



### PARTICIPANT REGISTRATION

It is helpful for the staff at *Grace Reins* to know your goals, interests, and understand your status prior to developing a program for you. Please complete the following questions:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Please indicate the programs you are interested in:

Equine experience \_\_\_\_\_ Summer Camp \_\_\_\_\_ Other \_\_\_\_\_.

Availability: Day(s) \_\_\_\_\_ Times: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Posture: \_\_\_\_\_

Balance: \_\_\_\_\_

Movement / Coordination: \_\_\_\_\_

General Attitude and Behavior: \_\_\_\_\_

Communication Challenges and Methods (Verbal, Sign, PEC): \_\_\_\_\_

Cognitive Abilities (Age level, multi-step directions): \_\_\_\_\_

What are your goals for the sessions, (i.e., communication skills, behavior changes, physical improvements, focus, anxiety relief...)? Please be specific: \_\_\_\_\_

\_\_\_\_\_

Any medical considerations? (i.e., health precautions, medications, etc.) \_\_\_\_\_

Describe any previous equine experience. \_\_\_\_\_

Areas of interest, games and activities enjoyed. \_\_\_\_\_

Please note that *Grace Reins* may require additional proof of medical clearance from a health care provider if deemed necessary.



### Participant Registration

#### REQUIRED FOR PARTICIPATION

Participant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Height \_\_\_\_\_ Disabilities: (if any) \_\_\_\_\_

Primary Contact Name (for scheduling and mailings): \_\_\_\_\_

Mailing address: \_\_\_\_\_ Town / City \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Contact Phone: (H) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Billing contact: (leave blank if same as above)

Mailing address: \_\_\_\_\_ Town / City \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

#### In The Event of An Emergency:

Emergency contact 1: name \_\_\_\_\_ relationship: \_\_\_\_\_

Phone \_\_\_\_\_

Emergency contact 2: name \_\_\_\_\_ relationship: \_\_\_\_\_

Phone \_\_\_\_\_

In the event that 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 Grace Reins to secure and retain medical treatment and transportation, and 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 "lifesaving" by the physician. This provision will only be invoked if the person(s) listed cannot be reached. In the case of non-consent, please requires a non-consent form.

Date: \_\_\_\_\_ Consent Signature \_\_\_\_\_

(Client, Parent, or Legal Guardian.)



Liability Release (required): \_\_\_\_\_ (Name) chooses to participate in the Grace Reins Equine Therapy Program. I acknowledge the risks and potential for risks of horse groundwork and related equine activities including grievous bodily harm. However, I feel the possible benefits to myself / child /ward, are greater than the risk assumed. I hereby intending to be legally bound for myself my heirs, and assigns, executors and administrators, waive and release forever all claims for damages against Grace Reins Equine Therapy, its Board of Directors, Instructors, Therapists, Aids, volunteers, and or employees for any and all injuries and or losses I / my child/ my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he/she had read this registration release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: \_\_\_\_\_ Signature (Client Parent, or Legal Guardian): \_\_\_\_\_

Photo / Video and Publicity Release

Grace Reins Equine Therapy takes the privacy of our participants, their families, volunteers, visitors, and staff seriously. At the same time, we value the use of real Grace Reins Equine Therapy promotional and reporting activities which enable us to provide subsidized therapeutic activities. By engaging in activities at Grace Reins Equine Therapy I understand that my myself / child /ward may be photographed, filmed or video recorded, and I hereby give Grace Reins Equine Therapy the unqualified right to take pictures and or video recording of me / my child/ my ward, and grant the perpetual right to use that likeness, video, image, photograph, without compensation, for broadcast or exhibition in any medium and to put the finished images / recordings to any legitimate use without limitation or reservation. I hereby waive the release and forever discharge Grace Reins Equine Therapy from and against any and all claims, or actions arising out of or resulting from any use of these images. Grace Reins Equine Therapy shall not be obligated to use and may elect not to use any image or recording.

Date: \_\_\_\_\_ Signature (Client Parent, or Legal Guardian): \_\_\_\_\_