



Boots to Grasses Therapeutic
Horsemanship Program
419-602-1143
bootstograsses@gmail.com

REGISTRATION AND RELEASE

Participant: _____ Date of Birth: _____ Age: _____

Street: _____

City: _____ Zip Code: _____

County: _____ Primary Phone: _____

Email: _____

School or Institution presently attending: _____ What grade? _____

Participant is a (circle one): minor adult w/a legal guardian independent adult

Only parents, legal guardians or independent adults may sign these forms.

What is the best way to contact you? (text, call, email...)

If minor or dependent adult:

Parents or Guardians Names _____

Phone: _____ Email: _____

Parent or Guardian Address (if different): _____



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In Case of Emergency

In the event of a medical emergency, Boot to Grasses Therapeutic Horsemanship Program will provide basic first aid and/or call 911 and will disclose all available health care information to emergency medical personnel

Emergency Contacts (**in addition** to parents or guardians):

Emergency contact #1 Name: _____

Emergency contact #1 Phone number: _____

Emergency contact #2 Name: _____

Emergency contact #2 Phone number: _____

CONSENT AND WAIVER

I hereby request that the Participant named above be accepted into Boots to Grasses Therapeutic Horsemanship Program. I acknowledge that Boot to Grasses Therapeutic Horsemanship Program has fully explained to me the scope of the equine program, including the potential for injury which can occur from riding, driving or caring for horses. Because of the potential benefits of Boot to Grasses Therapeutic Horsemanship Program, I hereby waive any claim which the Participant may have against Boot to Grasses Therapeutic Horsemanship Program, its Trustees, employees, or volunteers arising out of any injury which the Participant may sustain while involved in the mounted or unmounted equine program at Boot to Grasses Therapeutic Horsemanship Program.

Important Information



Boot to Grasses Therapeutic Horsemanship Program is committed to conducting its recreation activities in a safe manner and holds the safety of participants in high regard. Boot to Grasses Therapeutic Horsemanship Program continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for activities must recognize that there is an inherent risk of injury when choosing to participate. You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities are intended to challenge and engage the physical, mental, and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activities, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction, or officiating, and all other circumstances inherent to indoor and outdoor recreation activities exist. In this regard, it must be recognized that it is impossible for Boot to Grasses Therapeutic Horsemanship Program to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this information carefully and be aware that in signing up and participating in activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these activities (including transportation services/vehicle operation, when provided).



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I recognize and acknowledge that there are certain risks of physical injury to participants in these activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these activities against Boot to Grasses Therapeutic Horsemanship Program, including all residents on the property, employees, and officials.

I do hereby fully release and forever discharge Boot to Grasses Therapeutic Horsemanship Program from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these activities.

I understand that Boot to Grasses Therapeutic Horsemanship Program carries no medical insurance and the participant's family must cover any medical costs incurred. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver, and release of all claims.

In the event of an emergency, I understand and authorize Boot to Grasses Therapeutic Horsemanship Program staff and officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child and agree that I will be responsible for payment of any and all medical services rendered.

I further understand that in the event of a medical emergency, Boot to Grasses Therapeutic Horsemanship Program will provide basic first aid and/or call 911 and will disclose to emergency medical personnel all available health care information about the Participant. I consent to Boot to Grasses Therapeutic Horsemanship Program initiating such basic first aid and/or emergency medical treatment and to Boot to Grasses Therapeutic Horsemanship Program disclosing the Participant's available health care information.

Per Ohio Statute 2305.321 - "A danger or condition that is an integral part of an equine activity," including:



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- (1) Unpredictability of horse's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- (2) Collision with another horse, animal, person or object; and
- (3) Hazards, including, but not limited to, surface or subsurface conditions.
- (4) Potential of the equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the participant, including failing to maintain control over the horse or failing to act within the ability of the participant.

Date: _____ Print Name: _____

Signature: _____

Circle one: Independent adult participant OR parent OR legal guardian



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PHOTO RELEASE

For valuable consideration, the receipt of which from Boot to Grasses Therapeutic Horsemanship Program is hereby acknowledged, the undersigned hereby grants to Boot to Grasses Therapeutic Horsemanship Program permission to take, or have taken, still and moving photographs, videos and films including television pictures of myself or my daughter/son/ward,

_____ (Participant name, please print) and consents and authorizes Boot to Grasses Therapeutic Horsemanship Program, its advertising agencies, news media, and any other persons involved with Boot to Grasses Therapeutic Horsemanship Program, to use and reproduce the photographs, films, videos and pictures and to circulate and publicize the same by any means deemed appropriate by Boot to Grasses Therapeutic Horsemanship Program, including without limitation newspapers, television media, brochures, pamphlets, instructional materials, books and clinical materials. No inducements or promises have been made to me to secure my signature to this release other than the intention of Boot to Grasses Therapeutic Horsemanship Program to use or cause to be used such photographs, films, videos and pictures for the primary purpose of promoting and aiding Boot to Grasses Therapeutic Horsemanship Program, and its programs.

I DO consent

I DO NOT consent

Date: _____ Print Name: _____

Signature: _____

Circle one: Independent adult participant OR parent OR legal guardian



HEALTH HISTORY

Participant Name: _____

Diagnosis: _____ Date of Onset: _____

Height: _____ Weight: _____

Mobility: Crutches- Yes / No Braces- Yes / No Wheelchair- Yes / No

Walker- Yes / No

Special mobility precautions: _____

Medications: _____

Allergies to any medications, food, insect bites, plants, animal dander, other, list here:

History of asthma? Yes / No

Does the participant carry an EpiPen? Yes / No

Does the participant carry an inhaler? Yes / No

List precautions, for example, shunts, feeding tubes, etc.:

Are there any aversions that can act as triggers for the participant?

How much time does the participant need to process?



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HEALTH AND FUNCTION	Normal	DETAILS
Hearing		
Vision		Glasses? Contacts?
Speech		Sign language? Yes/No
Cardiovascular		
Cognitive Development		
Pulmonary		
Neurological		
Muscular		
Orthopedic (incl. spine & joints)		
Emotional & Psychological including Behavior		

I hereby affirm that, to the best of my knowledge, the health history information is complete and correct.

Date: _____ Print Name: _____

Signature: _____

Circle one: Independent adult participant OR parent OR legal guardian

Important! Boot to Grasses Therapeutic Horsemanship Program reserves the right to request additional information from, or an evaluation by the participant's licensed medical professional prior to or during the course of equine-assisted programming and/or to restrict or offer alternative activities until such information or evaluation is procured.



SEIZURE EVALUATION FORM - Skip if not applicable

If participant has experienced seizure activity within the past 12 months, the following SEIZURE EVALUATION FORM is required. Participants or their parents or guardians may wish to consult with their physician when completing the following:

Instructions: Participants/parent/guardians/treating physicians – please complete this form including as much information as possible. Since riding and working around horses is a risk activity, conditions that increase that risk are carefully analyzed. The safety of all participants, volunteers, and horses are considered.

Type of Seizure (if more than one, please list all types): _____

Date of Last Seizure: _____

Frequency of seizures: _____

Duration of Each Seizure: _____

Typical Causes of Seizure Activity: _____

After Affect: _____

During a seizure, the participant:

- May stare briefly (How long? _____)
- May walk around
- May perform aimless activities



- May suddenly cry / fall / become rigid, followed by muscle jerks / saliva on lips / bluish skin color
- May experience loss of bladder or bowel control
- May be confused, have a headache, be fatigued; followed by full return of consciousness
- Other. Please explain: _____

Is the participant able to know and express when a seizure may occur? What are the signs?

Should the participant experience a seizure while at Boot to Grasses Therapeutic Horsemanship Program, beyond employing general first aid, what actions do you suggest we take?

- Do nothing
- Report observations to parents/guardians immediately
- Dismount from horse
- Send note home to parent/guardian
- Allow _____ minutes to rest and reorient
- Other. Please specify: _____

Date: _____ Print Name: _____

Signature: _____

Circle one: Independent adult participant OR parent OR legal guardian



PAYMENT POLICY

Payment is due immediately upon services rendered to your instructor. Boots to Grasses currently accepts cash, check, paypal, and vouchers for payment. If you are using County Family Support Vouchers, they must be signed and surrendered at initial session. Boots to Grasses will provide receipts for payment with request. Your payment is for your designated one hour time slot allotted. A 5-10 minute late arrival does not entitle the student to a lesson exceeding the regularly scheduled end time.

CANCELLATION POLICY

Boots to Grasses requires at least 24 hour notice for all cancellations. You must contact your instructor directly. You may be charged the full price of the session if you do not provide a 24 hour notice. Exemptions due to extreme circumstances is at the discretion of your instructor. Your session will be cancelled if you do not arrive within 15 minutes of your scheduled lesson and you will be charged for your lesson, provided no phone call or attempt to contact your instructor was made. We do not offer refunds if you prepay for lessons. We will, however, provide a make-up session.

RULES

Arrive on time to your scheduled session.

Proper attire must be worn to ride.

- Closed toed shoes (boots or sneakers) No sandals, flip flops or open toed shoes allowed on barn premises. This includes the spectators!!!
- Wear long pants. This can be jeans or material pants that cover the entire leg.



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- All riders must wear a helmet. You may bring your own approved helmet, however we do have helmets available to borrow.

In case of inclement weather, we will notify you if your session will be cancelled. Assume your session is on, if you do not receive a call or text from your instructor.

Do not feed or touch the horses without direct supervision from your instructor. Some of the horses bite!

We ask that there be a supervising adult on site during all activities (except for camp) in case of emergencies.

I have reviewed and understand the above payment policy, cancellation policy, and barn rules. I agree to abide by the above payment policy, cancellation policy, and barn rules.

Date: _____ Print Name: _____

Signature: _____

Circle one: Independent adult participant OR parent OR legal guardian



STUDENT GOAL CHECKLIST

Student Name: _____

To assist our instructors in formulating both their mounted and classroom lesson plans, please mark items in each category which you/your child would like to work toward developing.

PLEASE prioritize items with #1 being the most important goal.

<u>Physical Goals</u>		<u>Social & Recreational Goals</u>		<u>Cognitive/Educational Goals</u>	
Improved balance		Socialization		Color recognition	
Improved posture		Cooperation		Shape recognition	
General coordination		Sportsmanship		Verbalization	
Eye/hand coordination		Enjoyment		Vocab. Expansion	
Head control		Confidence/self-esteem		Sequencing	
Trunk control		Communication skills		Spatial Awareness	
Strength		Attention (increase/decrease)		Reading Skills	
Gross Motor Skills		Responsibility		Letter recognition	
Fine Motor Skills		Self-sufficiency		Word recognition	
Decrease tactile defensiveness		Social skill development		Basic Sentences	
Muscle tone		Teamwork		Math Skills	
Increased range of motion		Respect		Number Recognition	
Sensory Integration		Independence		Add/Subtract	
Endurance		Trust		Multiplication	
Visual/spatial orientation		Interpersonal relationships		Fractions	
				Measurements	
				Money	
				Time	
				Sign language	