



Client Application

New Rider: Yes No Returning Rider: Yes No #of Years at R&R _____ Date: _____

CHILD'S NAME/NICKNAME: _____

DOB: _____ HEIGHT: _____ WEIGHT: _____

ADDRESS: _____

DIAGNOSIS: _____ DATE OF ONSET: _____

PAST/PROSPECTIVE SURGERIES: _____

SEIZURES/TYPE: _____ CONTROLLED: Yes No

ALLERGIES: _____

SHUNT OR OTHER MEDICAL DEVICE PRESENT Yes No SPECIAL PRECAUTIONS/NEEDS: _____

PARENTS/GUARDIAN: _____

CONTACT INFORMATION - BOTH PARENTS OR GUARDIAN:

PHONE/CELL: MOTHER: _____ FATHER: _____

EMAIL: _____

SCHOOL: _____ GRADE: _____ TEACHER'S NAME: _____

GOALS

PLEASE GIVE A BRIEF DESCRIPTION OF THE GOALS THAT YOU WANT THE RIDER TO WORK TOWARDS FOR THE CURRENT YEAR:

OTHER INFORMATION OR COMMENTS THAT YOU MIGHT CARE TO SHARE WITH US:

Mark Your Preferred Date and Time for Therapy: Wednesday (1-5pm) _____ Thursday (1-5pm) _____ Saturday (9am-12pm) _____

HEALTH/MEDICAL HISTORY

HEARING

NORMAL
 HARD OF HEARING
 DEAF
 HEARING AID

SPEECH

VERBAL
 NON-VERBAL
 UNDERSTANDS YES/NO
 UNDERSTANDS BASIC LANGUAGE

MOBILITY

WAKER
 CANE
 CRUTCHES
 BRACE
 PROSTHESIS
 WHEELCHAIR
 NORMAL DEXTERITY
 PARALYSIS
 CONTRACTURES

COMMENTS: _____

COMMENTS: _____

COMMENTS: _____

VISION

NORMAL GLASSES
 IMPAIRED CONTACTS
 BLIND PROSTHESIS

COMMENTS: _____

MEDICATIONS Include all vitamins (natural/herbal), prescriptions or OTC or diet supplements

DRUG/SUPPLEMENT

PURPOSE

DRUG/SUPPLEMENT	PURPOSE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN MEDICAL HISTORY OR ANY MEDICATIONS.

SIGNATURE PARENT/GUARDIAN

SIGNATURE

DATE

Rides & Reins TEC, Inc.

4371 Arthur Road, Slinger, WI 53086 • CELL: 262-305-6273
PHONE: 262-644-8324 • EMAIL: ridesandreins@gmail.com • WEBSITE: ridesandreins.org



Healthcare Provider Approval Form

Dear Doctor,

Your patient _____ is interested in participating in our Supervised Therapeutic Equine Riding program offered at Rides & Reins in Slinger, Wisconsin. In order to safely provide this service, our center requests you review your patient's medical history to verify this type of therapy would be beneficial.

Please indicate if there are any limitations we need to be aware of: None Yes

If "Yes", please explain: _____

If it is safe for your patient to take part in Rides & Reins Therapeutic Riding Program, please sign and return to Rides & Reins.

Doctor (please print): _____

Doctor's Signature: _____

Date _____

Address: _____

City/State/Zip: _____

Phone: _____

Thank you for your assistance. If you have any questions or concerns regarding Supervised Therapeutic Equine Riding, please feel free to contact us at:

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RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT



In consideration of participating in equestrian activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Rides and Reins, TEC, Inc / Pine Ridge Riding Center LLC and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1. I acknowledge that equestrian activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death, paralysis or serious injury as a result of falls while riding horses; broken bones, bruises and other bodily injuries caused by contact with horses, such as being bitten by, kicked by or stepped on by horses; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Print Name _____ Signature _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ Cell phone _____

Email _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name and age) being permitted to participate in this activity,

I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature _____ Print Name _____

Minor's DOB _____ Date _____

(If notarization is necessary, please sign and stamp this side of form.)

Photo Release: Consent and Authorize the use and reproduction by Pine Ridge Riding Center, LLC. and Rides and Reins TEC, Inc. of any and all photographs and any other audiovisual materials taken of me/my child/ my ward for promotional materials, educational activities, exhibitions or other use for the benefit of the program(s).

Signature _____ Parent or Guardian (Print) _____