



# HORSES WITH H.E.A.R.T., INC.

(Hands-on Equine Assisted Riding Therapy)

P.O. Box 2427, Chino Valley, AZ 86323

Office: (928) 533-9178

Revised July 2011

## SILVER SADDLE RIDER REGISTRATION AND RELEASE FORM

### The Silver Saddle Mission:

The Silver Saddle program is conceived as an opportunity for people in the tri-city area 55 years and older to participate in a program of horse riding instruction and education in the proper care and handling of horses. Silver Saddle classes can improve balance, flexibility and endurance; promote social connection; and offer seniors a sense of meaning, mastery and connection with others, including education and the experience of a connection with another living being, by developing a relationship with the horse. It is hoped that every rider enjoys a safe, happy horsemanship experience and progresses to the level of achievement that they wish to attain.

### REGISTRATION -

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

Rider's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Rider's Email Address: \_\_\_\_\_

Name and Phone Number of Other Contact (as necessary): \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School/Institution presently attending: \_\_\_\_\_ City: \_\_\_\_\_

### NON-DISCRIMINATION POLICY -

Horses with H.E.A.R.T., Inc. is committed to providing all participants (riders, volunteers, board members, contractors and staff) with an environment free from all types of harassment and discrimination based on race, color, religion, national origin, sexual orientation, age, gender, physical, emotional or intellectual disability or veteran status. Horses with H.E.A.R.T., Inc. prohibits and will not tolerate such harassment or discrimination by anyone affiliated with or those who do business with Horses with H.E.A.R.T., Inc.

It is our policy to maintain a positive environment free from all forms of harassment or discrimination and to insist that everyone be treated with dignity, respect and courtesy. The purpose of this policy is not to regulate our participants' personal morality. It is to assure that harassment or discrimination does not occur at our facility. All complaints of harassment or discrimination will be thoroughly, promptly and objectively investigated.

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

Client, Parent/Guardian (required if 18 years of age or under)

### PHOTO RELEASE -

I, hereby, consent to and authorize the use and reproduction by Horses with H.E.A.R.T., Inc., of any and all photographs and any other audio/visual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions or any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Client, Parent/Guardian)

Parent/Guardian Signature (required if 18 years of age or under)



# RIDER APPLICATION

This information is confidential and will only be used by the Riding Instructor to better assist the client.

Rider's Name: \_\_\_\_\_

Siblings: (Name(s) and Age(s): \_\_\_\_\_

Disability (Primary and Secondary) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Medication(s) \_\_\_\_\_

Seizure: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last Seizure \_\_\_\_\_ Controlled \_\_\_\_\_

Ambulation (Wheelchair, canes, etc): \_\_\_\_\_

Doctor's Name/Address: \_\_\_\_\_

Therapist's Name/Address/Phone: \_\_\_\_\_

**Please provide a copy of any current therapy reports to Horses with H.E.A.R.T., Inc.**

Is your therapist willing to interact with Horses with H.E.A.R.T., Inc. Yes \_\_\_\_\_ No \_\_\_\_\_

School/Education/Day Program: \_\_\_\_\_

Physical Limitation(s): \_\_\_\_\_

Effective Positive Reinforcements: \_\_\_\_\_

Attention Span: \_\_\_\_\_ Sitting Posture: \_\_\_\_\_

Visual: \_\_\_\_\_ Hearing: \_\_\_\_\_

Speech: \_\_\_\_\_ Prosthesis: \_\_\_\_\_

**Please answer the following questions if applicable** (use extra sheets, if needed):

Have there been any significant changes in the rider's condition within the past three months? \_\_\_\_\_

Please let us know of any changes in health or physical development. \_\_\_\_\_

How did you hear about Horses with H.E.A.R.T., Inc. \_\_\_\_\_

Is there anything we should know about the rider? \_\_\_\_\_

What are your expectations of Horses with H.E.A.R.T., Inc. \_\_\_\_\_

Additional comments (as needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# HORSES WITH H.E.A.R.T., INC.

## RIDER EMERGENCY INFORMATION

Rider's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Person who is authorized to give temporary assistance or care in absence of parent or guardian:

Name	Phone	Relationship
Preferred Medical Facility: _____		
Describe any medical condition requiring special precautions or treatment and any medications and dosage:		
(A) None _____		
(B) Describe: _____		



**No person can be accepted for riding instruction until this form has been completed by the parent/guardian. If the person is of legal age (18), he/she may complete the form, if he/she is legally competent to do so. Riding instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Horses with H.E.A.R.T. Inc.**

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the rider, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Rider (if over 18): \_\_\_\_\_



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## MEDICAL HISTORY/PHYSICIAN RELEASE

Name: \_\_\_\_\_ DOB : \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

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

Cause: \_\_\_\_\_

Seizure Type (if any): \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Medications (Type, Purpose and dose): \_\_\_\_\_

Tetanus Shot: Yes No Date: \_\_\_\_\_

### Persons with Down Syndrome:

Cervical X-Ray for Atlantoaxial Instability: Positive: \_\_\_\_\_ Negative: \_\_\_\_\_ X-Ray Date: \_\_\_\_\_

Please indicate if the client has, or had a history of, the following secondary problems, by checking yes or no. If Yes, please include COMPLETE information pertaining to the problem.

PROBLEM	Yes	No	IF YES, DESCRIBE
Auditory Impairment			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Speech Impairment			
Visual Impairment			Glasses?
Allergies (Please Include Medications)			
Cardiac			
Circulatory			
Shunts			
Postural Hypertension			
Hemophilia			
Pulmonary/COPD			
Asthma			

Comments: \_\_\_\_\_

Mobility: Independent Ambulation: Yes No Crutches: Yes No Braces: Yes No Wheelchair: Yes No

Please indicate any special precautions: \_\_\_\_\_

In my opinion this patient can participate in supervised equestrian activities. In conjunction with these activities, I concur in the referral of the patient to a physical/occupational therapist or other health care professional for evaluation of abilities/limitations in performing exercises and implementing an effective equestrian program.

Physician's Name (Please Print): \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_



# RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

**RIDER**

**Five-M Ranch**

## WARNING

**BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY (TO PERSON OR PROPERTY) AND/OR DEATH.**

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING AND AGREEMENT TO ITS TERMS.**

I, \_\_\_\_\_ (undersigned) reside at  
\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Address) in \_\_\_\_\_  
(City/State/ZIP Country)

On behalf of myself, my personal representatives, heirs, estate, spouse and assigns, do hereby agree and acknowledge that I:

1. Understand that a horse or other livestock may, without warning or apparent cause, make unpredictable movements, equipment may fail and/or circumstances may occur in activities in which the undersigned participants at the (Five-M Ranch, Inc., LaKota Investments LLC, James Larry Powell, and Lydia Hendrick Powell or Nominee) or any of which may cause the participant to be seriously injured or which may cause participant's death.
2. Understand that horseback riding, or other activities at the (Five-M Ranch, Inc., LaKota Investments LLC, James Larry Powell, and Lydia Hendrick Powell or Nominee) are dangerous activities and involve RISKS that may cause SERIOUS INJURY, AND IN SOME CASES, DEATH, because of the unpredictable nature and behavior of horses and/or livestock, regardless of their training and/or past performance.
3. Voluntarily assume the risk and danger of injury or death inherent in the activities in which I participate with Horses with H.E.A.R.T., Inc.
4. RELEASE, DISCHARGE AND PROMISE NOT TO SUE Horses with H.E.A.R.T., Inc. (and Five-M Ranch, Inc., LaKota Investments LLC, James Larry Powell, and Lydia Hendrick Powell, or Nominee) and/or any of their respective owners, officers, employees and agents (hereinafter the "Releasees"), for any loss, liability, damage, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my person or property.
5. Release the Releasees from any claim that such Releasees are or may be negligent in connection with my riding experience or ability, including but not limited to, training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction on riding skills, or conduct concerning activities at Horses with H.E.A.R.T., Inc.
6. INDEMNIFY AND SAVE HOLD HARMLESS and its Releasees from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my use of livestock, arena,

equipment gear or any other items provided or acts or omission of Horses with H.E.A.R.T., Inc. (and/or Five-M Ranch, Inc., LaKota Investments LLC, James Larry Powell, and Lydia Hendrick Powell, or Nominee).

7. Specifically and knowingly agree that the Undersigned is expressly and irrevocably intending to release Releasees from Releasees' own negligence. The Undersigned has specifically and expressly bargained for release herein by execution hereof in exchange for being able to participate in activities occurring at the Five-M Ranch, Inc.
8. The Undersigned expressly agrees that the foregoing Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is governed by the State of Arizona and is intended to be as broad and inclusive as is permitted by Arizona law, and that in the event that any portion of this agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforcement of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
9. Acknowledge that the agreement is a contract and agree that if a lawsuit is filed against Horses with H.E.A.R.T., Inc. (and/or Five-M Ranch, Inc., LaKota Investments LLC, James Larry Powell, and Lydia Hendrick Powell or Nominee) or their respective owners, agents, employees, volunteers, guides or wranglers for any injury or damage in breach of this Agreement, the Undersigned will pay all legal attorney's fees and costs incurred by Horses with H.E.A.R.T., Inc. (and/or Five-M Ranch, Inc., LaKota Investments, LLC, James Larry Powell and Lydia Hendrick Powell, or Nominee) in defending such action.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A PROMISE NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS OF ANY NATURE AGAINST HORSES WITH H.E.A.R.T INC. AND (FIVE-M RANCH, INC., LAKOTA INVESTMENTS LLC, JAMES LARRY POWELL, AND LYDIA HENDRICK POWELL, OR NOMINEE) AND/OR ITS OWNERS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS.**

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

Phone: \_\_\_\_\_  
(Home) (Work) (Cell)

*If participant is a minor (under 18 years of age), signature of parent, legal guardian, or care giver:*

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



**All information is confidential and will only be used by the Riding Director and/or Instructor to better assist the client.**

**Return to: Horses with H.E.A.R.T., Inc., P.O. Box 2427, Chino Valley, AZ 86323 (928) 533-9178**