



Therapeutic Horsemanship, Inc.

1238 North Road, Tully, NY 13159

315-238-7014

contactftgu@gmail.com

www.ftguhorses.org

“engaging the power of the horse to motivate, teach & heal”

Registration Form

Participant (Rider) Name: _____

Address: _____

Home phone: _____

Alternate/cell phone: _____

Email: _____

For the safety of participants, parents/caregivers are required to accompany participants to lessons and remain on site during lessons, or to make arrangements for someone to remain on site during lessons.

Person accompanying participant: _____

Relationship to participant: _____

Address: _____

Phone: _____

Person accompanying participant: _____

Relationship to participant: _____

Address: _____

Phone: _____

**Mail completed registration form to: From the Ground Up Therapeutic Horsemanship, Inc.
1238 North Road
Tully, NY 13159**



1238 North Road, Tully, NY 13159

315-238-7014

contactftgu@gmail.com

www.ftguhorses.org

Therapeutic Horsemanship, Inc.

“engaging the power of the horse to motivate, teach & heal”

Participant’s Application and Health History

(to be completed by participant or parent/legal guardian)

General Information

Participant Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ E-mail: _____ Alternate #: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Phone: _____

Caregiver : _____

Phone: _____

How did you hear about the program? _____

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			



1238 North Road, Tully, NY 13159

315-238-7014

contactftgu@gmail.com
www.ftguhorses.org

Therapeutic Horsemanship, Inc.

“engaging the power of the horse to motivate, teach & heal”

Participant’s Application and Health History (cont’d)

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

Describe your 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 are you applying for participation? What would you like to accomplish? Please be specific)

Signature: _____ Date: _____

Photo Release: I DO or DO NOT (check one)

consent to and authorize the use and reproduction by From the Ground Up Therapeutic Horsemanship, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
(Participant, Parent or legal Guardian, signed in the presence of center staff)



1238 North Road, Tully, NY 13159

315-238-7014

contactftgu@gmail.com

www.ftguhorses.org

Therapeutic Horsemanship, Inc.

“engaging the power of the horse to motivate, teach & heal”

Authorization for Emergency Medical Treatment Form

(for participant/rider)

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

CONSENT PLAN

In the event emergency medical treatment is required due to illness or injury during the process of receiving services, or while being on the property of the center, I authorize _____ to:
(center's name)

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes X-rays, surgery, hospitalization, medication 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.

Date: _____ Consent Signature: _____
(Participant, Parent or Legal Guardian, signed in presence of center staff)

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 center.

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: _____
(Participant, Parent or Legal Guardian, signed in presence of center staff)



1238 North Road, Tully, NY 13159

315-238-7014

contactftgu@gmail.com

www.ftguhorses.org

Therapeutic Horsemanship, Inc. *“engaging the power of the horse to motivate, teach & heal”*

Release of Liability

Witness this agreement this _____ day of _____, _____ by and between From the Ground Up Therapeutic Horsemanship, Inc. hereinafter referred as MANAGER, and RIDER, VOLUNTEER or GUEST (print name) _____, hereinafter referred to as RVG. For the consideration received, and in return for the use, today and on all future dates of the property, facilities and services of MANAGER, RVG, RVG's heirs, assigns, and representatives hereby agree as follow:

1. Inherent Risks and Assumption of Risk. The undersigned acknowledges there are inherent risks associated with equine activities such as described below and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within the participant's ability.

RVG acknowledges that horses, by their very nature are unpredictable and subject to animal whim. RVG assumes all risks in connection therewith, and expressly waives any claims for any injury or loss arising therefrom. RVG agrees to abide by and follow MANAGER's rules and regulations, which shall be posted and/or available from time to time. RVG further acknowledges that the behavior of any animal is contingent to some extent upon the ability of the RVG. RVG assumes all risks therefore and warrants a full and fair disclosure of RVG's abilities has been made to the MANAGER.

2. RVG agrees to hold harmless, indemnify and defend MANAGER 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 with RVG's use of or presence upon the property of MANAGER and the facilities located thereon.

3. In the event RVG is using RVG's own horse, or a horse(s) not owned by the MANAGER, RVG warrants said horse(s) shall be free from infection, contagious or transmittable diseases, MANAGER reserves the right to refuse access or use of any horse upon the premises that does not appear to MANAGER to be in good health, or is deemed dangerous or undesirable.

4. RVG agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving that release does not know or suspect to exist at the time of executing said release.

MANAGER

RIDER/VOLUNTEER/GUEST (RVG)

If RVG is under 18 years old, Parent or Guardian must sign:

Parent/Guardian

Signature: _____ Date: _____