



38416 Morrisonville Road Lovettsville, VA 20180 e-mail: rideonranch@gmail.com phone: 703-298-5319

Emergency Treatment Release Form

Check all that apply: Volunteer Rider/Participant Staff

Name _____ DOB _____ Parent
or Guardian (if under 18) _____ Address

City _____ State _____ Zip _____
Telephone: (Home) _____ (Work) _____ (Cell) _____
E-Mail: _____

Emergency Contact:

1. Name _____ Relation _____ Phone _____
2. Name _____ Relation _____ Phone _____

Primary Physician:

Name _____ Phone _____ Address _____
City _____ State _____ Zip _____ Health _____
Insurance Company _____ Phone _____ Name of _____
Insured _____ Policy Number _____

++Please describe your current health status, disability (if applicable), particularly regarding the physical/emotional demands of working in a therapeutic riding program and any special precautions we need to know. _____

++Please list any allergies and current medications:

A) None _____ B) Please list _____

Consent Plan

In case of medical emergency, due to illness or injury during the process of receiving services, or while being on the property of the agency, the undersigned authorizes Ride On Ranch 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, anesthetic, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

****Consent Signature (Signature of parent or guardian if under 18)** _____

Date _____

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 procedure to take place:

Date: _____ Non-Consent Signature: _____



38416 Morrisonville Road Lovettsville, VA 20180 e-mail: rideonranch@gmail.com phone: 703-298-5319

Print Name:

Check all that apply: Volunteer Rider/Participant Staff Visitor

Release and Hold Harmless Agreement

In consideration of receiving permission from the Ride On Ranch Equine Assisted Therapies (referred to as “the Ranch”) to participate in or observe horseback riding lessons and in further consideration of receiving permission to enter upon the premises of the Ranch property or other premises upon which the Ranch’s riding lessons may be conducted, the undersigned and his/her family and hereby forever release, acquit, discharge and holds harmless the Ranch, as well as its officers, governors, staff, agents instructors, volunteers, contributors and any property or horse owners affiliated with the Ranch of and from any and all liabilities, claims, any loss, damage, illness, injury, or death that may be sustained by any or each of the undersigned while in on or upon the premises while participating in or observing the riding lessons or while en route to or from these premises.

The undersigned acknowledges that there are certain risks inherent in participation in equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant: (ii) the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals: (iii) the possibility of equipment failure and (iv) hazards of surface or subsurface conditions. While the Ranch makes every effort to minimize these risks, the undersigned is duly aware of these risks and hazards inherent upon participation in or observing equine activities and/or upon entering upon said premises. The undersigned also agrees to represent the potential for these hazards to others that may accompany or substitute for him/her at activities sponsored by the Ranch. These persons also, by their voluntary presence, assume the same risks and agree by their presence to the same release of liability described herein.

The undersigned and all others that may accompany, represent, and/or substitute for those persons agrees to indemnify and will hold harmless the Ranch, its officers, trustees, agents, instructors, volunteers, contributors, and other property and horse owners from any and all costs, charges, claims, demands, and liabilities of any kind arising either from the improper or negligent use by those listed and all that may accompany, represent, and/or substitute for those listed below of any equine, bridle, saddle, grooming tool, and/or other animal or tool or from the willful or negligent acts of said persons.

++By:

_____	_____	_____
Participant Signature	Print Name	Date
_____	_____	_____
Signature of Parent/Guardian if under 18	Print Name	Date

News and Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants permission to Ride On Ranch to take or have taken, still and moving photographs and films including television pictures of my daughter/son/ward/self and consents and authorizes Ride On Ranch, news media, and any other persons interested in the subject of riding for individuals with disabilities and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including and without limiting the generality of the foregoing news papers, television media, brochures, pamphlets, books, social media including Facebook, instructional material and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of Ride On Ranch to use or cause to be used such photographs, films, or pictures for the primary purpose of promoting and aiding the field of riding for individuals with disabilities and its work.

++By:

_____	_____	_____
Participant Signature	Print Name	Date
_____	_____	_____
Signature of Parent/Guardian if under 18	Print Name	Date

Please check here if you **do not** grant permission:



38416 Morrisonville Road Lovettsville, VA 20180 e-mail: rideonranch@gmail.com phone: 703-298-5319

Participant Release of Paint Horses, LLC and Ride On Ranch

Witness this agreement on

**** _____ (Today's Date), Among and between** _____ ("Participant"),**

Paint Horses, LLC and Ride On Ranch for consideration received and in return for permission for Participant to enter the property known as Paint Horses. Participant and Participant's heirs, assigns, and representatives hereby agree as follows:

1. Participant understands and agrees that Circle S Ranch is an equine facility at which horses are present and at which equine activities are conducted. Participant understands and agrees that there are intrinsic dangers arising from equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals and objects; (v) the potential of a person (including Participant) acting in a negligent manner that may contribute to injury to the Participant or others, such as failing to maintain control over an equine or not acting within the person's ability; and (vi) weather conditions including, but not limited to rain, snow, ice, wind, or heat.
2. Participant agrees to assume any and all risks involved in or arising from Participant's activities on Circle S Ranch including, but not limited to, risks of bodily injury, death, property damage, falls, kicks, bites, collisions with vehicles, moving or stationary objects, limited emergency medical availability, or the negligence or deliberate act of any other person.
3. Participant agrees to hold harmless, indemnify and defend Paint Horses, LLC and Circle S Ranch against, and hold harmless from, any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney's fees, whether actually incurred or not, which may in any way arise from or be in any way connected to Participant's activities at or presence upon the Farm.
4. Participant acknowledges and agrees that it is Participant's responsibility to determine that the premises are suitable for Participant's activities. Participant acknowledges and agrees that Paint Horses LLC and Circle S Ranch make no representation or warranty that the premises (including, but not limited to, rings, pastures, jumps, barns, and fences) are suitable or safe for Participant's activities. Participant understands and agrees that Participant is present on Circle S Ranch at Participant's own risk.
5. If Participant is present on Circle S Ranch as a spectator, Participant understands and agrees that the sole area Participant may occupy for such purposes is the parking area at the south end of the main ring or such other area designated for spectator use by Paint Horses LLC or Circle S Ranch.
6. Participant agrees to waive the protection of any and all applicable statutes in this jurisdiction the purpose, substance and/or effect of which is to provide that a general release of liability shall not extend to claims, material or otherwise, which the person does not know or suspect to exist at the time of executing said release.

**** Please Print Name: _____**

**** Please Sign Name: _____**

Participant (Parent or legal guardian if Participant is a minor)

Paint Horses LLC



38416 Morrisonville Road Lovettsville, VA 20180 e-mail: rideonranch@gmail.com phone: 703-298-5319

Policies and Procedures

Please read, initial by each rule, sign and return this form indicating that you have read and understand them. Please keep a copy in your files for future reference.

1. Forms and Payment:
 - All completed paperwork must be submitted before the client can participate in a session
 - Payment is expected when services are rendered.
2. Arrival Time:
 - Plan on arriving at least 5 minutes prior to the start of your session
 - Late arrival by 15 minutes or more, the client will forfeit the session.
3. Clothing: Clients must always come to the session with the following items:
 - Helmets will be provided by the Ranch.
 - Long pants
 - Closed-toe shoes
4. Inclement Weather:
 - Only in cases of extreme weather will lessons be canceled
 - To find out if lessons are canceled, please call 703-298-5319. The cancellation decision will be made at least 2 hours before the start of lessons.
5. Update Information on the Client's Condition:
 - Please inform us immediately on any change in the client's health. The therapist must have current information on all elements of the rider's condition in order to be able to provide the most effective therapy and insure the safety of all participants.
6. General Policies:
 - All siblings or friends of our clients must stay within the designated area, and be monitored by an adult at all times. This is to protect them from the inherent hazards in and around equine facilities.
 - No Smoking or Drinking. No pets please.
 - No one is allowed near a horse unless directly supervised by program staff.

A responsible adult must remain with all minor children at the ranch at all times. Riders who have guardians must have their guardian or other approved adult stay with the rider at the ranch at all times. Should there be any change whatsoever in your child's health and condition, whether between riding sessions or over the course of a particular session, please immediately advise Ride-on Ranch, 703-298-5319.

I have read and understand the basic rules under which the Ride On Ranch Equine Assisted Therapies operates, and by my signature indicate my willingness to abide by these rules:

Student's Name

Date

Parent/Guardian's Signature if under 18

Printed Name



38416 Morrisonville Road Lovettsville, VA 20180 e-mail: rideonranch@gmail.com phone: 703-298-5319

Participant's Medical History and Physician's Statement

**to be filled out by participant's doctor

Participant's Name: _____ DOB: ____ Height: ____ Weight: ____ Address: _____
 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, Result: + --**

date: Neurologic Symptoms of AtlantoAxial Instability:

Issues with:	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopaedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the PATH intl. center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____
 Address: _____ Phone: _____
 License/UPIN Number: _____

Signature: _____ **Date:** _____



38416 Morrisonville Road Lovettsville, VA 20180 e-mail: rideonranch@gmail.com phone: 703-298-5319

Participants Application and Health History

Participant Name: _____
Weight: _____ Age: _____ Height _____ Gender: M F
Father's Name: _____
Father's Contact Information: _____
Mother's Name: _____
Mother's Contact Information: _____
Sibling's Name(s): _____
Caretaker's Name: _____ Phone # _____

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

- **Physical Function** (ie: Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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

- **Goals** (ie: Why are you applying for participation? What would you or your child like to accomplish?)

- **Medications** (include prescription, over-the- counter; name, dose and frequency)

Please make sure that the staff at Ride On Ranch are kept current on new progress/issues that arise with your participant's health. Thank you!

Signature: _____ Date: _____