



PO Box 336 ♦ East Kingston, NH ♦ 03827
Phone (603) 642-3722 ♦ Fax (603) 642-3707
riding@wingsandhooves.org ♦ www.wingsandhooves.org

STUDENT REGISTRATION AND APPLICATION CHECKLIST

Please use this checklist to confirm that all information has been completed and to ensure a smooth registration. Participation in our program and/or placement on our waitlist is contingent upon the receipt of the completed documents. Should you have any questions, please don't hesitate to contact the office. Thank you in advance for your attention and thoroughness.

PLEASE COMPLETE THE FOLLOWING FORMS:

- Student Registration for "Horse Buddies" Program**
- Student Application**
 1. General Information: Please complete all requested information. Use "n/a" for any line that is not applicable.
 2. Photo Release: Circle "CONSENT" or "DO NOT CONSENT", sign and date.
 - 3 – 6. Student's Riding Goals; Areas of Focus, Strengths & Weaknesses; Health Issues; Preferences: Completing these sections as thoroughly as possible will enable our instructors to create effective and individualized lesson plans for you.
 7. Student's Health History: If additional space is needed, please attach a separate sheet.
 8. Student Application Certification: Please sign and date.
- Student's Medical History and Physician's Statement**
 1. To be completed by parent, guardian or caregiver.
 2. To be completed by student's licensed/credentialed health professional.
- Student's Consent for Release of Information**
 - Please complete each section, using "n/a" for any line that does not apply, then sign and date.
- Authorization for Emergency Medical Treatment**
 - Please complete all requested information. Use "n/a" for any line that is not applicable.
 - Choose either "Consent Plan" or "Non-Consent Plan", then sign and date in the respective area.
- Release and Indemnification Form**
 - Please read entire document.
 - On page #4, fill in the current date and signature lines.
 - Legal Guardian's signature and printed name are needed for students under 18 years of age and for students who are 18 years or older and not capable of understanding the intent of the form.
 - The student's signature and printed name is required if applicant is age 14 and over and is capable of understanding the intent of the form.
 - Since this agreement is in effect for the duration of the student's involvement with Wings and Hooves, it need only be completed once.
- Wings and Hooves Therapeutic Riding, Inc. Program Policies**
 - Please read all policies, sign and date page #3 and return the original signature page. (Please keep a copy for your records.) **Note: Payment of the session fee is due upon application approval and student enrollment in the upcoming session. If payment is not received at least one week prior to the beginning of the session, the student will be removed from the roster.**



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STUDENT REGISTRATION FOR "HORSE BUDDIES" PROGRAM

Date: _____

Applicant's Name: _____
 (First) (Middle Initial) (Last)

Date of Birth _____ Age _____ Weight _____ Height _____

School _____ Grade _____

Primary Diagnosis _____

Disability _____

Able to work in social setting: Yes No Comment _____

Understands verbal directions: Yes No Comment _____

Able to participate in a class for 45 minutes: Yes No Comment _____

Ambulatory: Yes No Assistance needed? Please explain _____

PARENT(S)/GUARDIAN NAME(S)

_____ Relationship _____

_____ Relationship _____

Mailing Address:

Street _____ City _____ State _____ Zip _____

Telephone #: HOME _____ WORK _____ CELL _____

*E-MAIL Address _____

*please be sure to include an email address for program correspondence purposes

AVAILABILITY

Horse Buddies 45-minute classes take place once a week in the afternoon for 5 weeks. Although Wings and Hooves selects which day the program will meet each session, please fill out what days and time your participant is able to attend. **Please Note: Participating in the Horse Buddies Program does not guarantee a spot in our next riding session.**

Availability (example: 9-11am or after 3pm)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

NOTES: _____

Please use back side of form or attach separate sheet of paper to provide any additional information that you would like to share with us. Thank you.



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Student Application

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Today's Date: _____ / _____ / _____
(Month) (Day) (Year)

1. General Information (Please Print)

Student's Name: _____
(First) (Middle Initial) (Last)

Date of Birth: _____ / _____ / _____ Age: _____ Height: _____ Weight: _____ Gender: M F
(Month) (Day) (Year)

Student's Diagnosis: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

School: _____ Telephone: (____) _____ - _____

School Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Telephone: (____) _____ - _____

Employer Address: _____
(Street) (City) (State) (Zip)

Parent/Guardian Name(s): _____

Mailing Address: _____

Email Address: _____

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

How did you hear about our Program? _____

Is student currently riding with another therapeutic program? Yes No

If referred, please list source and date: _____

Does student have any previous riding/horse experience? Please describe: _____

2. Photo Release:

I CONSENT / DO NOT CONSENT (please circle one) **to and authorize the use and reproduction by Wings and Hooves Therapeutic Riding, 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: ____/____/____
(Student) (Month) (Day) (Year)

Signature: _____ Date: ____/____/____
(Parent or Guardian where applicable) (Month) (Day) (Year)

3. Student's Riding Goals: What would you like to accomplish at Wings and Hooves?

Short Term (during the next 6-12 months)? _____

Other Goals (this may include social, recreational, professional/career)? _____

4. Areas of Focus/Strengths and Weaknesses:

Riding a horse involves many aspects of the whole person: the physical, cognitive, and emotional. When participating in riding lessons it is important to know about individual's learning styles, spatial awareness, social interactions, etc. Please use this section to discuss information that you believe might be helpful or issues that you would like addressed, so that the instructor can utilize aids and tools to create a beneficial, supportive lesson environment that best supports your learning style and needs.

5. Miscellaneous Health Issues:

Please include any health issues (i.e. allergies, asthma, reactions to medications, dizziness, etc.) that you may feel staff should be aware of. _____

6. Preferences:

As the needs and requirements of all our riders are the priority, every effort is made to accommodate the preferences of our riders. With that goal in mind, please feel free to share with us your "favorites" regarding horses, tack, etc. It would be beneficial if you would explain your preferences, for example why a certain horse or piece of equipment is preferred, so that if we cannot exactly meet your wishes, we can come close.

Lessons at Wings and Hooves are a team effort. Your instructor wants and appreciates your input throughout the riding session. Please feel free to ask questions, make suggestions, and give feedback. Discussions of any length can be conducted over the phone, in person, or through email. Our lead instructor is Karen Cuneo with an email address of: kcuneo@wingsandhooves.org. Please don't hesitate to include any immediate questions, suggestions, or feedback:

7. Student's Health History:

Diagnosis: _____

Date of Onset: _____ / _____ / _____
(Month) (Day) (Year)

Primary Doctor: _____

Telephone: (_____) _____ - _____

Email: _____

Counselor/Psychiatrist/Psychologist: _____

Telephone: (_____) _____ - _____

Email: _____

OT/PT/Speech Therapist: _____

Telephone: (_____) _____ - _____

Email: _____

► **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			
Other			

► **Medications**

Please list all prescribed and over-the-counter medications. Include name, dosage, and frequency of each medication:

► Please describe student's abilities/difficulties and include whether special assistance or adaptive equipment is required.

Function (i.e. Mobility skills such as transfer, walking, and/or wheelchair use): _____

Cognitive/Learning skills (i.e. Learning disabilities, communication aids and/or tools): _____

Psycho/Social Function (i.e. work/school, behavior/safety issues, relationship-family structure, support systems, fears/concerns, etc.) _____

8. **Student Application Certification**

I certify that the answers given herein are true and complete to the best of my knowledge. I know of no reason why I should not participate in the Wings and Hooves Therapeutic Riding, Inc. program. I authorize the investigation of all statements contained within this student application for Wings and Hooves Therapeutic Riding, Inc. I understand and agree that false and misleading information given in my application may result in the immediate discharge from program services at Wings and Hooves Therapeutic Riding, Inc.

Signature: _____ Date: ____/____/____
(Student or Parent/Legal Guardian where applicable) (Month) (Day) (Year)



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Student's Medical History and Physician's Statement

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1. To be completed by Parent/Guardian/Caregiver:

Student's Name: _____
(First) (Middle Initial) (Last)
Date of Birth: ____/____/____ Age: _____ Height: _____ Weight: _____ Gender: M F
(Month) (Day) (Year)

2. To be completed by Student's licensed/credentialed health professional:

Physician's Name: _____
(First) (Middle Initial) (Last)

Please circle: MD DO NP PA Other: _____ License/UPIN Number: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Email: _____ Preferred Method of Contact: Phone Email

Applicant's Diagnosis: _____

Date of Onset: ____/____/____
(Month) (Day) (Year)

Past/Prospective Surgeries and dates: _____

Seizure Type: _____ Controlled: Y N Date of last seizure: ____/____/____
(Month) (Day) (Year)

Shunt Present (please circle yes or no): Y N Date of last revision: ____/____/____
(Month) (Day) (Year)

Date of Last Tetanus shot: ____/____/____
(Month) (Day) (Year)

Special Precautions/Needs: _____

Mobility (please circle yes or no): Independent Ambulation: Y N Assisted Ambulation: Y N

Wheelchair: Y N Braces and Assistive Devices: _____

****FOR APPLICANTS WITH DOWN SYNDROME:** Date of AtlantoDens interval X-rays: ____/____/____
(Month) (Day) (Year)

Result: pos neg Neurological Symptoms of Atlanto Axial Instability: _____

► **PLEASE INDICATE APPLICANT’S CURRENT OR PAST SPECIAL NEEDS IN THE FOLLOWING AREAS:**

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

► **PHYSICIAN’S AUTHORIZATION**

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine- assisted activities. I understand that Wings and Hooves Therapeutic Riding, Inc. will weigh the medical information provided against the existing precautions and contraindications. Therefore, I refer this person to Wings and Hooves Therapeutic Riding, Inc. for ongoing evaluation to determine eligibility for participation.*

Physician’s Signature: _____ Date: _____ / _____ / _____
(Month) (Day) (Year)

Please Print Name: _____

***PLEASE SEE NEXT PAGE FOR POSSIBLE PRECAUTIONS/CONTRAINDICATIONS**

Precaution and Contraindication Information for the Physician

The following conditions, if present, may represent precautions or contraindications to equine-assisted activities. Please note that this list is not limiting and that the referring health professional and/or lead instructor may feel additional conditions may preclude the applicant from participation in the *Wings and Hooves Therapeutic Riding, Inc.* programs. Therefore, when completing this form, please note whether these or additional conditions are present, and to what degree. If you have any questions or concerns regarding this person’s participation in equine-assisted activities, feel free to contact *Wings and Hooves* at (603) 642-3722.

<u>MEDICAL/PSYCHOLOGICAL</u>	<u>ORTHOPEDIC</u>
ALLERGIES CANCER POOR ENDURANCE RECENT SURGERY DIABETES PERIPHERAL VASCULAR DISEASE VARICOSE VEINS HEMOPHELIA CARDIAC CONDITION STROKE (CEREBROVASCULAR ACCIDENT) ANIMAL ABUSE PHYSICAL/SEXUAL/EMOTIONAL ABUSE FIRE SETTING DANGER TO SELF OR OTHERS THOUGHT/WEIGHT COMFORT DISORDERS EXACERBATIONS OF MEDICAL CONDITIONS MEDICAL INSTABILITY MIGRAINES RESPIRATORY COMPROMISE SUBSTANCE ABUSE	SPINAL JOINT FUSION/FIXATION SPINAL JOINT INSTABILITIES/ABNORMALITIES ATLANTO AXIAL INSTABILITIES (NEUROLOGICAL SYMP) SCOLIOSIS KYPHOSIS LORDOSIS JOINT SUBLUXATION/DISLOCATION OSTEOPOROSIS PATHOLOGIC FRACTURES COXAS ARTHROSIS HERTEROTOPIC /MYOSTIS OSSIFICATION OSTEOGENESIS IMPERFECTA CRANIAL DEFICITS INTERNAL SPINAL STABILIZATION DEVICES SPINAL ORTHOSES

<u>NEUROLOGICAL</u>	<u>SECONDARY CONCERNS</u>
HYDROCEPHALUS/SHUNT SPINA BIFIDA TETHERED CORD CHIARI II MALFORMATION HYDROMYELIA SEIZURE DISORDERS	BEHAVIOR PROBLEMS SKIN BREAKDOWN POOR ENDURANCE ACUTE EXACERBATION OF CHRONIC DISORDER INDEWELLING CATHETERS/MED. EQUIP. AGE UNDER FOUR YEARS



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STUDENT'S CONSENT FOR RELEASE OF INFORMATION

I hereby authorize: _____
(Doctor, Therapist, Medical Professional)

to release information from the records of: _____ DOB: _____
(Student's Name)

This information is to be released to **Wings and Hooves Therapeutic Riding, Inc.**, for the purpose of developing an equine-assisted activity program for the above named student. The information to be released is indicated below:

- Medical History
- Physical therapy evaluation, assessment and program plan
- Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-behavioral management plan
- Other _____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____ / _____ / _____
Month Day Year

Print Name: _____

Relation to participant: _____

This information will be released in any of the following formats: In writing via USPS, FAX and/or Email:

Wings and Hooves Therapeutic Riding, Inc.

P.O. Box 336

East Kingston, NH 03827

FAX: (603) 642-3707

Email: Karen Cuneo, Founder & Director;

kcuneo@wingsandhooves.org



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Authorization for Emergency Medical Treatment

PARTICIPANT STAFF VOLUNTEER

Name: _____ DOB: ____/____/____
(First) (Middle Initial) (Last) (Month) (Day) (Year)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work: _____ Cell: _____

Parent/Guardian name, if applicable: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work: _____ Cell: _____

Physician Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Provider: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, please contact:

Name: _____ Relationship: _____ Phone: (____) ____ - _____

Name: _____ Relationship: _____ Phone: (____) ____ - _____

Name: _____ Relationship: _____ Phone: (____) ____ - _____

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 Wings and Hooves Therapeutic Riding, Inc. 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 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: _____ Date: ____/____/____
(Month) (Day) (Year)

Non-Consent Plan

I do not grant consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering services/receiving services, or while on the premises of Wings and Hooves Therapeutic Riding, Inc.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment is required, I wish the following procedures to take place:

Non-Consent Signature: _____ Date: ____/____/____



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RELEASE AND INDEMNIFICATION

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This release and indemnification is made by he between the undersigned participant (the "Participant"), the undersigned participant's parents (the "Participant's Parents) and any and all persons and parties now or hereafter having any interest in the business known as Wings and Hooves Therapeutic Riding, Inc., a New Hampshire corporation, together with any and all employees, agents and servants of Wings and Hooves Therapeutic Riding, Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors, and any other individual or entity having any connection with or relation to Wings and Hooves Therapeutic Riding, Inc. (collectively "*Wings and Hooves*"). Wings and Hooves Therapeutic Riding, Inc. provides horseback riding lessons and equine-assisted activities to individuals, including but not limited to people with disabilities (the "Program"). *Wings and Hooves* leases stable, pasture, indoor and outdoor arenas, and related spaces at the property known as and located at 8 Freeman Street, East Kingston, New Hampshire 03827 (the "Farm"; the owner, from time to time, of the Farm is referred to herein as the "Landlord"). *Wings and Hooves* owns, leases, cares for and/or maintains certain horses used or to be used in connection with the Program (the "Horses"). As used herein, the word "horse" shall include horses and ponies of every kind. The Participant wishes to participate in the Program as a volunteer and/or ride and/or work with the Horses at the Farm and/or at such places as *Wings and Hooves* conducts its activities, including but not limited to horse shows, clinics, fairs, expositions, schooling sessions and the like conducted away from the Farm. The Participant's Parents desire that the Participant have the opportunity to participate in the Program, ride and/or work with the Horses at the Farm and/or at such other locations as *Wings and Hooves* conducts its activities. **Wings and Hooves will not permit the Participant to participate in the Program or work with or ride the Horses without the execution of this release and indemnification which is of material significance to Wings and Hooves** The Participant and the Participant's Parents hereby acknowledge and agree that the activities contemplated hereby are "equine activities," that *Wings and Hooves* and the Landlord are each an "equine professional" and/or an "equine activity sponsor" and the Participant is a "participant" all as defined by New Hampshire General Laws Chapter 508, Section 508:19.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Participant and the Participant's Parents agree as follows:

1. **Inherent Risks.** The Participant and the Participant's Parents acknowledged 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, including but not limited to the propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface conditions and subsurface conditions; collisions with other horses and objects; and, the potential of the Participant to act in a negligent manner that may contribute to injury to himself or herself or others, such as failing to maintain control over the animal or not acting within his or her ability. Despite these inherent risks, the Participant has chosen, and the Participant's Parents have chosen to permit the Participant to participate in the Program as a volunteer and/or to ride and/or work with and around the Horses (the "Activities"). In addition, the Participant and the Participant's Parents hereby acknowledge that it may be more dangerous for the Participant to undertake the activities due to his or her physical, mental, and/or emotional challenges and both the Participant and the Participant's Parents accept the additional risks and dangers presented thereby.

2. **Participant's Representations.** The Participant and the Participant's Parents have been provided with medical and informational intake forms by *Wings and Hooves Therapeutic Riding, Inc.* The Participant and the Participant's Parents hereby certify that the information contained therein is true and accurate in all respects. The Participant and Participant's Parents hereby acknowledge that *Wings and Hooves* will and may rely on the information disclosed thereby without further inquiry or investigation. If, at any time, the medical, physical, emotional, or mental condition of the Participant shall change in any material respect, Participant and Participant's Parents shall immediately notify *Wings and Hooves* in writing. In no event shall *Wings and Hooves* be responsible for inquiring into the condition of the Participant's physical, medical, emotional, or mental condition or any change in such condition.
3. **Instructions and Authorization.** The Participant and the Participant's Parents each agree to follow instructions of *Wings and Hooves* at all times and to not undertake any activity which *Wings and Hooves* has not specifically authorized. In no event shall *Wings and Hooves* be held liable for any injury to or death of the Participant due to the Participant's non-compliance with the instructions of *Wings and Hooves* or the Participant's actions which have not been specifically authorized by *Wings and Hooves* in each instance. In addition, the Participant's Parents agree to supervise the Participant and any other minor under their care while at the Farm and acknowledges that *Wings and Hooves* shall at no time be responsible for the supervision of any person, including any minors, on the Farm. If the Participant is a minor, the Participant's Parents agree to supervise the Participant and any other minors under their care while at the Farm and acknowledge that *Wings and Hooves* shall at no time be responsible for the supervision of the Participant at any time other than during his or her scheduled lesson or for any other person, including any minors, on the Farm. Unsupervised minors and any person failing to comply with the instructions of *Wings and Hooves* are subject to immediate ejection from the Farm.
4. **Equipment.** The Participant and the Participant's Parents acknowledge and understand that the equipment used in connection with the Activities, including but not limited to saddles, bridles, bits, brushes, combs, hoof picks, pitchforks, and shovels are each given to ordinary wear and tear. The Participant agrees to use reasonable care at all times while at the Farm and to carefully inspect all equipment for evidence of defects or breakage. The Participant's Parents agree that, in the event that the Participant is incapable of inspecting the equipment, which capability shall be determined by the Participant's Parents unless otherwise determined by *Wings and Hooves*, the Participant's Parents shall be responsible for inspecting all equipment for evidence of defects or breakage. In the event that the Participant or the Participant's Parents locate any defects or breakage in or related to any equipment or tack, he or she or they shall immediately notify *Wings and Hooves*. In no event shall *Wings and Hooves* be held liable for any injury to or death of the Participant caused by a defect in any such equipment or tack.
5. **Condition of the Land.** The Participant's Parents understand and acknowledge that the Participant may be working in the stable area as well as in the arenas, fields, pastures and other land located at the Farm or which *Wings and Hooves* has permission to use (collectively, the "Land") and that the Land presents certain hazards of which *Wings and Hooves* may be or should be aware. The Participant and the Participant's Parents specifically agree to hold *Wings and Hooves* and the Landlord harmless from any injury or death arising from the conditions of the Land. *Wings and Hooves* has not undertaken to inspect the Farm for hazards which may exist on the Land and has not undertaken to warn the Participant or the Participant's Parents of any hazards which may exist on the Land. It shall be the sole responsibility of the Participant and the Participant's Parents to carefully inspect the Land for any hazards prior to undertaking any activity.
6. **Release.** The Participant and the Participant's Parents agree that neither he, she, nor they shall hold *Wings and Hooves* or the Landlord liable for any injury to or death of the Participant resulting from or related to his or her involvement in equine activities and/or the Activities. The Participant and the Participant's Parents hereby remise, release and forever discharge *Wings and Hooves* and the Landlord 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 injury to or death of the Participant caused by or in any manner related to equine activities and/or the Activities.

7. **Indemnification.** The Participant and the Participant's Parents further indemnify and hold *Wings and Hooves* and the Landlord harmless for any injury or damage caused by the Participant to any person, property of any person or the Farm, which injury or damage is caused by the Participant's willful misconduct or negligence, including but not limited to damage or injury to the Horses, any other horses which may be at the Farm from time to time and any personal or real property. The Participant's Parents hereby acknowledge and agree if the Participant does not have sufficient funds to fully indemnify *Wings and Hooves* and/or the Landlord, they shall be personally and jointly and severally liable to *Wings and Hooves* for any such injury or damage.
8. **Acknowledgement.** The participant and the Participant's Parents each acknowledge that they have been warned about the risks related to equine activities and the Activities and have been informed about the characteristics of each of the Horses. The Participant and the Participant's Parents have each had the opportunity to ask questions of *Wings and Hooves* and are satisfied that they each understand the risks involved in equine activities and the Activities. By their execution of this Release and Indemnification the Participant and the Participant's Parents agree to be bound by and comply with the terms hereof and acknowledge that the Participant wishes to engage in equine activities and the Program despite the risks and potential dangers involved. Neither the Participant nor the Participant's Parents have relied on any representations, statements or warranties of *Wings and Hooves* other than those specifically set forth herein. This Release and Indemnification is a New Hampshire contract and shall be governed by, and enforced in accordance with, the laws of New Hampshire.
9. **Parental Consent and Waiver of Consortium Claims.** The Participant's Parents hereby warrant and represent that they are the parents and lawful guardians of the Participant. The Participant's Parents, by their execution hereof agree and assent to the terms hereof and execute this contract on behalf of their minor child, the Participant, intending to be legally binding and fully enforceable against the Participant and themselves. The Participant's Parents by the execution hereof, further remise, release and forever discharge for themselves and their heirs, executors and administrators, *Wings and Hooves* and the Landlord 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 they now have or hereafter can or may have or which their heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of themselves, each other or the Participant, including but not limited to actions for loss of consortium.
10. **Consent to Emergency Medical Care.** In the case of any injury to the Participant while on the Farm, participating in the Program and/or riding and/or working with the Horses, the Participant or the Participant's Parents hereby authorize *Wings and Hooves* and any agent, employee, officer, and/or director thereof, to seek medical care and attention for the Participant, including but not limited to arranging for an ambulance to take the Participant to any medical care facility and consenting to treatment, medication and/or surgery for the Participant provided that any such person shall contact or attempt to contact the Participant's Parents as soon as practicable. The Participant's Parents acknowledge that they shall be solely responsible for the payment of any medical costs and expenses incurred on behalf of the Participant and hereby indemnify and agree to hold harmless *Wings and Hooves* for any costs incurred by it on behalf of the Participant or the Participant's Parents.
11. **Authority.** In the event that this Release and Indemnification is executed by only one of the Participant's Parents, such Parent hereby certifies to *Wings and Hooves* that he or she is unable to locate or obtain the signature of the Participant's Parents, hereby indemnifying and holding *Wings and Hooves* harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the Participant's Parents, but is executed by another party on their behalf, the person executing this Release and Indemnification hereby represents, warrants and certifies to *Wings and Hooves*: (i) that he, she or they are duly authorized to execute this Release and Indemnification; (ii) that under applicable law, the undersigned's execution of this Release and Indemnification constitutes a binding obligation on the Participant's Parents; and, (iii) that the undersigned has undertaken each and every obligation of the Participant's Parents set forth herein. *Wings and Hooves* has relied and may rely on such representations.

Acknowledgment of Release and Indemnification

Participant and Participant’s Parent(s)/Legal Guardian(s) hereby acknowledge that they have each been given the opportunity to read this Release and Indemnification and that they have executed this document as an instrument under seal, as of the _____ day of _____, in the year 20_____.

(day)

(month)

- o **Note: Participant’s Parent/Legal Guardian Signature is required for minors. Legal Guardian’s signature and printed name are needed for participants under 18 and for participants who are 18 yrs. or older and not capable of understanding the intent of the form. The participant’s signature and printed name is required if applicant is age 14 and over and is capable of understanding the intent of the form.**

Participant: _____

Print Name: _____ Date: _____

Parent/Legal Guardian Signature: _____

Print Name: _____ Relationship: _____

Date: _____

Parent/Legal Guardian Signature: _____

Print Name: _____ Relationship: _____

Date: _____

**WARNING:
UNDER NEW HAMPSHIRE LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 508 OF CHAPTER 508:19 OF THE NEW HAMPSHIRE GENERAL LAWS.**



PO Box 336 ♦ East Kingston, NH ♦ 03827
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riding@wingsandhooves.org ♦ www.wingsandhooves.org

WINGS AND HOOVES THERAPEUTIC RIDING, INC. PROGRAM POLICIES

Page 1 of 3

The following policies have been established for the purpose of providing safe and quality Equine Assisted Therapeutic Riding Instruction and Horsemanship Programs at Kingswood Farm.

SAFETY POLICY:

- There is NO SMOKING allowed in the barn and around the horses.
- **Noise:** Please do not sound your horn, set car alarms, rev engines and play loud music while on the property. Sudden, loud noises are disruptive to classes and startle the horses.
- Please refrain from running, skipping, jumping and yelling while in the barn and in areas adjacent to our indoor and outdoor riding arenas.
- Kingswood Farm is a working barn. We ask that all children, when not involved in a class lesson, remain beside their accompanying adult. Wandering children can create unsafe situations for themselves, riders, horse handlers, staff and other visitors at the barn. If children are allowed to wander beyond permissible areas, we may ask you to take them from the premises. Please speak to the instructor regarding designated waiting and viewing areas.
- Family, friends and caregivers shall not enter the riding arena unless given permission by the instructor. Out of respect for the rider's safety, as well as the viewer's safety, please observe the class lesson from the viewing room, from the steps to the left of the ingate (indoor arena) or from the outside of the riding arena; indoor and outdoor.
- For the safety of our participants, volunteers and horses, we may ask family, friends and caregivers to leave the class area if your presence poses a distraction to the lesson.
- For the safety of our participants, volunteers and horses, we ask that family, friends and caregivers refrain from talking to the rider and other class participants during the lesson.
- For the safety of our participants, volunteers and horses please report any changes in the participant's personal medical status to the instructor in a timely manner. Please include conditions brought upon by seasonal shifts such as sun sensitivity, allergies to insect bites/stings, heat/cold sensitivity, etc.
- For the safety of our participants, volunteers and horses, please report any changes in the participant's IEP, therapy(s) or treatment plans to the instructor. Include updated copies of any appropriate documentation or doctor notes.

- For the safety of our participants, volunteers and horses, there is a weight limit of 175 pounds for riding. The instructor may periodically request an update of the rider's weight status.

CLASS/LESSON MAKE-UP POLICY:

- If Wings and Hooves cancels a class for any reason, every effort will be made to reschedule a make-up class.
- Should a participant cancel, without a 24-hour notification, Wings and Hooves does not offer a make-up class.
- If a participant is 20 minutes late to his/her scheduled class, Wings and Hooves will cancel the lesson. A class cancellation for this reason will not be made up.
- If the participant completes 35 minutes of his/her scheduled class and class is then terminated due to weather conditions, a make-up will not be offered.
- For the safety of our participants, volunteers and horses, Wings and Hooves will cancel classes due to excessive weather. Conditions may include, but are not limited to: snow, ice, hail, wind, heavy rain and thunderstorms. Every effort will be made to notify you of any last minute cancellations.
- If the barn temperature falls below 20 degrees or rises above 90 degrees, Wings and Hooves will cancel class.
- We recommend that you *please* call ahead to confirm your class should you have any questions or concerns. The office telephone number is: (603) 642-3722. Additionally, please call the office if you need to cancel a class or if you are running late.

RIDING INSTRUCTION ENROLLMENT POLICY:

- Should a participant in the riding instruction program choose to take a session off (take a "break"), *for reasons other than medical*, Wings and Hooves may offer the class opening to another rider interested in entering our program. Should the class be offered to another rider, the participant on break, shall be placed on the program's wait list.
- If a participant in the riding instruction program takes a session off (takes a "break") for medical reasons, Wings and Hooves, upon request, will make every effort to retain an opening in the program schedule for the participant for his/her return.

PAYMENT POLICY:

- Payment for the entire session is due at least one week prior to the first class of the session. If payment is not received by this time, the participant will be removed from the entire session schedule.
- A \$25.00 fee will be assessed for any returned checks.

PAYMENT POLICY (con't):

- Scheduling each participant's class is contingent upon providing the instructor with a completed "Update Form", confirming the participant's availability with the instructor and the timely receipt of your session payment.

CLOTHING POLICY:

- For participant safety, open-toed, open heeled shoes and sandals are NOT allowed. Closed-toe, closed-heel shoes or boots with socks must be worn; no sandals or crocs. If inappropriate footwear is worn to class, s/he will not be allowed to participate. A class cancelled for this reason will not be made up.
- Full-length pants shall be worn. Shorts, skirts, dresses are not allowed. Please also refrain from wearing pants/slacks made from nylon material as this creates a slippery surface when in the saddle. Loose fitting or stretch attire is recommended. Please speak to the instructor if you have any questions.
- Please consider the weather when dressing for the lesson. Layers, or a sweatshirt, gloves and warm shoes or boots can make a big difference in the comfort and success of the activity experience. If you're unsure how to dress, please speak to the instructor for 'helpful hints' regarding appropriate clothing.

* * * * *

*I HAVE READ AND UNDERSTAND THE WINGS AND HOOVES THERAPEUTIC RIDING, INC.
EQUINE- ASSISTED THERAPEUTIC RIDING INSTRUCTION AND HORSEMANSHIP
PROGRAM POLICIES.*

(Signature of Participant or Parent/Guardian, if a minor)

(Printed name of Participant or Parent/Guardian, if a minor)

Date