

OHIO COUNTY EQUESTRIAN, INC.

WARNING

UNDER KENTUCKY LAW, A FARM ANIMAL ACTIVITY SPONSOR, FARM ANIMAL PROFESSIONAL, OR OTHER PERSON DOES NOT HAVE THE DUTY TO ELIMINATE ALL RISK OF INJURY OF PARTICIPATION IN FARM ANIMAL ACTIVITIES. THERE ARE INHERENT RISKS OF INJURY THAT YOU VOLUNTARILY ACCEPT IF YOU PARTICIPATE IN FARM ANIMAL ACTIVITIES.

KRS 247.4027 KENTUCKY HORSE COUNCIL, INC.

I HAVE READ AND UNDERSTOOD I AM ALLOWING MY CHILD, OR A PERSON FOR WHOM I AM LEGALLY RESPONSIBLE, TO TAKE RISKS.

Printed Name

Signature

Date

Dear Parent or Guardian,

Ohio Co. Equestrian, Inc. is a non-profit, tax exempt organization. Our organization is made up strictly of volunteers with no paid employees.

John and I started this program here on our farm in April of 1991. At that particular time we were affiliated with another well known organization which was structured specifically for individuals with mental retardation. In June of 1998 we felt the need to incorporate as a 501C (3) organization. This incorporation allowed us to accept a very wide range of challenged individuals which now includes physically and/or cognitively/emotionally challenged. Individuals with behavior disorders, learning disabilities, autism and ADHD are now able to take part in this program. There are no age limits. We have several riders who lived in a local nursing home.

All of the horses used are ridden by our children, who are multiply challenged. Most of these animals have competed in several levels of competition, including shows hosted by this organization, local shows and demonstration exhibits.

The information in this letter is to inform you that riding horses can be fun, but it is not without risks. People are injured or even killed in horseback riding and horse related accidents each year. When you choose this program to supply a sport for your child or person for whom you are legally responsible, please be advised that you are accepting risks. Also, please be aware that death or permanent injury could result from your decision.

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We have taken great care in accident prevention, but we must warn you: Equestrian competition and training is not like any other sport. Several riders have progressed to riding 1,200lb horses on their own with little, if any, assistance needed. Several of them require assistance and always will, but they, too, enjoy the program as much as their unassisted friends.

Our horses have been thoroughly screened prior to acceptance into Ohio Co. Equestrian. However, we feel that we must advise you that horses are just animals and can only be expected to act as such in a fearful situation. They appear to be as safe as any horse could be. We must tell you and you must realize, there is no 100% guaranteed safe horse. These animals have appeared to be gentle, patient and docile but they are only animals.

I have read the warning and understand all risks. By signing this I fully understand that using these animals could cause death or injury to a person for whom I am legally responsible.

Signature

Date

This program is free of charge and is not operated with any paid professional staff. Neither of the Leaches have been professional riding instructors.

All persons willing to take risk must sign the attached release to be admitted into this program. If the person is a minor, a legal guardian must sign consent. The medical form must be signed by the applicants doctor.

Sincerely,

John and Rhonda Leach, Co-Directors
Ohio County Equestrian, Inc
Fed Tax ID #61-1328957

For more information:
Email us at oce@connectgradd.net
or Call us at 270-274-9650

MAIL FORMS TO:
Ohio Co. Equestrian, Inc.
819 W.D. Leach Lane
Beaver Dam, KY 42320

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OHIO COUNTY EQUESTRIAN, INC.
ATHLETE INFORMATION

DATE _____

AGE _____

NAME _____ MALE/FEMALE _____ DOB _____

PARENT/GUARDIAN _____

PHONE _____ EMAIL _____

ADDRESS _____ COUNTY _____

PRIMARY DIAGNOSIS _____

HEIGHT _____ WEIGHT _____

SEIZURES/TYPE _____ CONTROLLED _____ LAST SEIZURE DATE _____

KNOWN SEIZURE TRIGGERS _____

PERSONS WITH DOWN SYNDROME MUST HAVE CERVICAL X RAY TO PARTICIPATE

ATLANTOAXIAL INSTABILITY: POSITIVE _____ NEGATIVE _____ DATE OF XRAY _____

MEDICATIONS _____

ALLERGIES (FOOD/MEDICATIONS/BEE STING/OTHER)

EMERGENCY INFORMATION

EMERGENCY CONTACT PERSON _____ RELATIONSHIP _____

PHONE NUMBER _____ EMAIL _____

ADDRESS _____

HEALTH AND ACCIDENT INSURANCE INFORMATION

COMPANY NAME _____ POLICY NUMBER _____

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HEALTH INFORMATION

PLEASE CIRCLE ALL THAT APPLY

- | | |
|--|--|
| 1. Cerebral Palsy | 30. Multiple Sclerosis |
| 2. Down Syndrome | 31. Heart Disease/Heart Defect |
| 3. Autism | 32. Parent or sibling under 40 who died of heart disease |
| 4. Attention Deficit Disorder | 33. High Blood Pressure |
| Attention Deficit/Hyperactive | 34. Chest Pain/Fainting |
| 5. Cognitively challenged | 35. Stroke |
| 6. Developmental Delay/ | 36. Heat Stroke/Exhaustion |
| Impaired motor ability | 37. Peripheral Vascular Disease |
| 7. Chromosome Abnormality | 38. Varicose veins |
| 8. Sensory Processing Disorder | 39. Hemophilia |
| 9. Muscular Dystrophy | 40. Tendency to bleed easily |
| 10. Spina Bifida | 41. Diabetes |
| 11. Hydrocephalus/Shunt | 42. Cancer |
| 12. Paralysis due to spinal injury | 43. Major Surgery |
| 13. Concussion/Head Injury | 44. Asthma |
| 14. Cranial Defects | 45. Exercised induced wheezing |
| 15. Spinal Instabilities/Abnormalities | 46. Poor Endurance |
| 16. Spinal Orthosis | 47. Visual impaired/blind |
| 17. Spinal Fusion | 48. Deaf/Hard of hearing |
| 18. Scoliosis/Kyphosis/Lordosis | 49. Sickle Cell Disease |
| 19. Internal spinal stabilization device * | 50. Emotional/Psychiatric Disorder |
| 20. Atlantoaxial Instability * | 51. Behavioral problems |
| 21. Osteoporosis * | 52. Thought control disorders |
| 22. Osteogenesis imperfecta * | 53. Bowel/Bladder incontinence |
| 23. Hip subluxation/Dislocation | 54. Wears undergarments |
| 24. Pathological fractures | 55. Other (Please Explain) |
| 25. Coxa Arthrosis | |
| 26. Heterotopic Ossificans | |
| 27. Arthritis | |
| 28. Serious bone/joint disorder | |
| 29. Parkinson's Disease | |

Please check all that apply:

_____ Independent ambulation	_____ Hearing Aid	_____ Wheelchair
_____ Crutches/Walker/Cane	_____ Glasses/Contacts	_____ Dentures/False Teeth
_____ Orthoses/Braces		

Health Comments:

Physician's Printed Name: _____ Phone: _____

Physicians Signature: _____ Date: _____

* We feel that having this condition puts you in too much of a health risk to ride horses with us. We do not have the personnel to handle this disability.

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OHIO COUNTY EQUESTRIAN, INC.

LIABILITY RELEASE FORM

By signing this agreement, I understand that I release and forever discharge Ohio County Equestrian, Inc., John and Rhonda Leach, their heirs, volunteers, livestock, and anyone involved with the corporation from any and all liability or responsibility for injury, loss, or damage the person named below may suffer, from any cause whatsoever, whether such injury, loss, or damage may be occasioned by the negligence of Ohio County Equestrian, Inc., John and Rhonda Leach, their heirs, volunteers, or anyone involved with said corporation.

Rider's printed name _____

Rider's signature (if over age 18) _____ Date _____

Parent/Guardian printed name _____

Parent/Guardian signature _____ Date _____

Riders over age 18 must sign their own name. An "X" must be witnessed by someone over 18 years of age and sign below.

Witness printed name _____

Witness _____ Date _____

MEDIA RELEASE CLAUSE**

I give my permission for Ohio County Equestrian, Inc. to use my likeness, name, and/or voice on television, radio, pictures, etc., to promote this program by any of the above media as deemed appropriate by Ohio County Equestrian, Inc.

Authorized printed name _____

Authorized Signature _____ Date _____

** You do not have to sign the media release to ride, but we would truly appreciate it if you would.