors the weather and makes every effort not to cancel lessons and will cancel only if it is necessary for the safety of all individuals involved in the lesson. If the forecast is questionable or rapidly changing, staff will wait until 2:00 p.m. to cancel lessons. If lessons are cancelled due to inclement weather RWH will contact you on the phone number you provided on the Participant Form. If the weather looks questionable, feel free to call the office to check if lessons are cancelled. **Only lessons cancelled by Riding with HEART will qualify for a make-up lesson.** We understand that missed lessons are unavoidable at times. Please call the office to report absences before 2:00 P.M. so staff will not have your horse tacked up, ready and waiting for your arrival unnecessarily.

**Lessons cancelled by the participant, or a no-show will *not* qualify for a make-up session.**

If there are dates that you know the participant will be unable to attend the lesson (vacation, etc.), you **must let us know before we invoice you for the session.** We cannot offer a make-up after the session has begun.

### MAKE-UP LESSONS

There are make-up lessons scheduled at the conclusion of every session for lessons cancelled by RWH only. Make-ups must be used within the scheduled dates. Make-ups will not be carried over into subsequent sessions and make-ups will not be credited to future session payments. The make-up is scheduled for the same day of the week as and time as your regular lesson during the make-up period. Late Arrivals Riders arriving 5-10 minutes late for lessons will be mounted and join the lesson. The lesson will end at its regularly scheduled time. Riders arriving 15 minutes or later will forfeit the riding lesson and will not qualify for a make-up lesson.

### GROUND LESSONS

Every rider will receive one ground lesson per session. A ground lesson is unmounted and teaches the rider basic horsemanship skills. Learning about grooming, tacking up, horse behavior and safety around horses has secondary therapeutic benefit in working towards the goals of the rider. Ground lessons strengthen the horse and rider bond and help the rider understand the horse from a different perspective.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent/guardian if participant is under 18 years of age)