



**Windrush Farm Therapeutic Equitation, Inc.**

30 Brookview Road  
Boxford, MA 01921  
www.windrushfarm.org  
978-682-7855

**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:**

I DO / DO NOT (**please circle one**) 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 support your learning style and needs. \_\_\_\_\_

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**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.

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**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. \_\_\_\_\_

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**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, \_\_\_\_\_

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**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**

**Diagnosis** \_\_\_\_\_ **Date of 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 and over-the-counter: name, dose, and frequency):

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

*Describe your abilities/difficulties; (include assistance required or adaptive equipment needed):*

**PHYSICAL FUNCTION** (i.e. Mobility skills such as transfer, walking, wheelchair use): \_\_\_\_\_

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

**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.): \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Participant (parent or guardian)**



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## 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: \_\_\_\_\_

**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 CHAPTER 128-SECTION 2D OF THE GENERAL LAWS.**



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## 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)**

**WINDRUSH FARM THERAPEUTIC EQUITATION, INC.  
(Therapeutic Riding Program – Adults under Guardianship)**

**RELEASE AND INDEMNIFICATION**

This release and indemnification is made by and between the undersigned participant (the “Participant”), the undersigned participant’s guardian (the “Participant’s Guardian”) 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 children (the “Program”). WFTE, Inc. leases stable, pasture, indoor and outdoor arenas and related spaces at the property known as and located at 30-31 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 as a volunteer and/or 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’s Guardian desires 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 Guardian 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 Guardian agree as follows:

1. ***Inherent Risks.*** The Participant and the Participant’s Guardian acknowledge and understand 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, and the Participant’s Guardian has chosen to permit the Participant to participate in the Program as a volunteer and/or to ride and work with and around the Horses (the “Activities”). In addition, the Participant and the Participant’s Guardian hereby acknowledge 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 both the Participant and the Participant's Guardian accept the additional risks and dangers presented thereby.

2. **Participant's Representations.** The Participant and the Participant's Guardian have been provided with medical and informational intake forms by WFTE, Inc. The Participant and the Participant's Guardian hereby certify that the information contained therein is true and accurate in all respects. Participant and Participant's Guardian hereby acknowledge 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 and Participant's Guardian 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 and Participant's Guardian each agree 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's Guardian agrees to supervise the Participant and any other minor under their 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. If the Participant is a minor, the Participant's Guardian agree to supervise the Participant and any other minors under their care while at the Farm and acknowledge that WFTE, Inc. shall at no time be responsible for the supervision of the Participant at any time other than during his or her scheduled lesson or for any other 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 and the Participant's Guardian acknowledge and understand 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. The Participant's Guardian agree that, in the event that the Participant is incapable of inspecting the equipment, which capability shall be determined by the Participant's Guardian unless otherwise determined by WFTE, Inc., the Participant's Guardian shall be responsible for inspecting all equipment for evidence of defects or breakage. In the event that the Participant or the Participant's Guardian locate any defects or breakage in or related to any equipment or tack, he, she or they 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 and the Participant's Guardian understand and acknowledge 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 and the Participant's Guardian specifically agree 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 or the Participant's Guardian of any hazards which may exist on the Land. It shall be the sole responsibility of the Participant and the Participant's Guardian to carefully inspect the Land for any hazards prior to undertaking any activity.

6. **Release.** The Participant and the Participant's Guardian 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 Guardian 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 and the Participant's Guardian further indemnify and hold 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. The Participant's Guardian hereby acknowledges and agrees if the Participant does not have sufficient funds to fully indemnify WFTE, Inc. and/or the Landlord, they shall be personally and jointly and severally liable to WFTE, Inc. for any such injury or damage.

8. **Acknowledgment.** The Participant and the Participant's Guardian each acknowledge that they have 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 and the Participant's Guardian have each had the opportunity to ask questions of WFTE, Inc. and are satisfied that they each understand the risks involved in equine activities and the Activities. By their execution of this Release and Indemnification, the Participant and the Participant's Guardian agree to be bound by and comply with the terms hereof and acknowledge that the Participant wishes to engage in equine activities and the Program despite the risks and potential dangers involved. Neither the Participant nor the Participant's Guardian have 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. **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 or working with the Horses, the Participant or Participant's Guardian hereby authorizes WFTE, Inc. and any agent, employee, officer and/or director thereof, to seek medical care and attention for the Participant, 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 provided that any such person shall contact or attempt to contact the Participant's Guardian as soon as

practicable. The Participant's Guardian acknowledge that they shall be solely responsible for the payment of any medical costs and expenses incurred on behalf of the Participant and hereby indemnify and agree to hold harmless WFTE, Inc. for any costs incurred by it on behalf of the Participant or the Participant's Guardian.

Participant and Participant's Guardian 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:** \_\_\_\_\_

*Print Name:* \_\_\_\_\_

**Participant's Guardian :**

**Signature:** \_\_\_\_\_

*Print Name:* \_\_\_\_\_

**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.**