

Participant Application

Please complete Application and Release Form and return it to STRONGWATER FARM with your payment.

Winter Spring Summer Fall

Recreational Therapeutic

Participants Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Employer/School: _____

Date of Birth: _____ Height: _____ Weight*: _____ Gender: _____ Ethnicity: _____
*Weight limitation of 185 lbs (optional)

Participant's Medical History:

Physician's Name: _____ Telephone: _____

Preferred Medical Facility _____

Allergies to Medications: _____

Current Medications: _____

Special Precautions, Diets/Needs/Allergies: _____

May participate in all activities: Yes _____. May participate except for: _____

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

Name(s) of Parent(s), Guardian or Caregiver: _____

Parent/Guardian/Caregiver Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian/Caregiver Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian/Caregiver Email address: _____

Emergency Contact Information:

1. Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

2. Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please read and initial each Consent/Release listed and sign below:

Emergency Medical Treatment:

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 property of the agency, I authorize Strongwater Farm to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my records upon request to the provider of any such medical emergency treatment.

This authorization includes, without limitation, x-ray, surgery, hospitalization, medication and any treatment procedure deemed by a physician to be an appropriate means to attempt to save the Participant's life. This provision will be invoked only if Strongwater Farm is unable to reach the person(s) above.

***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.

_____ 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:

Photo Release:

I DO ___/DO NOT ___ consent to and authorize the use and reproduction by Strongwater Farm of any and all photographs and any other audio/visual materials taken for promotional materials, educational activities, exhibitions or for any other use Strongwater Farm deems to be of benefit to its program.

Confidentiality Agreement:

I understand that all information, written and verbal, about Applicants in Strongwater Farm's lessons and programs and volunteers and personnel of Strongwater Farm is strictly confidential and I agree not to share it with anyone without the express written consent of such Applicant, volunteer or personnel and his/her parent/guardian/caregiver in the case of a minor.

Inherent Risks of Equine Activities and Release from Liability:

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.

Participant would like to participate in equine activities at Strongwater Farm Therapeutic Equestrian Center, Inc. ("Strongwater Farm"). I (or the Participant's Parent(s)/Guardian(s)) 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, the Participant or the Participant's Parent(s)/Guardian(s) acknowledge the risks and potential for risks of equestrian activities. Despite these inherent risks, the Participant (or the Participant's Parent(s)/Guardian(s)) feels that the possible benefits to himself/herself/his or her son/daughter/ward are greater than the risks assumed, and the Participant (and the Participant's Parent(s)/Guardian(s)) has chosen to participate in Strongwater Farm's equestrian program (the "Activities") (and the Participant's Parent(s)/Guardian(s)) have agreed to allow the Participant to engage in the Activities. The Participant (and the Participant would like to participate in equine activities at Strongwater Farm Therapeutic Equestrian Center, Inc. ("Strongwater Farm"). I (or the Participant's Parent(s)/Guardian(s)) Participant's Parent(s)/Guardian(s)) agree that he or she shall not hold Strongwater Farm Therapeutic Equestrian Center, Inc. liable for injury to or death of the Participant (or the Participant's Parent (s)/Guardian(s)) resulting from or related to his or her involvement in equine activities and/or the Activities. The Participant (and the Participant's Parent(s)/Guardian(s)) intending to be legally bound hereby remise, release and forever discharge Strongwater Farm Therapeutic Equestrian Center, Inc. its officers, directors, employees, independent contractors, assigns, members, insurers, instructors, therapists, aides, participants, agents, representatives and any others acting on Strongwater Farm's benefit, 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 (or the Participant's Parent(s)/Guardian(s)) caused by or in any manner related to equine activities and/or the Activities or while participating in Strongwater Farm's equestrian program. Moreover, I understand that Strongwater Farm is an equine activity sponsor, as M.G.L. ch 128, section 2D defines that term and that Strongwater Farm Therapeutic Equestrian Center, Inc. shall not be liable for any injury or death that results from the inherent risks of equine activities, and I shall not make any claim on my own or the Participant's behalf against Strongwater Farm Equestrian Center, Inc. The Participant (and Participant's Parent(s)/Guardian(s)) hereby acknowledges that he or she has been warned about the risks related to equine activities and the Activities. The Participant (and the Participant's Parent(s)/Guardian(s)) has had the opportunity to ask questions of Strongwater Farm and is satisfied that he or she understands the risks involved in equine activities and the Activities. By his or her execution of this Release Form, the Participant (and the Participant's Parent(s)/Guardian(s)) agrees to be bound by and comply with the terms hereof and acknowledges that he or she wishes to engage in equine activities despite the risks and potential dangers involved. The Participant (and the Participant's Parent(s)/Guardian(s)) has not relied on any representations, statements or warranties of Strongwater Farm other than those specifically set forth herein.

Date: _____ Consent Signature: _____

Applicant (or Parent, Legal Guardian or Caregiver, if under 18 years)

Additional Information

Describe Participant's abilities/difficulties in the following areas (include assistance required or equipment needed):

- **Physical Function** (i.e. mobility skills such as transfer, walking, wheelchair use, driving/bus riding)

- **Psycho/Social Function** (i.e. work/school, including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

- **Goals** (i.e. why is Participant applying for participation? What would Participant like to accomplish?)

Date: _____ Signature: _____
Participant (or Parent, Legal Guardian or Caregiver, if under 18 years)

PHYSICIAN'S STATEMENT

Name of Participant: _____

Home Address: _____

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

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Current Medications: _____

Seizure Type: _____ Controlled: Y ___ N ___ Date of Last Seizure: _____

Shunt Present: Y ___ N ___ Date of Last Revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y ___ N ___ Assisted Ambulation Y ___ N ___ Wheelchair: Y ___ N ___ Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, Date: _____ Results: + or --

Neurological Systems of AtlantoAxial Instability: _____

Please indicate current or past difficulties in the following systems/areas, including surgeries:

	Y	N		Y	N
Auditory			Muscular		
Visual			Balance		
Tactile Sensation			Orthopedic		
Speech			Allergies		
Cardiac			Learning Disability		
Circulatory			Cognitive		
Integumentary/Skin			Emotional/Psychological		
Immunity			Pain		
Pulmonary			Other		
Neurological					

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities.

Name/Title: _____ MD ___ DO ___ NP ___ PA ___ Other ___

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____