Participant Registration

GENERAL INFORMATION:

Participant Name: _____ Age: _____
DOB: _____ Height: _____ Weight: _____ M F
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Employer or School: _____

Previous riding experience, if any: _____
_____
_____
Would the participant be comfortable in a group setting? Yes or No
If no, please explain: _____
_____
_____

Parent/Legal Guardian: _____
Phone: _____ Email: _____
Address (if different from above): _____
City: _____ State: _____ Zip: _____

PHOTO RELEASE:

I ❑ DO

❑ DO NOT

consent to and authorize the use and reproduction by _Freedom In Strides__ of any and all photographs and any other audio/visual materials taken for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
Participant, Parent or Legal Guardian

HEALTH HISTORY:

Diagnosis: _____ Date of Onset: _____
Secondary Diagnosis

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			

OVERVIEW (e.g., Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

_____
_____
_____
_____

SEIZURES: Yes or No
If yes, please describe: _____
_____
_____
_____

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

_____
_____
_____
_____

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

Signature: _____ **Date:** _____

Participant, Parent or Legal Guardian

Authorization for Emergency Medical Treatment Form

Participant Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____
Physician's Name: _____
Preferred Medical Facility: _____
Health Insurance Company: _____ Policy #: _____
Allergies to Medications: _____
Current Medications: _____
_____

In the event of an emergency, contact:
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize **Freedom In Strides** 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 emergency treatment.

PLEASE CHOOSE TO CONSENT OR NOT:

☐ **Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ **Date**: _____

☐ **Non-Consent Plan**

This plan says you do not give consent for any emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event of emergency treatment/aid is required, I with the following procedure to take place:

_____
_____
_____

Non-Consent Signature: _____ **Date**: _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT
for
Freedom in Strides

1. In consideration for receiving permission to participate in Freedom in Strides, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Freedom In Strides, their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES, or otherwise, while participating in such activity is being conducted.

2. I am fully aware of the risks involved and hazards connected with this activity, including but not limited to travel risks and/or risks involved in working with animals and farm equipment. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me, or any loss or damage to property, owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

3. Freedom In Strides recommends and encourages the use of ASTM/SEI certified helmets for all persons working with, or working in close contact with, horses and other livestock.

4. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

5. I understand that Freedom In Strides does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

6. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

7. I am aware that under Texas law, Chapter 87 of the Civil Practice and Remedies Code, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. I understand the implications of this law regarding my participation in equine activities.

8. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing Waiver of liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, I have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Signed on this _____ day of _____, 20_____.

Name: _____ Signature: _____
(printed name) Participant, Parent/Legal Guardian

If participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event, consents for Freedom In Strides to seek reasonable and necessary medical treatment for Participants during such event or associated activities, and agrees to be responsible for any cost of such treatment.

_____ _____
Parent/Guardian Signature Date