Participant Registration

General Information

Name: ____ Date: ________________

Address: ____

Date of Birth: ______________ Age ________ Gender: M or F Height _________ Weight ________

Phone: Home ______________________________ Cell:______________________________

Email Address: ____

Employer / Occupation:____

School presently attending: ____

Parent / Legal Guardian Names: ____

Address if different than above: ____

____

Caregiver's ____

Caregiver's Contact Info (if different than above)___________________________________

____

How did you learn about the program? ____

Horse experience: ____

Consent and Waiver

I acknowledge and understand the inherent risks of equine activity under Ohio law, Section 2305.40 of the Revised Code, which include but are not limited to: equine's unpredictable reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals, hazards involving surface or subsurface conditions, collision with another equine, animal, person or object; and the potential for me or my ward or others to act or fail to act in a manner that could result in injury, loss or death. 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 Solid Rock Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any harm to my son/ daughter/ ward, family members, caregivers or myself while participating in Solid Rock programs.

____ ____________________

Adult Participant or Parent Signature **Date**

Revised Feb.2012

____

Printed Name

Photo Release

I, ____, hereby grant the Solid Rock Therapeutic Riding Center, all authorized employees, volunteers, benefactors, representatives, donors, sponsors, and contract hires while currently employed or under contract, permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the sole property of the Solid Rock Therapeutic Riding Center and will not be returned. I hereby irrevocably authorize the Solid Rock Therapeutic Riding Center to edit, alter, copy, exhibit, publish, and/or distribute any and all photographs bearing my likeness for purposes of publicizing the Solid Rock Therapeutic Riding Center's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written and/or electronic copy, wherein my likeness appears. Additionally, I waive any rights to royalties or other compensation arising from, or related to, the use of any photographs using my likeness. I hereby hold harmless, indemnify, release, and forever discharge the Solid Rock Therapeutic Riding Center from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, and/or any other persons acting on my behalf, or on behalf of my estate, have or may have by reason of this authorization. I am 21 years of age and am competent to contract in my own name. I have read this release prior to signing below and fully understand the contents, meaning, and impact of this release.

If the person signing is under 21 years of age, or not competent to contract for himself/herself, there Must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of ____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

X____
Parent/Guardian Signature

____ __________________________________
Printed Name Parent/Guardian Date

I DENY the use of my / my child's image ____

Revised Feb.2012

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PARTICIPANT MEDICAL FORM

Rider's Name: ____

Primary Diagnosis/Presenting Concern/ Onset: ____

____

Secondary Diagnosis/Presenting Concern / 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			

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

____ ______

____ ______

____ ______

____ ______

____ ______

ALLERGIES (If none, write none)

____

____

Completed By: ____ Date ______________________

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/ riding)

____
____
____
____
____
____

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

____
____
____
____
____
____

Psychological, emotional, behavioral, social issues: ______________________________________

____

Any other special things we should know? ______________________________________

____

____

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

____
____
____
____
____

Additional Medical Notes / Concerns: ______________________________________

____

____

____

____

Completed By: ______________________________________ Date ____________________

Participants Name ____

In the event of an emergency please contact:

Name:____ Relation______________________

Phone #s ____

Name:____ Relation______________________

Phone #s ____

Solid Rock TRC Medical Care Authorization

I, ____, hereby authorize Solid Rock Therapeutic Riding Center and/or its authorized representative to give consent for treatment of my child, in the event of illness or injury.

Child's Name:
____

This authorization is effective as of the date listed below, until revoked in writing.

X____ ____________________

Parent/Guardian Signature Date

Revised Feb.2012

Physician Statement Form

Revised Feb.2012

Date: ________________________

Your patient, ____ DOB ____________________

(participant's name)

is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update this 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

Seizure

Spina Bifida/Chiari II Malformation/Tethered Coed/Hydromyelia

Other

Age - under 4 years

Indwelling Catheters/Medical Equipment

Medications - i.e. Photosensitivity

Poor Endurance

Skin Breakdown

Medical/Psychological

Allergies

Animal Abuse

Cardiac Condition

Physical/Sexual/Emotional Abuse

Blood Pressure Control

Dangerous to Self or Others

Exacerbations of Medical Conditions (i.e. RA, MS)

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 the center at the address/phone indicated below.

Solid Rock Therapeutic Riding Center ~ 330-990-1777
10911 Market Ave NW Uniontown, Ohio 44685

Physicians Signature ____ **Date:** ____________

Physicians Name Printed ____

Participant's Consent for Release of Information

I hereby authorize: ____
(person or facility)

to release information from the records of: ______________________________ DOB: ________________
(participant's name)

The information is to be released to: ____
(center or therapist's name)

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- o Medical history
- o Physical therapy evaluation, assessment and program plan
- o Speech therapy evaluation, assessment and program plan
- o Mental health diagnosis and treatment plan
- o Individual Habilitation Plan (I.H.P.)
- o Classroom Individual Education Plan (I.E.P.)
- o Psychosocial evaluation, assessment and program plan
- o Cognitive-behavioral management plan
- o Other: ____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: ____ Date: _________________________

Print Name: ____

Relation to Participant: ____________________________________

Please send materials to: ____

Please send materials to: ____

Please send materials to: ____

Please send materials to: ____

PARTICIPANT AGREEMENT

As a Solid Rock TRC Rider I understand and hereby agree to the following…..

I have read and understand all barn rules posted at the facility & listed on the Solid Rock website.

Please notify us if you're unable to be here on your assigned day.

Treat all humans and animals with proper respect and consideration.

Dress appropriately for the weather & work you will be performing. Always wear sturdy shoes or boots. No dangle earrings or strong perfumes.

If unsure of tasks to perform, ask a supervisor, instructor or staff member. If you don't understand a procedure, ASK QUESTIONS.

Always follow directions and safety rules when completing the tasks assigned to you.

Solid Rock TRC has a ZERO TOLERANCE policy. I understand certain behaviors are not acceptable and will be cause for immediate dismissal from Solid Rock. These include but are not limited to:

NO WEAPONS

LACK OF RESPECT FOR PARTICIPANTS, STAFF, VOLUNTEERS, ANIMALS AND PROPERTY

POSSESSION OR USAGE OF ANY ILLEGAL DRUG OR ILLEGAL SUBSTANCE

ANY ACTION THAT PUTS OTHERS IN DANGER

____ ____________________

Participant's Signature Date

____ ____________________

Parent's Signature Date