



Healing Horses Rider Package Check List

Rider: _____ **Date:** _____ **Class:** _____

All of the forms listed below are required, completed, checked, signed and dated as indicated prior to the start of rider participation.

To be completed by rider, parent or caregiver by

- 1. Rider package check list
- 2. Rider registration form
- 3. Contact and tuition payment
- 4. Rider Release
 - a) Liability release
 - b) Confidentiality agreement
 - c) Photo and video release
- 5. Possible reasons for discharge form
- 6. Payment, check or Credit card or Cash

If the rider has a primary or secondary diagnosis a doctor's release will be required due to PATH Intl. standards and the safety of the participant.

Rider Package forms

1	2	3	4	5	6

Rider update form: 20__ 20__ 20__ 20__ 20__



Healing Horses Rider Registration

Program Information

Date _____

Participant Name: _____ Phone: _____

Address _____

DOB _____ Age _____ Height _____ Weight _____ Gender M F

Primary Diagnosis _____

Secondary Diagnosis _____

Mobility status (walks unassisted, assistive devices, etc) _____

Communication (verbal, non-verbal signs) _____

Behaviors (impulsive, fearful, frustration tolerance) _____

Medications Taken _____

Seizures (if applicable please describe) _____

Limitations _____

Allergies _____

Skin sensitivity _____

Participant's occupation/ school grade level _____

Affiliate Program if applicable _____

Personal Goals (fill in the areas that apply) _____

Physical _____

Cognitive _____

Social/Behavioral _____

Life skills _____

Other _____

Availability for the Healing Horses Program (Check all available times and days)

Tuesday am ___ Tuesday afternoon ___ Wednesday morning ___ Wednesday afternoon ___

Thursday am ___ Thursday afternoon ___ Saturday am ___ Saturday afternoon ___



Healing Horses Client Contact and Tuition Information

Participant Name: _____

Address _____

City/State/Zip _____

Home Phone _____ Cell _____

Email Address _____

Names of parents/guardian:

Father _____ Cell _____ Email _____

Mother _____ Cell _____ Email _____

Emergency Contact: Name _____ **Relationship** _____

Phone _____ **Cell** _____

Preferred Medical Facility: _____ **Physicians name:**

_____ Parent occupation and employer:

Father _____ Work Phone _____

Mother _____ Work Phone _____

2017 Program Tuition Payment Details

Please tell us how you will be paying:

Check (please make payable to Healing Horses, Kauai)

Credit Card

I _____ authorize Healing Horses to charge \$ _____ to my credit card.

Date _____

Name on Card _____ Cardholder signature _____

Billing zip code _____ Card Number _____ Exp. _____

Other: _____

I understand and agree that all paperwork must be up to date and that all tuition is to be paid prior to the start of each session.

Signature of Rider or Legal Guardian _____ Date _____



Healing Horses Rider Liability Release, Confidentiality Agreement, Photo and Video Release

Participant Name: _____ Date: _____

Parent/Legal Guardian/ Conservator (if applicable) _____

Liability Release:

Name of Parent/Gaurdian/Conservator _____

I acknowledge the risks and potential risks for horseback riding and activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors or administrators, I herby waive and release forever all claims for loss or damages of any kind against Healing Horses, Kauai, it's Board of Directors, Instructors, Therapists, aids, Volunteers and employees for any and all injuries and losses that I/my son/my daughter/my ward may sustain while participating in the Healing Horses, Kauai program. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at Healing Horses voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Healing Horses and the property owners are materially relying on this waiver and assumption of risk in allowing me/my son/my daughter/my ward to participate in activities at Healing Horses, Kauai.

Date _____ Signature _____

(Participant, Parent or Caregiver)

Confidentiality Agreement:

I understand that all the information (written and verbal) about participants at Healing Horses, Kauai's confidential and not to be shared with anyone without expressed written consent of the participant and their parent/guardian in the case of a minor.

Date _____ Signature _____

(Participant, Parent or Caregiver)

Photo and Video Release:

_____ I consent to and authorize

_____ I do not consent to nor do I authorize

The use and reproduction by Shadow Hills Riding Club of any other audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date _____ Signature _____

(Participant, Parent or Caregiver)



Healing Horses, Kauai Possible Reasons for Client Discharge

Please be advised of the following reasons that may lead to discharge from the riding program.

1. The client has reached all of their goals and is ready to graduate.
2. The client's potential to maintain head and neck control while riding presents a safety concern.
3. Inability to follow directions is interfering with progress toward goals.
4. Uncontrolled and/or inappropriate behavior that constitutes a safety risk to client, staff and/or horse.
5. Client exceeds weight that can safely be managed by staff, volunteers, and/or horses.
6. Any change in the client's medical, physical, cognitive, or emotional condition that makes therapeutic riding inappropriate.
7. Three scheduled appointments are missed without prior cancelation.
8. Non payment of fees as originally agreed.

I understand and agree with the possible reasons for client discharge.

Signature of Client or Legal Guardian: _____

Date: _____