

New participant – Adult w/ special needs
Registration Checklist

Please use this checklist to ensure that all information has been completed. Participation in our program, or placement on our waitlist, cannot occur until all information has been received. Registration will be much smoother if you complete all forms correctly. Incomplete forms will be returned to you. Thank you in advance for your attention and thoroughness at this time.

Please complete the forms listed below:

___ **Participant’s Application, Photo Release, and Health History**

- Complete all requested information. Use N/A for any line that is not applicable.
- Circle DO or DO NOT under Photo Release, sign and date.
- Sign and date on the bottom of page 3.

___ **Participant’s Authorization for Emergency Medical Treatment Form**

- Complete all requested information. Use N/A for any line that is not applicable.
- Complete Consent or Non-Consent Plan, sign and date.

___ **Liability Form (Release and Indemnification)**

- Complete date.
- Riders/participants signature and printed name.
- **Spouse’s** signature and printed name if applicable.
- Since this agreement is in effect for the duration of the participant’s involvement with WFTE, Inc. it need only be completed once.

___ **Participant’s Medical History and Physician’s Statement (or Medical Review Form if applicant is a returning participant at Windrush)**

- Completely filled out, signed and dated only by applicant’s physician.

___ **Physical or Occupational Therapy Evaluation**

- Completely filled out by applicant’s PT or OT
- Or if not under the care of a PT/OT, please sign bottom stating that fact.

Participant's Application, Photo Release, and Health History

GENERAL INFORMATION:

Participant's Name: _____
DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F
Address Street: _____ City: _____ State: _____ Zip: _____
Home #: _____ Cell # /Work#: _____ E-mail: _____
Employer/School: _____ Phone: _____
Address: _____

Parent/Legal Guardian/Caregiver: _____
Address (if different from above): _____
Phone #: _____ Alternative #: _____

If you are a new applicant:

How did you hear about our program? _____
If referred, please list source and date: _____
If you have any previous riding/horse experience, please describe: _____

If you currently ride at W.F.T.E., Inc. please list start date: _____

PHOTO RELEASE:

(please circle one) I DO / DO NOT consent to and authorize the use and reproduction by Windrush Farm Therapeutic Equitation, Inc. of any and all photographs and any other audio/visual materials taken of me/my son/daughter/ward for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Participant (Parent or Legal Guardian)

RIDING GOALS: (What you would like to accomplish during your time with us.)

Short Term (During the next 6–12 months): _____

Long Term (During the next 2-3 years): _____

OTHER GOALS: (This could include social, recreational, professional/career, etc.)

AREAS OF FOCUS/STRENGTHS/WEAKNESSES

Riding a horse involves many aspects of the whole person; the physical, cognitive, and emotional. Participating in riding lessons adds even more dimensions to the scenario, such as our learning styles, spatial awareness, social interactions, etc. Please use this section to discuss information that you believe might be helpful or issues that you would like addressed, so that the instructor can create a beneficial, supportive lesson environment for you/your child. A good place to start might be the teaching environment, aids, and tools that best supports your learning style and needs. _____

MISC. HEALTH ISSUES

Please include any health issues (i.e. allergies, asthma, reactions to medications, dizziness, etc.) that you feel staff should be aware of.

PREFERENCES

Although the needs and requirements of all our riders is the priority, every effort is made to accommodate the preferences of our riders. Toward that goal, please feel free to share with us your “favorites” in horses and tack. It would be beneficial if you would explain why you prefer a certain horse or piece of equipment so that, if we can not exactly meet your wishes, we can come close. _____

CONCERNS

This could include any past riding experiences that caused a loss of confidence, any conditions or circumstances that you feel could interfere with your ability to ride safely or to your full potential, any fears, etc, _____

Lessons at Windrush are a team effort. Your instructor wants and appreciates your input throughout the riding session. Please feel free to ask questions, make suggestions, and give feedback. Discussions of any length can be done on the phone or via e-mail. Each instructor and staff member has an e-mail address for your convenience.

First name@windrushfarm.org

HEALTH HISTORY

***** Please answer all questions below.

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 | | | |

If you have a diagnosis:

Diagnosis _____ **Date of Onset** _____

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

PHYSICAL FUNCTION Describe, what you would consider, your potential difficulties when mounting/dismounting and riding a horse. _____

COGNITIVE/LEARNING SKILLS (i.e. Learning Disabilities, communication aids or tools): _____

PSYCHO/SOCIAL FUNCTION (i.e. Work/school, behavior/safety issues, relationship-family structure, support systems, fears/concerns. etc.): _____

To the best of my knowledge the above information is up to date and accurate.

Signature: _____ **Date:** _____

Participant (parent or legal guardian)

WARNING:

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.

Windrush Farm Therapeutic Equitation, Inc.

30 Brookview Rd. Boxford, MA 01921

978-682-7855 / wfte@windrushfarm.org

Participant's Authorization for Emergency Medical Treatment Form

Participant's Name: _____ DOB: _____ Phone: _____

Address: _____

Family Email Address: _____

In the event of an emergency, contact;

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Physician's Name _____ Telephone _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

State any information that you want supplied to a medical professional treating you in an emergency: _____

Consent Plan

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 premises operated by Windrush Farm Therapeutic Equitation, Inc., I authorize Windrush Farm Therapeutic Equitation, Inc. 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.

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 below is unable to be reached.

Date: _____ Consent Signature: _____

Participant (Parent or Guardian if participant is under the age of 18 yrs)

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

I do not give my consent for 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. Therefore, check one of the following:

_____ *A parent or legal guardian will remain on site at all times during equine assisted activities.*

_____ *In the event emergency treatment/aid is required, I wish the following procedures to take place:*

Date: _____ Non-Consent Signature: _____

Participant (Parent or Guardian if participant is under the age of 18 yrs)

Print Name: _____ Phone: _____

Address: _____

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WINDRUSH FARM THERAPEUTIC EQUITATION, INC.
(Therapeutic Riding Program - Adults)

RELEASE AND INDEMNIFICATION

This release and indemnification is made by and between the undersigned (the "Participant"), the undersigned spouse (the "Participant's Spouse") and any and all persons and parties now or hereafter having any interest in the business known as Windrush Farm Therapeutic Equitation, Inc., a Massachusetts corporation, together with any and all employees, agents and servants of Windrush Farm Therapeutic Equitation, Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Windrush Farm Therapeutic Equitation, Inc. (collectively "WFTE, Inc."). WFTE, Inc. provides horseback riding lessons to individuals, including but not limited to disabled and handicapped individuals (the "Program"). WFTE, Inc. leases stable, pasture, indoor and outdoor arenas and related spaces at the property known as and located at 30 Brookview Road, Boxford, Massachusetts 01921 (the "Farm"; the owner, from time to time, of the Farm is referred to herein as the "Landlord"). WFTE, Inc. owns, leases, cares for and/or maintains certain horses used or to be used in connection with the Program (the "Horses"). As used herein, the word "horse" shall include horses and ponies of every kind. The Participant wishes to participate in the Program and ride and work with the Horses at the Farm and/or at such other places as WFTE, Inc. conducts its activities, including but not limited to horse shows, clinics, fairs, expositions, schooling sessions and the like conducted away from the Farm. The Participant and the Participant's Spouse desire that the Participant have the opportunity to participate in the Program, ride and work with the Horses at the Farm and/or at such other locations as WFTE, Inc. conducts its activities. **WFTE, Inc. will not permit the Participant to participate in the Program or work with or ride the Horses without the execution of this release and indemnification which is of material significance to WFTE, Inc.** The Participant and the Participant's Spouse hereby acknowledge and agree that the activities contemplated hereby are "equine activities," that WFTE, Inc. and the Landlord are each an "equine professional" and/or an "equine activity sponsor," and the Participant is a "participant" all as defined by Massachusetts General Laws Chapter 128, Section 2D.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Participant and the Participant's Spouse agree as follows:

1. **Inherent Risks.** The Participant acknowledges and understands that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities, including but not limited to the propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface conditions and subsurface conditions; collisions with other horses and objects; and, the potential of the Participant to act in a negligent manner that may contribute to injury to himself or herself or others, such as failing to maintain control over the animal or not acting within his or her ability. Despite these inherent risks, the Participant has chosen to participate in the Program and to ride and work with and around the Horses (the "Activities"). In addition, the Participant hereby acknowledges that it may be more dangerous for the Participant to undertake the activities due to his or her physical, mental and/or emotional challenges and the Participant accepts the additional risks and dangers presented thereby.

2. **Participant's Representations.** The Participant has been provided with medical and informational intake forms by WFTE, Inc.. The Participant hereby certifies that the information contained therein is true and accurate in all respects. The Participant hereby acknowledges that WFTE, Inc. will and may rely on the information disclosed thereby without further inquiry or investigation. If, at any time, the medical, physical, emotional or mental condition of the Participant shall change in any material respect or if any of the information required to be disclosed by such forms shall change in any material respect, Participant shall immediately notify WFTE, Inc. in writing. In no event shall WFTE, Inc. be responsible for inquiring into the condition of the Participant's physical, medical, emotional or mental condition or any change in such condition.

3. **Instructions and Authorization.** The Participant agrees to follow the instructions of WFTE, Inc. at all times and not to undertake any activity which WFTE, Inc. has not specifically authorized. In no event shall WFTE, Inc. be held liable for any injury to or death of the Participant due to the Participant's non-compliance with the instructions of WFTE, Inc. or the Participant's actions which have not been specifically authorized by WFTE, Inc. in each instance. In addition, the Participant agrees to supervise any minors under his or her care while at the Farm and acknowledges that WFTE, Inc. shall at no time be responsible for the supervision of any person (including any minors) on the Farm. Unsupervised minors and any person failing to comply with the instructions of WFTE, Inc. are subject to immediate ejection from the Farm.

4. **Equipment.** The Participant acknowledges and understands that the equipment used in connection with the Activities, including but not limited to saddles, bridles, bits, brushes, pitchforks, shovels, brushes, combs and hoof picks are each given to ordinary wear and tear. The Participant agrees to use reasonable care at all times while at the Farm and to carefully inspect all equipment for evidence of defects or breakage. In the event that the Participant locates any defects or breakage in or related to an equipment or tack, he or she shall immediately notify WFTE, Inc.. In no event shall WFTE, Inc. be held liable for any injury to or death of the Participant caused by any defect in any such equipment or tack.

5. **Condition of the Land.** The Participant understands and acknowledges that the Participant may be working in the stable area as well as in the arenas, fields, pastures and other land located at the Farm or which WFTE, Inc. has permission to use (collectively, the "Land") and that the Land presents certain hazards of which WFTE, Inc. may be or should be aware. The Participant specifically agrees to hold WFTE, Inc. and the Landlord harmless from any injury or death arising from the conditions of the Land. WFTE, Inc. has not undertaken to inspect the Farm for hazards which may

exist on the Land and has not undertaken to warn the Participant of any hazards which may exist on the Land. It shall be the Participant's sole responsibility to carefully inspect the Land for any hazards prior to undertaking any activity.

6. **Release.** The Participant and the Participant's Spouse agree that neither he, she nor they shall hold WFTE, Inc. or the Landlord liable for any injury to or death to the Participant resulting from or related to his or her involvement in equine activities and/or the Activities. The Participant and the Participant's Spouse hereby remise, release and forever discharge WFTE, Inc. and the Landlord for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of the Participant caused by or in any manner related to equine activities and/or the Activities.

7. **Indemnification.** The Participant further indemnifies and holds WFTE, Inc. and the Landlord harmless for any injury or damage caused by the Participant to any person, property of any person or the Farm, which injury or damage is caused by the Participant's willful misconduct or negligence, including but not limited to damage or injury to the Horses, any other horses which may be at the Farm from time to time and any personal or real property.

8. **Acknowledgment.** The Participant acknowledges that he or she has been warned about the risks related to equine activities and the Activities and have been informed about the characteristics of each of the Horses. The Participant has had the opportunity to ask questions of WFTE, Inc. and is satisfied that he or she understands the risks involved in equine activities and the Activities. By the Participant's execution of this Release and Indemnification, the Participant agrees to be bound by and comply with the terms hereof and acknowledges that he or she wishes to engage in equine activities and the Program despite the risks and potential dangers involved. The Participant has not relied on any representations, statements or warranties of WFTE, Inc. other than those specifically set forth herein. This Release and Indemnification is a Massachusetts contract and shall be governed by, and enforced in accordance with, the laws of the Commonwealth of Massachusetts.

9. **Waiver of Consortium Claims.** The Participant's Spouse, by his or her execution hereof, hereby agrees and assents to the terms hereof. The Participant's Spouse, by the execution hereof, further remises, releases and forever discharges for him or herself and his or her heirs, executors and administrators, WFTE, Inc. and the Landlord of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of him or herself or the Participant, including but not limited to actions for loss of consortium.

10. **Consent to Emergency Medical Care.** In the case of any injury to the Participant while on the Farm, participating in the Program and/or riding the Horses, the Participant hereby authorizes WFTE, Inc. and any agent, employee, officer and/or director thereof, to seek medical care and attention for him or her, including but not limited to arranging for an ambulance to take the Participant to any medical care facility, transporting the Participant to any medical care facility and consenting to treatment, medication and/or surgery for the Participant. The Participant acknowledges that he or she shall be solely responsible for the payment of any medical costs and expenses incurred on behalf of the Participant and hereby indemnifies and agrees to hold harmless WFTE, Inc. for any costs incurred by it on behalf of the Participant.

The Participant and the Participant's Spouse hereby acknowledge that they have each been given the opportunity to read this Release and Indemnification and that they have executed this document as an instrument under seal, as of the _____ day of _____, 200____,

Participant's Signature: _____
Participant Print Name: _____

Participant's Spouse's Signature: _____
Participant's Spouse Print Name: _____

WARNING:

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THERAPEUTIC EQUITATION, INC.
30 Brookview Road
Boxford, Massachusetts 01921

Participant's Medical History and Physician's Statement

Name: _____ Date of Birth: _____ Ht: _____ Wt: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of last seizure _____

Shunt Present: Y N Date of last revision: _____ Tetanus Shot: Yes No

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive Devices: _____

****For Persons with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: pos neg**

Neurologic Symptoms of AtlantoAxial Instability: _____

Please indicate current and past special needs in the following systems/areas, including surgeries:

| AREAS | Yes | No | Comments |
|--------------------------|-----|----|----------|
| Auditory | | | |
| Visual | | | |
| Speech | | | |
| Cardiac | | | |
| Circulatory | | | |
| Pulmonary | | | |
| Neurological | | | |
| Muscular | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning Disability | | | |
| Mental Impairment | | | |
| Psychological Impairment | | | |
| Other | | | |

Given the above diagnosis and medical information, this person is not medically precluded from participation on equine assisted activities. I understand that the NARHA center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the NARHA center for ongoing evaluation to determine eligibility for participation.

Name/Title (please print) _____ MD DO NP PA Other _____

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone () _____ License/UPIN Number: _____

Please see next page for possible precautions/contraindications →

Information for Physician

The following conditions, if present, may represent precautions or contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact us at (978) 682-7855.

Orthopedic

Spinal Joint Fusion/Fixation
Spinal Joint Instabilities/Abnormalities
Atlantoaxial Instabilities – include neurologic symptoms
Scoliosis
Kyphosis
Lordosis
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification/Myositis Ossificans
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Seizure Disorders
Paralysis due to Spinal Cord Injury

Medical/Psychological

Allergies
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Hypertension
Cardiac Condition
 Stroke (Cerebrovascular Accident)
Animal Abuse
Physical/Sexual/Emotional Abuse
Fire Setting
Danger to self or others
Thought/Weight Control Disorders
Exacerbations of medical conditions i.e.RA, MS
Medical Instability
Migraines
Respiratory Compromise
Substance Abuse

Secondary Concerns

Behavior problems
Age under four years
Poor Endurance
Acute exacerbation of chronic disorder
Indwelling Catheters/Medical Equipment
Skin Breakdown
Medications – i.e. photosensitivity

**WINDRUSH FARM THERAPEUTIC EQUITATION, INC.
PHYSICAL or OCCUPATIONAL THERAPY EVALUATION**

Please complete all applicable areas

Date: _____ **Name:** _____

Height: _____ **Weight:** _____ **Age:** _____

Diagnosis: _____

Seizures: _____

Medications: _____

Reflexes: _____

Tone: _____

ROM: _____

Posture: _____

Balance: _____

Mobility: _____

Gait (where applicable): _____

Senses/Sensation: _____

Circulation: _____

Development Motor Sequence Activities (where applicable): _____

ADLs: _____

Communication: _____

Equipment/Aids: _____

Additional Notes: _____

Precautions: _____

Therapist's Signature (a registered PT or OT must sign)

I am currently not under the care of a P.T. or O.T. I will notify you if that changes.

Participant's Signature (parent/guardian)