



HEALING BY HORSEBACK

HIPPOTHERAPY NEW RIDER REGISTRATION

Please Print

Participant's Name: _____ Date: _____

Type of Riding: (*circle one*) Hippotherapy Type: speech occupational physical

Date of Birth: _____ Gender _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Please Note: *Patients who miss an appointment without 24-hour prior notice will be charged a \$40 fee.*

Location:

**13211 E Sugarhill Rd
Lincoln, AR 72744**



HEALING BY HORSEBACK

AUTHORIZATION FOR EMERGENCY MEDICAL

Participant's Name: _____

Please Print

In case of Emergency, contact: _____ Phone(s): _____

Physician's Name: _____

Phone: _____

Please indicate any allergies: _____

Please indicate any medical issues that may affect your/your child's participation during hippotherapy.

Date of last Tetanus shot: _____

CONSENT PLAN I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Healing By Horseback, Inc., or while being on the property of Healing By Horseback, Inc., I authorize Healing By Horseback, Inc. to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Name _____ Date: _____

Signature of Parent/Guardian _____

~~~ OR ~~~

**NON-CONSENT PLAN** I do not give consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at Healing By Horseback, Inc., or while being on the property of Healing By Horseback, Inc.. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_

Participant Name \_\_\_\_\_ Date: \_\_\_\_\_

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



**HEALING BY HORSEBACK**

**PHOTO RELEASE**

Participant's Name: \_\_\_\_\_

\_\_\_\_ I **consent** to and authorize \_\_\_\_ I **do not** consent to nor do I authorize the use and reproduction by Healing By Horseback, Inc. of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

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

**POLICY OF CONFIDENTIALITY**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Healing By Horseback, Inc. and will not discuss or disclose any sensitive information about any person or their family.

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



## HEALING BY HORSEBACK

### LIABILITY RELEASE

That I, \_\_\_\_\_ or that I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by Healing By Horseback, Inc. and recognizing that horseback riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury or death. However, I feel that the possible benefits to myself, child or ward are greater than the risk assumed.

I hereby, intending to be legally bound, for myself and my child or ward, heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against Healing By Horseback, Inc. its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of property on which Healing By Horseback, Inc. operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of Healing By Horseback, Inc., its board of directors, trustees, agents, instructors, therapists, aids, employees, representatives, volunteers, owners of property on which Healing By Horseback, Inc. operates, successors or assigns.

#### **WARNING**

**I understand that UNDER ARKANSAS LAW, AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.**

I, the undersigned, have read this waiver of liability in its entirety. I understand the terms of this release and have signed this release voluntarily and with full knowledge of the effects thereof.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



## HEALING BY HORSEBACK

### Healing By Horseback, Inc. Barn Rules

NOTE: *Horses are prey animals.*

*They may instantly become unpredictable if scared or confused. Always use caution around all horses.*

*Parents, when your child is with you, you are responsible for the actions and conduct of your child at all times.*

1. **Follow therapist's or volunteer's direction of appropriate areas to observe sessions**
2. Stay out of the barn aisle. Do not pet horses in their stalls unless given permission
3. When parking, do not block another car
4. Do not drive past the barn into the back of the property
5. Speed limit is 10 MPH. Please be considerate of riders in the arena as you drive in. - no honking!
6. Use caution around horses. No running, screaming, or unruly behavior in the barn
7. Never stand directly in front of or behind a horse
8. Do not go into pastures, paddocks, or round pens where horses are present
9. Do not feed the horses treats unless given permission
10. **Unsupervised children are not allowed at this facility at any time. Please keep your children with you at all times.**
11. Treat all equipment with care. Return helmets, tack, grooming buckets, toys, cones, and tools to their proper place after use.
12. Dress appropriately: long pants, closed toed shoes and a helmet are required.
13. Helmets must be worn by all students whether doing groundwork or riding.
14. No personal animals are allowed on the premises of the barn.
15. No bikes or skateboards allowed.
16. No alcoholic beverages or smoking allowed on premises.
17. Do not enter stalls with a horse.
18. ARKANSAS CODE OF 1987 enacted the following Law: *An equine professional is not liable for the injury or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

*I have read and understand what is written and agree to follow the rules and regulations set forth by Healing By Horseback, Inc. I understand and am aware of the Arkansas Equine Liability Act.*

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

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

*(If participant is under 18 years of age)*