

**Assumption Of Risks & Liability Release Agreement  
Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.**

**PLEASE READ BOTH SIDES OF THIS AGREEMENT  
SIGNATURE REQUIRED ON THE REVERSE**

\*Client Name: \_\_\_\_\_ \*Gender: M \_\_ F \_\_ \*DOB: \_\_\_\_\_ \*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_

The Client (myself, child/ward) DOES \_\_ or DOES NOT \_\_ have a (physical or other) diagnosis or disability. \*Required Fields

Client Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Best Phone: \_\_\_\_\_

\*Best Email: \_\_\_\_\_ CC Email: \_\_\_\_\_

Parent/Spouse/Guardian 1 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Spouse/Guardian 2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Group Home Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name & Phone# of Employer (Client): \_\_\_\_\_

Name & Phone# of Employer (Parent/Spouse 1): \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person(s) responsible for payment arrangements: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Third party payer contact name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Describe any medical condition or allergy requiring special precautions, and any medication and dosage:

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**PLEASE READ THE FOLLOWING THREE PARAGRAPHS CAREFULLY**

**Inherent Risk/Assumption of Risks.** I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation 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, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. 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; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks

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and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

**Liability Release.** I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

**WARNING**

**Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.**

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**In case of a medical emergency, efforts will be made to notify parent(s)/guardian(s). In the event that parent(s)/guardian(s) cannot be reached, the undersigned authorizes Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm, to provide such medical assistance as they determine to be necessary.**

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending a receipt of specific consent from the undersigned.

**Weight Limits.** Weight limits are important for the safety and well-being of both horses and riders. Please be accurate when disclosing the client's current weight on our registration form. Limits are: 200 lbs. for ponies and smaller horses and 225 lbs. for larger horses. Notwithstanding the above, Management reserves the right to adjust program options and/or to restrict client participation based on weight and weight distribution.

**Photo Release:** I hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

➡ Opt out: **No, I do not consent.** \_\_\_\_\_

I would \_\_\_ would not \_\_\_ be willing/able to assist with my child's/ward's lesson if additional staff/volunteers are not available.  
(Please check one)

<p><b>I/We represent that I/We have read this entire agreement (consisting of two pages) and in particular the sections labeled Inherent Risk/Assumption of Risks, Liability Release and Warning. I/We also represent that I/We have read and understand the Policies, Procedures and Safety Regulations for the Programs held at Ironstone Farm.</b></p>
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\_\_\_\_\_  
Signature

*(Parent/Guardian must sign for all clients under the age of 18)*

\_\_\_\_\_  
Print name

Date: \_\_\_ / \_\_\_ / \_\_\_



# PHYSICIAN'S APPROVAL FORM

A physician's approval is required of any rider with a diagnosis

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Mobility: Independent Ambulation: Yes \_\_\_ No \_\_\_ Assisted Ambulation: Yes \_\_\_ No \_\_\_

Braces/Assistive Devices: \_\_\_\_\_

Please indicate any special concerns in the following areas, including surgeries:

AREA	YES	NO	COMMENT
auditory			
visual			
speech			
cardiac			
circulatory			
pulmonary			
neurological			
muscular			
orthopedic			
allergies			
learning disabilities			
mental impairment			
psychological impairment			
other			

In my opinion, this patient can receive riding instruction under appropriate supervision.

Precautions or restrictions to therapeutic horseback riding \_\_\_\_\_

Physician's name (print please): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

\*\*Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Form must be signed by the physician Please print & sign

## INFORMATION FOR PHYSICIANS

The following conditions, if present, may represent precautions or contraindications to equine assisted activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. If you have any questions or concerns, please feel free to contact us at 978-475-4056.

### **Contraindications:**

Indwelling Catheter

### **Orthopedic:**

Spinal Joint Fusion/Fixation

Spinal Joint Instabilities/Abnormalities

Atlantoaxial Instabilities (incl. Neurological symptoms)

Joint Subluxation/Dislocation

Osteoporosis

Pathological Fractures

Coxas Arthrosis

Heterotopic Ossification/Myositis Ossification

Osteogenesis Imperfecta

Spinal Orthoses

Internal Spinal Stabilization Devices

### **Neurological:**

Hydrocephalus/Shunt

Spina Bifida

Tethered Cord

Chiari II Malformation

Hydromyelia

Seizure Disorders

Multiple Sclerosis

### **Medical /Psychological:**

Allergies

Hemophilia

Cardiac Condition



## THERAPEUTIC RIDER EVALUATION

**Parent/Guardian or Student:** Please complete this entire page. Do not leave any information blank. Unless otherwise noted, payment needs to be made at the time of Evaluation (\$60). Thank you!

**Client Name (Print):** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**In order to assist us with creating an appropriate lesson plan for all riders, please answer the following questions:**

1. Is the rider comfortable with and around horses? **Yes** \_\_\_ **No** \_\_\_
2. Has the rider taken more than 10 weeks of therapeutic lessons at another facility? **Yes** \_\_\_ **No** \_\_\_
3. Is the rider typically nervous to try new things or excited? \_\_\_\_\_
4. Is the rider non-verbal? **Yes** \_\_\_ **No** \_\_\_ **Limited** \_\_\_  
If the rider is non-verbal, or has limited communication abilities, how do you communicate with them?  
(*ex. ASL, Communication Boards, etc.*) \_\_\_\_\_  
\_\_\_\_\_
5. Does the rider respond best to "choice-making" and if so, what tools help them choose?  
\_\_\_\_\_
6. What types of "tools" assist the rider? (*ex. Visual schedules, token boards, icons, etc.*)  
\_\_\_\_\_
7. Does the rider handle changes in routines well? \_\_\_\_\_
8. If applicable, what type(s) of de-escalating behaviors work best with the rider?  
\_\_\_\_\_
9. Are there triggers (words, phrases or activities) that might bring on unwanted behavior?  
\_\_\_\_\_
10. Is there anything else you would like to share with us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**\*\*Instructor completes this section\*\***

**Instructor Name:** \_\_\_\_\_ **Name of Horse:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Rider Level** (*Circle One*):      Walk              W/Trot              WTC

**Volunteers Needed** (*Circle all that apply*):      Leader              Sidewalker              2-Sidewalkers              None

**Parent/guardian or aid to side walk?** (*Circle One*):      Yes              No

**Type of Lesson** (*Circle One*):      Group      Semi-Private      ½ hour Private      1 Hour Private

**Equipment/Tack:** \_\_\_\_\_

**Mounting Requirements:** \_\_\_\_\_

**Evaluation Notes:** \_\_\_\_\_

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**Goals:** \_\_\_\_\_

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