



## **The Gifted Horse, Inc.**

### **Therapy Client Packet 2019**

All the forms listed below are required to be completed, initialed or signed where designated, and dated prior to the start of rider participation and annually thereafter.

**To be completed by rider, parent/legal guardian, or caregiver:**

- 1. Application Release Form
- 2. Photo Release Form
- 3. Authorization for Emergency Medical Treatment Form
- 4. Insurance Waiver and Release Liability Form
- 5. Safety Protocol
- 6. Cancellation Policy
- 7. Rider Goal Sheet

**To be completed by the rider's physician and therapist (if required by the instructor):**

- 8. Physician's Letter and Release
- 9. Therapist's Assessment

For official use only:

Forms 1 2 3 4 5 6 7 8 9



## **The Gifted Horse, Inc.**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Educational Placement: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Parent/Legal Guardian Employer: \_\_\_\_\_ Business Phone & Hours: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(505) 709-8444

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## **The Gifted Horse, Inc.**

### **Application Release**

No participant can be accepted for participation until the parent/legal guardian has completed this form. If the participant is of legal age and mentally competent, they may complete the form without a parent's supervision. Every effort will be made to avoid any accidents. However, NO LIABILITY can be accepted by any of the organization's trustees, agents, employees, any one of its members and associates, the property owners upon whose land activities are conducted.

I would like to participate at The Gifted Horse. I have discussed this with my physician and therapist. Furthermore, I grant permission to The Gifted Horse's instructor or therapist to contact my physician or therapist for further clarification of medical information if needed (this information will be treated with confidentiality). I understand that NO LIABILITY can be accepted by any of the organization concerned with this instruction or therapy including The Gifted Horse staff.

I understand that the final decision regarding acceptance, selected therapeutic activities, and continued participation rests with The Gifted Horse staff upon due consideration of the individual's special needs and the safety of the participant, staff, volunteers, and horses.

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

Relation to Rider: \_\_\_\_\_



## **The Gifted Horse, Inc.**

### **Photo/Video Release**

I hereby grant The Gifted Horse permission to use any or all photographs, slides, and/or any other audiovisual materials in which I may appear for the express purpose of promoting The Gifted Horse programs and do not expect, nor shall I receive any monetary reimbursement for this authorization.

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

Relation to Rider: \_\_\_\_\_

**OR**

NON-Consenting Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Rider: \_\_\_\_\_

### **Emergency Contact Information**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Rider: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Rider: \_\_\_\_\_

### **Medical History**

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

Allergies (medications, insect bites, etc.): \_\_\_\_\_

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## **The Gifted Horse, Inc.**

### **Authorization for Emergency Medical Treatment Form Consent Plan**

In the event of an emergency in which medical aid/treatment is required due to the illness or injury during the process of receiving services, or while being on The Gifted Horse's premises, I authorize The Gifted Horse 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 treatment.

This authorization includes radiological services, surgery, hospitalization, pharmaceutical, and any other treatment deemed "life-saving" by medical staff. This provision will only be invoked if the participant's emergency contact is unable to be contacted or in a state of emergency.

Consenting Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relation to Rider: \_\_\_\_\_

**OR**

### **NON-Consent Plan**

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services, or while being on The Gifted Horse's premises.

Instead:

1. The parent/legal guardian will always remain on site during equine-assisted activities.
2. In the event in which emergency or medical aid/treatment is required, I wish the following procedure to take place:

\_\_\_\_\_

NON-Consenting Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relation to Rider: \_\_\_\_\_



## **The Gifted Horse, Inc.**

### **Insurance Waiver and Release of Liability**

In consideration of being allowed to participate in any way in The Gifted Horse's programs, I and/or the minor participant, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent/legal guardian, I will instruct the minor participant to inspect the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise The Gifted Horse of such condition(s) and refuse to participant until it is safe.
2. Acknowledge and fully understand that I, and/or the minor participant, will be engaging in equine-related activities, both mounted and non-mounted, which involve risk of serious injury, including permanent disability and death, and severe social and emotional losses which might result only from my own actions, inactions of negligence of others, the rules of play, or the conditions of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge, and covenant not to sue The Gifted Horse, their representative administrators, directors, paid and volunteer staff, independent contractors, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owner and leasers of premises used to conduct The Gifted Horse, all of which hereinafter referred to release from demands, losses or damages to property, caused or alleged to be caused in whole or part by negligence of the releases or otherwise.

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

Relation to Rider: \_\_\_\_\_

2<sup>nd</sup> Parent/Legal Guardian Consenting Signature (if applicable):

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

Relation to Rider: \_\_\_\_\_

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## **The Gifted Horse, Inc.**

The Gifted Horse, Inc. is committed to providing exceptional services. Unfortunately, when one client cancels without giving enough notice, they prevent another client from having the opportunity to take the lesson. Please call us at (505) 709-8444 by 2:00 p.m. on the day prior to your scheduled session to notify us of any changes or cancellations. To cancel a Monday lesson, please call our office by 2:00 p.m. on the prior Friday. If prior notification is not given, you will be charged the full amount for the missed lesson. In the event of an unforeseeable circumstance, consideration will be taken, and the lesson will be rescheduled.

Please sign below to consent to these terms.

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Client Signature (Client's Parent/Guardian if under 18)

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Date



## **The Gifted Horse, Inc.**

### **Safety Protocol**

- All participants will wear approved protective headgear when riding or handling horses. All participants under 10 years old must wear head protection when horses are tied up.
- There will be no running in areas that horses are in.
- All visible trash will be promptly picked up.
- No dogs will be allowed in areas where horses are handled or ridden.
- Parking will be in designated areas only.
- Loud noises are prohibited from areas where horses are handled and ridden.
- No horses will be handled or ridden in severe weather (i.e. rain, snow, or >30 mile an hour wind).
- No jackets, clothing, or saddle pads left on rails or tie posts.
- All walkways will be kept clear of buckets, brushes, hoses, etc.
- No climbing on rails, tie posts, fencing, etc. when horses are out.
- All volunteers and participants must ALWAYS be supervised by a Gifted Horse instructor.
- Volunteers and participants must not handle any horse feed without permission from a Gifted Horse instructor.

I have read, understand, and agree to the rules listed here.

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

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





## **The Gifted Horse, Inc.**

Please help us to help you receive the most out of your experience with The Gifted Horse by filling out the following goal-setting sheet.

### **Personal Riding Goals:**

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### **Physical Goals:**

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### **Cognitive Goals:**

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### **Other:**

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