|  |  |
| --- | --- |
|  |  |

## Client Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Age: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: |  | School/Institution Attending: |  |

|  |  |
| --- | --- |
| How did you hear of Hooves with HEART? |  |

## Parent Information

|  |  |  |
| --- | --- | --- |
| Parents/Guardians: | |  | | --- | |  | |
|  |  |

|  |  |  |
| --- | --- | --- |
| Please check if information is the same as above? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Cell: |  |

|  |  |
| --- | --- |
| Email |  |

## Client’s Personality Profile

Learning Style:  Visual/learns by seeing  Auditory/learns by hearing  Kinesthetic/learns by doing

|  |  |
| --- | --- |
| Please describe Personality and Strengths: |  |
| \_\_\_\_ |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Favorite activities: |  |  |  | Fears and Dislikes: |  |

|  |  |
| --- | --- |
| Psychological, emotional, behavioral, social issues: |  |

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

|  |  |
| --- | --- |
| Successful Intervention Used (Behavioral, Rewards Etc.): |  |

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

## Medical Information

|  |  |
| --- | --- |
| Diagnosis-Please list Primary and Secondary if applicable: |  |
| \_\_\_\_ |  |

|  |  |  |
| --- | --- | --- |
| Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Preferred Medical Facility: |  |

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

|  |  |
| --- | --- |
| Health Insurance Company: |  |

Policy Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies and Treatment Required:

|  |
| --- |
|  |

Current Medications:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Medical Bracelet? | YES | NO |

Anything else we should know?

|  |
| --- |
|  |

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

Rider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Riders Physical Skills**

Is the participant proficient in the following skills? Please Mark X for yes.

\_\_\_\_\_ Release Objects \_\_\_\_\_ Sits Unassisted \_\_\_\_\_ Uses Right Hand Independently

\_\_\_\_\_ Bears Weight on Legs \_\_\_\_\_ Stands Independently \_\_\_\_\_ Uses Left Hand Independently

\_\_\_\_

\_\_\_\_\_ Bears Weight on Hands \_\_\_\_\_ Runs Unassisted \_\_\_\_\_ Walks Unassisted

\_\_\_\_\_ Climbs Stairs \_\_\_\_\_Uses Bathroom Independently

Describe General Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list and explain ANY assistive devices that the participant may use at home or school

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

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

**In the event of an emergency, contact**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equine Activity Liability, Release, Waiver of Right to Sue, and Assumption of All Risks**

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (the “Agreement”) is hereby given by on his/her own behalf OR as the parent or guardian Hooves with H..E.A.R.T, INC., a Florida not-for-profit corporation, as the equine activity sponsor (the “Sponsor”) as well as Cavalli Creek Farms, and/or Capstone Farms, and to each officer, director, agent, employee, volunteer, equine professional (as defined in the Act referenced herein), instructor, therapist, aide, heir, personal representative, successor and/or assign of the Sponsor (who also shall be included within the word “Sponsor”) and agrees as follows:

In consideration of the opportunities provided by the Sponsor to the undersigned, including any minor or legal ward in whose behalf the undersigned signs this Agreement (collectively, the “Participant”), for the enjoyment of equine activities and the use of the Sponsor’s facility and equipment, the Participant hereby agrees as follows:

1. This Agreement is given in part under the Florida Equine Activities statutes (Chapter 773) as it may now provide or be hereafter amended (the “Act”). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Sponsor the fullest protection of a release, waiver of claim and recovery, right to sue and assumption of all risks that is afforded by the Act, and by other applicable statutes and general law.
2. The Participant hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the dangers and/or conditions which are an integral part of equine activities which may cause, contribute to or result in the death or personal injury of the Participant or damage to the Participant’s property (the “Risks”), including, but not limited to:

The propensity of equines to behave in ways (such as, but not limited to, buck, stumble, fall, rear, bite, kick, run, and make unpredictable movements, spook, jump obstacles, step on a person’s feet, push or shove a person, saddles or bridles may loosen or break) that may result in injury, harm, or death to persons on or around the equine.

The unpredictability of an equine’s reaction to sounds, sudden movement, persons, other animals, or unfamiliar objects.

Hazards, including, but not limited to, surface or subsurface conditions.

A collision with another equine, another animal, a person, or an object.

The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

The inability of anyone whomsoever to predict or foresee an equine’s reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptiles, birds or insects, and the effects of such reactions.

The dangers and risks of tack or harness loosening, slipping, or breaking for whatever reason.

The dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity.

The risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any

reason whatsoever or for no identifiable reason.

Any negligent act or omission by the Sponsor which causes or results in the death or personal injury of the Participant or damage to the Participant’s property.

1. The Participant hereby expressly assumes all risks and dangers of injury, loss, damage, or death which are in any way resulting from the inherent risks of equine activities and/or associated with the Risks enumerated in paragraph 2 above.

INITIAL \_\_\_\_\_ DATE\_\_\_\_\_\_

**Equine Activity Liability, Release, Waiver of Right to Sue, and Assumption of All Risks Con’t**

1. The Participant hereby releases and waives all rights which he/she may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the inherent dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, and the right to sue or to brings any action against the Sponsor in connection therewith. The Participant agrees to completely indemnify and hold the Sponsor harmless from and against any and all claims, demands. causes action, suits, actions, losses, liabilities, costs and/or expenses, including medical costs and attorney's fees, which are occasioned by, or otherwise attributable to, matters for which the Participant has hereby assumed the risk and is responsible in accordance with this Agreement.
2. The Participant agrees to comply with all rules and regulations posted or otherwise communicated by the Sponsor. The Participant agrees that the Sponsor has made reasonable and prudent efforts to determine the Participant's ability to engage in the Equine Activity offered by the Sponsor and the Participant has disclosed all known physical and psychological conditions to Sponsor to assist Sponsor in evaluating the Participant for participation in the Equine Activity offered by the Sponsor.
3. The Participant agrees that mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the Participant in such activity as well as to the person or property of others.
4. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.
5. This Agreement shall be construed under Florida law in such manner as will render it, and each provision of it. fully enforceable; provided, however, that if any provision of this Agreement shall be unenforceable. such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect. Venue for purposes ofany litigation or arbitration concerning this Agreement shall be in Manatee County, Florida.
6. If this Agreement is executed by the undersigned for and on behalf of a minor Participant as named below, the undersigned hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Participant, his/her heirs, personal representatives. successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his/her own behalf.
7. This Agreement shall be binding upon the heirs, personal representatives. successors and assigns of the Participant and the undersigned

I HAVE FULLY READ AND FULLY UNERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELILED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE NOT RELIED UPON THE SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH

*Warning:*

*Under Florida law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activity.*

*Fla. Stat. S773.05 (1993)*

Print Name: Date:

**Signature:**

FOR MINORS UNDER 18 YEARS OF AGE:

Print Name of Minor: Date: Address: Telephone Numbers: Cell ( ) Home ( ) Work ( )

Dear Health Care Provider:

Your patient, , is interested in participating in supervised equine activities.

To safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. Thank you very much for your assistance. If you have any questions or concerns regarding this patient’s participation in equine assisted activities, please feel free to contact the center at the address/phone below.

**Orthopedic Medical/Psychological Neurological**

Atlantoaxial Instability- Allergies Hydrocephalus/Shunt

Including neurologic symptoms Animal Abuse Seizure

Coxa Arthrosis Cardiac Condition Spina Bfida/Chiari II

Cranial Deficits Physical/Sexual/Emotional Abuse Malformation/Tethered Cord/

Heterotopic Blood Pressure Control Hydromyelia

Ossficiation/Mysositis Dangerous to Self or Others

Ossificans Exacerbations of Medical Conditions

Joint Subluxation/Dislocation (i.e., RA, MS)

Osteoporosis Fire Settings **Other**

Pathologic Fractures Hemophilia

Spinal Joint Fusion/Fixation Medical Instability Indwelling

Spinal Joint Instability/Abnormalities Migraines Catheters/Medical Equipment

PVD Medications, i.e. Photosensitivity

Respiratory Compromise Poor Endurance

Recent Surgeries Skin Breakdown

Substance Abuse

Thought Control Disorders

Weight Control Disorders

**THIS SECTION MUST BE COMPLETED IN FULL**

Past/Prospective Surgeries: List Medications: Seizure Type: Controlled? Y N Date of Last Seizure: Shunt Present? Y N Date of Last Revision: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N Braces/Assistive Devices? Y N

***For those with Down Syndrome****:* AtlantoDens Interval X-Rays Date: Result: *+ --*

Neurologic Symptoms of AtlantoAxial Instability:

**Physician’s Signature:**

Date:

**THIS SECTION MUST BE COMPLETED IN FULL**

Participant: DOB: Height: Weight\*: Participant Address: Participant Phone: Special Precautions/Needs: Diagnosis: Date of Onset:

\*VTRC horses are unable to carry riders over 200 lbs.

*Please indicate current or past special needs in the following systems/areas, including surgeries:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Y | N | **Degree of Impairment/Comments** |
| Auditory |  |  |  |
|  |  |  |  |
| Visual |  |  |  |
| Tactile Sensation |  |  |  |
| Speech |  |  |  |
| Cardiac |  |  |  |
| Circulatory |  |  |  |
| Integumentary/Skin |  |  |  |
| Immunity |  |  |  |
| Pulmonary |  |  |  |
| Neurologic |  |  |  |
| Muscular |  |  |  |
| Balance |  |  |  |
| Orthopedic |  |  |  |
| Allergies |  |  |  |
| Learning Disability |  |  |  |
| Cognitive |  |  |  |
| Emotional/Psychological |  |  |  |
| Pain |  |  |  |

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities.

Name/Title: MD DO NP PA Other **Physician’s Signature: Date:** Address: Phone: ( ) License/UPIN Number: