



Participant Application

To be completed by the adult participant, participant's parent, or participant's legal representative.

GENERAL INFORMATION

Participant's Name: _____ Birth date: _____

Height: _____ Weight: _____ Gender: M F

Address: _____

Home Phone: _____ Other Phone: _____ E-mail: _____

Parent/Caregiver Name(s) and Phone Number(s), if under age 18 or dependent adult: _____

Emergency Contact (Name and Phone number): _____

Employer/School (Name and Phone number): _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please check whether any of the following conditions apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Atlantoaxial Instability | <input type="checkbox"/> Chiari II Malformation | <input type="checkbox"/> PVD |
| <input type="checkbox"/> Coxa Arthrosis | <input type="checkbox"/> Tethered Cord | <input type="checkbox"/> Respiratory Compromise |
| <input type="checkbox"/> Heterotopic Ossification | <input type="checkbox"/> Hydromyelia | <input type="checkbox"/> Recent Surgeries |
| <input type="checkbox"/> Myositis Ossificans | <input type="checkbox"/> Allergies | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Hip Subluxation/Dislocation | <input type="checkbox"/> Animal Abuse | <input type="checkbox"/> Thought Control Disorders |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Weight Control Disorder |
| <input type="checkbox"/> Neuromuscular Disorder/ MS | <input type="checkbox"/> Abuse | <input type="checkbox"/> Under 4 Years Old |
| <input type="checkbox"/> Spinal Fusion/Fixation | <input type="checkbox"/> Blood Pressure Control | <input type="checkbox"/> Indwelling Catheters |
| <input type="checkbox"/> Spinal Joint Instability | <input type="checkbox"/> Dangerous to Self | <input type="checkbox"/> Photosensitivity |
| <input type="checkbox"/> Spinal Curvature/Scoliosis | <input type="checkbox"/> Dangerous to Others | <input type="checkbox"/> Medication Precautions |
| <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> Fire Settings | <input type="checkbox"/> Poor Endurance |
| <input type="checkbox"/> Shunt | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Skin Breakdown |
| <input type="checkbox"/> Seizure | <input type="checkbox"/> Medical Instability | <input type="checkbox"/> Joint Replacement |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Migraines | <input type="checkbox"/> Pathologic Fractures |

Comments: _____

Allergies: _____



Medications (List all medications you are currently taking. Include prescription and OTC medications.)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 Montgomery Area Nontraditional Equestrians 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.

Consent Plan

This authorization includes x-ray, 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.

Parent/Guardian/Rider Signature

Date

PHOTOGRAPHY CONSENT/NON-CONSENT

MANE (Montgomery Area Non-traditional Equestrians) often takes still pictures and/or videos of students, clients, volunteers and instructors. This is done for several reasons. Rider progress and acquisition of skills provide instructors and clients with necessary information and positive feedback. Photos/videos are also used in brochures, presentations, posters, and on our website for publicity. They are also occasionally provided to students for keepsakes.

Please check one of the boxes below to indicate your preference for photograph/video of you/your child for the aforementioned purposes.

Consent: I, (name) _____, give consent to MANE to take still and/or video photographs of myself, or the individual for which I am legally responsible.

Participant/Parent/Guardian/Caregiver Signature

Instructor or Representative of MANE Signature _____ Date: _____



Physician's Statement

The patient listed below is interested in participating in supervised therapeutic horseback riding activities with the Montgomery Area Nontraditional Equestrians (MANE). In order to provide this service, our center requests that you complete the following medical history and release for riding.

Participant: _____ DOB: _____ Height: _____ Weight: _____
Diagnosis: _____ Date of Onset: _____

Past Surgeries: _____

Prospective Surgeries: _____

Medications: _____

Please indicate any special precautions/needs: _____

For Riders with Down Syndrome

Prior to starting mounted activities, a medical examination with special reference to neurologic function must not reveal atlantoaxial instability or focal neurologic disorder. Additionally, initial lateral or side view X-rays, within the past 5 years, of the upper cervical region in full flexion and full extension are required to determine the atlanto-dens interval and rule out AAI.

↑ Negative Cervical X-ray for Atlantoaxial Instability Date of X-ray: _____

↑ Negative for clinical symptoms of Atlantoaxial Instability Date of Examination: _____

Precautions and Contraindications

Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Please note whether these conditions are present and to what degree.

Orthopedic

- | | | |
|---|---|---|
| <input type="checkbox"/> Atlantoaxial Instability | Y | N |
| <input type="checkbox"/> Coxa Arthrosis | Y | N |
| <input type="checkbox"/> Cranial Deficits | Y | N |
| <input type="checkbox"/> Heterotopic Ossification/Myositis Ossificans | Y | N |
| <input type="checkbox"/> Joint subluxation/dislocation | Y | N |
| <input type="checkbox"/> Osteoporosis | Y | N |
| <input type="checkbox"/> Pathologic Fractures | Y | N |
| <input type="checkbox"/> Spinal Joint Fusion/Fixation | Y | N |
| <input type="checkbox"/> Spinal Joint Instability/Abnormalities | Y | N |



Release of Liability

To be completed by the adult participant, participant's parent, or participant's legal representative.

This release of liability is made and entered into on this date, _____, by and between Montgomery Area Nontraditional Equestrians, hereinafter known as MANE, and staff/participant/volunteer (print name), _____, hereinafter known as participant, and (if a minor or incompetent adult) participant's parent, legal guardian, or legal representative (print name) _____ . In return for participation in MANE's therapeutic horseback riding activities, special events and fundraisers, the participant, his/her heirs, assigns, and legal representatives hereby expressly agree to the following:

1. Participant agrees to assume any and all risks involved in or arising from participant's participation or presence upon the property and facilities, including, without limitation, but not limited to the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.
2. Participant agrees to hold MANE and all of its successors, assigns, subsidiaries, franchisee, affiliates, officers, directors, employees, agents, and boarders completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of participant's participation and/or presence upon MANE's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct willful and wanton negligence of MANE.
3. Participant agrees to waive the protection afforded by any statute or law in any 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 the release does not know or suspect to exist at the time of executing the release.
4. Participant agrees to indemnify and defend MANE against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees, which in any way arise from participant's participation and/or presence upon MANE's property or facilities.
5. This contract is non-assignable and non-transferable and is made and entered into the State of Alabama and shall be enforced and interpreted under the laws of this state. Should there be any clause in conflict with State Law, then that clause is null and void. When MANE and participant or participant's parent, legal guardian, or adult caregiver signs this contract, it will then be binding on both parties, subject to the above terms and conditions.

Participant/Parent/ Legal Guardian/Legal Representative

Date

MANE Representative Signature

Date