



Manes and Miracles Intake Form

Take a "snapshot" of where your child is currently at and what goals you have for your child this season. This will help us partner your child with the best equine, help you see the progress that is being made AND this data will be used for grants, which keep sessions affordable! Scan here to fill out online->



Participant Name: _____ **Today's Date** _____

D.O.B.: ___/___/___ **Age:** ___ **Gender:** ___ **Height:** ___' ___" **Weight:** _____ **lbs**

Address: _____ **City:** _____ **Zip:** _____

Primary Contact: _____ **Relationship to child:** _____

Email: _____ @ _____ **Phone:**(____) _____ - _____

Emergency contact: _____ **Relationship to child:** _____

Email: _____ @ _____ **Phone:**(____) _____ - _____

For Grant Purposes ONLY. This information must be completed but will be kept private.

Ethnicity: Native American/Alaskan Asian Black/African American Hispanic/ Latino

White Multiracial Other: _____

Household Income: <\$25,000 \$25,001-50,000 \$50,001- 75,000 \$75,001- 100,000 \$100,000+

Is the child adopted? Yes No Is the child in foster care? Yes No

of siblings? _____ # of people living with the child? _____ # of siblings with disability: _____

Does the child's disability include (please check all that apply):

Physical delays Cognitive delays Learning delays Vision impairment

Hearing impairment Seizures Physical or mental degeneration

Behaviors that we should be aware of (i.e. Vocal or physical outbursts, fleeing, etc)

Does the child have any allergies? If yes, please list: _____

Please indicate where you feel your child is at on a scale of 1 (Never) to 10 (Always).

Gross Motor Skills

Does the child have difficulty throwing or catching a ball? 1 2 3 4 5 6 7 8 9 10

Does the child have difficulty running? 1 2 3 4 5 6 7 8 9 10

Does the child have difficulty maintaining balance? 1 2 3 4 5 6 7 8 9 10

Is the child able to sit unassisted for 20+ minutes? 1 2 3 4 5 6 7 8 9 10

Does the child fatigue when walking or participating in activities of a similar effort level for extended periods? 1 2 3 4 5 6 7 8 9 10

Fine Motor Skills

Does the child have difficulty using eating utensils? 1 2 3 4 5 6 7 8 9 10

Does the child have difficulty using a pen/pencil correctly? 1 2 3 4 5 6 7 8 9 10

Does the child have difficulty manipulating small objects? 1 2 3 4 5 6 7 8 9 10

Does the child have difficulty using scissors independently? 1 2 3 4 5 6 7 8 9 10

Does the child have difficulty picking up small objects? 1 2 3 4 5 6 7 8 9 10

Social Skills

- Is the child able to introduce themselves to strangers? 1 2 3 4 5 6 7 8 9 10
- Does the child maintain eye contact during conversations? 1 2 3 4 5 6 7 8 9 10
- Does the child experience anxiety? 1 2 3 4 5 6 7 8 9 10
- Does the child experience depression? 1 2 3 4 5 6 7 8 9 10
- Does the child allow peers to join in activities? 1 2 3 4 5 6 7 8 9 10
- Does the child take turns appropriately? 1 2 3 4 5 6 7 8 9 10
- Does the child recognize non-verbal cues (body language)? 1 2 3 4 5 6 7 8 9 10
- Is the child willing to try new activities? 1 2 3 4 5 6 7 8 9 10
- Does the child ask for assistance? 1 2 3 4 5 6 7 8 9 10
- Does the child offer assistance to others? 1 2 3 4 5 6 7 8 9 10

Self Care

- Does the child dress without assistance? 1 2 3 4 5 6 7 8 9 10
- Does the child bathe with appropriate independence? 1 2 3 4 5 6 7 8 9 10
- Does the child self-feed? 1 2 3 4 5 6 7 8 9 10
- Does the child have healthy sleep patterns? 1 2 3 4 5 6 7 8 9 10
- Does the child tolerate routine medical/ hygienic attention? 1 2 3 4 5 6 7 8 9 10
(doctor, barber, dentist, etc)

Goal Acquisition

Please list 3 goals you have for the child this season and what percentage of the way you feel the child currently is to accomplishing this goal.

1. _____ %
2. _____ %
3. _____ %

Testimonial

In your opinion, what benefit(s) has the child experienced specifically related to incorporating equines in their therapy program or from their time at the Ranch? Please attach another piece of paper if additional space is needed.

Scan here



or visit bit.ly/review4mm to leave a review next!

Manes and Miracles Liability Release and Hold Harmless Agreement

Please read carefully before signing!

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

REGISTRATION OF RIDER AND AGREEMENT PURPOSE AND CONSIDERATION - In consideration of my enrollment in the Manes and Miracles (heretofore referred to as THIS FACILITY) programs or equine activities hosted by any Manes and Miracles affiliate and the signing of this agreement, I, the following listed individual and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in activities and events at THIS FACILITY. This agreement shall be legally binding upon the PARTICIPANT and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including minor children and personal representatives. It shall be interpreted according to the laws of the state and county of THIS FACILITY'S physical location. Any disputes by the rider shall be litigated in the county in which THIS FACILITY is located.

ACTIVITY RISK CLASSIFICATION, INHERENT RISKS, AND NATURE OF THE HORSE WARNING - Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY. There are numerous obvious and non-obvious inherent risks present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of U.S. Consumer Products), horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. **NO HORSE IS A COMPLETELY SAFE HORSE.** Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of from 3 ½ to 5 ½ feet and the impact may result in injury or death to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal - the human - tries to control and become one unit of movement with another much larger, stronger prey animal - the horse - with each having a limited understanding of the other. If a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts which may include but are not limited to: stopping short; changing directions or speed at will; shifting; bucking; rearing; biting; kicking; or running from perceived danger. **INITIALS: _____**

PARTICIPANT ACCEPTANCE OF RESPONSIBILITY - PARTICIPANT agrees that he/she has satisfied him/herself that the condition of the premises and the facilities will provide an adequate and reasonable level of safety for PARTICIPANT. THIS FACILITY is not responsible for any property damage, injury, or loss of life incurred by, or as a result of, any horse(s), volunteer, employee, agent, guest, or equipment on this premises to PARTICIPANT. PARTICIPANT IS AWARE OF THE RISKS AND DANGERS OF THIS ACTIVITY AND AGREES TO ACCEPT RESPONSIBILITY FOR ANY AND ALL INCIDENTS OCCURRING DURING THIS ACTIVITY. **INITIALS: _____**

CONDITIONS OF NATURE - THIS FACILITY is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, and wind, wild and domestic animals, insects, reptiles which may walk, run, fly near, bite or sting a horse or person; and irregular footing on indoor and out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature and natural or man-made changes in landscape. THIS FACILITY reserves the right to cancel use of horses during sessions for any situation which it deems hazardous, including weather. PARTICIPANT will be notified of cancellations due to weather conditions. **INITIALS: _____**

SAFETY WARNING- PARTICIPANT is hereby warned and informed by THIS FACILITY that all riders are required to wear a properly fitted and secured protective EQUESTRIAN riding helmet that meets ASTM standards. Helmets are available at THIS FACILITY; however, THIS FACILITY recommends the PARTICIPANT purchase their own helmet to receive the benefits of a custom fit. Wearing such headgear while interacting with horses may prevent death or reduce the severity of head injuries resulting from a fall or other incident involving a horse. **Close-toed shoes with a closed back are required.** THIS FACILITY recommends athletic type shoes or equestrian style riding boots. Excessively bulky or thin shoes are discouraged. Due to the nature of interaction with the horses, staff, and volunteers and for the safety of all, clothing should cover areas that volunteers, therapists, or staff may touch during the session. Shorts should be mid-thigh or longer and worn underneath skirts. Long hair should be pulled back in a low ponytail. **INITIALS: _____**

WEIGHT RESTRICTIONS- Safety at Manes and Miracles is the primary concern of THIS FACILITY. To ensure the health and wellness of our participants, horses, volunteers, therapist partners, and staff, THIS FACILITY may accommodate **only participants up to 120 lbs.** Not all horses, therapist partners, or volunteers are even able to accommodate the maximum weight. Options may be limited for those participants at, or close to the maximum weight. THIS FACILITY reserves the right to require weight updates completed at the Ranch or provided by a healthcare provider for participants known to be above 100 lbs or who are observed to have significant growth to ensure the best team match for the participant. Exceeding the weight limit may cause the horse to act unpredictably, potentially causing harm to the PARTICIPANT or to the HORSE. PARTICIPANT will be financially liable for injury which may come to the HORSE should PARTICIPANT knowingly fail to notify THIS STABLE of a PARTICIPANT with weight in excess of 120 pounds. **INITIALS: _____**

HEALTHCARE PROVIDER STATEMENT - I understand that THIS FACILITY *highly encourages* PARTICIPANT to receive clearance from a medical professional annually and that such clearance is *required* every two years. I hereby knowingly assume all risk of injury, damage, loss, claim, liability, or expense of any kind stemming from changes in health since the most recent Healthcare Provider Statement. I will notify THIS FACILITY of any relevant changes in medical history including, but not limited to: illness, surgery, injury, behavior changes, reduction in strength, weight change, balance, or coordination, and/or new, updated, and/or additional diagnoses. **INITIALS: _____**

HORSE SAFETY- PARTICIPANTS and guests may ONLY visit horses in the barn. Do not approach horses in the back areas(East side) of the ranch or horses preparing for and participating in sessions. Do not feed horses ANYTHING without checking with a staff member first and NEVER feed from your hand. Horses should only be fed from their buckets or treat tins. NEVER approach a quarantined horse. Do not climb on railings or gates and NEVER enter a stall without a staff member's permission. **INITIALS: _____**

BILLING POLICY - Bill through ESA: THIS FACILITY currently offers three billing options. Please choose from the following:

Option 1: Bill by the session. Invoice will be sent at the first of the following month and is due NO LATER THAN the thirtieth of the month following use (i.e. October fees are billed November and are due no later than November 30th). PARTICIPANTS with overdue balances will be charged a \$15 fee and will not be permitted to use THIS FACILITY until accounts are settled. There will be a \$15 charge for 'no shows' including cancellation within 1 hour of the scheduled session.

Option 2: Autopay one flat monthly rate. Monthly rate is based on intended number of sessions each month (\$40 or \$20). Rate will be autodrafted automatically for your convenience. Sessions cancelled by THIS FACILITY or therapist partners will be reimbursed at the end of the season upon your request. No additional fees will be charged for last-minute cancellations/no shows.

Option 3: Prepay for a 10-week term with a 20% discount. \$80 each for the Fall, Winter, and Spring terms. Same autodraft, no show and reimbursement benefits as Option 2. Also, receive first invite to participate in special activities (i.e. photo-shoots, parade, etc).

CC #: _____ Name on card: _____ Exp: ____/____
Billing Address: _____ City: _____ ZIP: _____

ADDITIONAL POLICIES - Families and friends of the participants are welcome to observe sessions. PARTICIPANT assumes responsibility for guests. Children not actively participating in a therapy session MUST remain under the supervision of a responsible adult AT ALL TIMES. *The indoor sensory gym is intended for therapy sessions and is not for free play. *Trained and certified service animals are welcome, pets are NOT allowed on the premises. * Cancelling within one hour of the session or arriving more than 15 minutes late will be considered a "no-show". Horses will be put away and volunteers re-directed if THE PARTICIPANT has not arrived 15 minutes after the scheduled session time. *With all the behind the scenes work to prepare a session and with a long wait list, THIS FACILITY reserves the right to dismiss from the programs any PARTICIPANT who cancels or no-shows more than three sessions in a term or five sessions in a season. * There is absolutely NO SMOKING allowed. * The speed limit at THIS FACILITY is 5 mph.

INITIALS: _____

PHOTOGRAPHY RELEASE - I hereby authorize Manes and Miracles to publish photographs of myself and/or Participant, and our names and likenesses, for use in THIS FACILITY'S print, online, and video-based marketing materials, as well as other publications. I hereby release and hold harmless THIS FACILITY from any reasonable expectation of privacy or confidentiality for myself and/or PARTICIPANT associated with the images specified above. I further acknowledge that I nor the PARTICIPANT will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in THIS FACILITY'S marketing materials or other publications. I acknowledge and agree that publication of said photographs confers no rights of ownership or royalties.

I consent I consent as long as my child's name is not disclosed I do NOT consent **INITIALS:** _____

Participants and guests shall respect the privacy of all clients by not taking photographs or videos of other clients/guests.

LIABILITY RELEASE- In consideration of THIS FACILITY allowing my participation in activities at THIS FACILITY, under the terms set forth herein, I, the PARTICIPANT and the parent or guardian thereof if a minor, do agree to hold harmless and release THIS FACILITY, its Board of Directors, instructors, agents, volunteers, employees, officers, members, affiliated organizations and insurers from legal liability due to THIS FACILITY'S ordinary negligence. I do further agree that except in the event of THIS FACILITY'S gross and willful negligence, I shall bring no claims, demands, actions, causes of action, and/or litigation against THIS FACILITY and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS FACILITY. This includes while riding, handling, or otherwise being near horses owned by or in the care, and/or control of THIS FACILITY or on the property of THIS FACILITY for any reasons.

ACCIDENTAL/MEDICAL INSURANCE- Should emergency medical treatment be required, I and/or my own medical insurance company shall pay all such incurred expenses.

My accidental/medical insurance company is: _____ Policy # _____

STATEMENT OF AWARENESS AND CONFIDENTIALITY

I/WE, the undersigned, have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/WE further attest that all stated facts are true and accurate. Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly agree to the terms above for all future activity at THIS FACILITY. I/WE understand that violation of any of the policies outlined above may warrant the immediate dismissal of the PARTICIPANT from any and all programs at THIS FACILITY. I/WE may be held financially liable for damage incurred due to the disregard of policies within this agreement. **ALL VOLUNTEERS, RIDERS, PARENTS, LEGAL GUARDIANS, OR AUTHORIZED AGENTS FOR SUCH PARTIES MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT.**

Participant Name: _____ D.O.B.: ____/____/____

Parent/Guardian Name: _____

Rider or Parent/Guardian (if minor) Signature: _____ Date: _____

State of Arizona
Title 12. Courts and Civil Proceedings. Chapter 5. Limitations of Actions. Article 3. Personal Actions. § 12-553. Limited liability of equine owners and owners of equine facilities; exception; definitions .Citation: AZ §12-553 Citation: A.R.S. § 12-553
Summary: This Arizona Statute provides that an equine agent or owner is not liable for injury if the participant took control of the equine prior to injury, if a parent or guardian signed a release on behalf of a minor, if the owner or agent has properly installed suitable tack or the participant has personally tacked the equine, or the owner or agent assigns a suitable equine based on a reasonable interpretation of the person's representation of his or her skills, health and experience with and knowledge of equines. Liability is not limited, however, when an equine owner or agent is grossly negligent or commits willful, wanton, or intentional acts or omissions.