



Back in the Saddle-Equine Services for Heroes Participant Registration

Please fill out the following information to assist us in serving you or your family while they are enrolled in the Back in the Saddle -Equine Services for Heroes program. If any information is not applicable, simply answer N/A. You may also attach a copy of any therapist's goals or IEP.

Adults): 1. _____ Phone number: _____

2. _____ Phone number: _____

Email: _____ Home phone number: _____

Child or children: _____

Home address: _____

DOB: _____

Diagnosis: _____

Precautions: _____

Current medications: _____

Current school: _____

Physician name: _____

Phone number: _____

Therapist name: _____ Phone number: _____

Current goals: _____

Therapist name: _____ Phone number: _____

Current goals: _____

Therapist name: _____ Phone number: _____

Current goals: _____

Is there any other information that you feel would help us to work with you or your child (i.e. behavior issues, favorite songs or activities, fears, etc.)?

Participant's Authorization for Emergency Medical Treatment Form

In the event 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 Back in the Saddle- Equine Services for Heroes Program to:

- Secure and retain medical treatment and transportation, if needed.
- Release records upon request to the authorized individual agency involved in the medical emergency treatment.

Name: _____

Street Address:

City, State, Zip: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

In Case of Emergency, please contact (must be local):

Name: _____ OR Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Policy #: _____

Parent/Guardian/Caregiver (if applicable): _____

Parent/Guardian/Caregiver Employer(s): _____

Parent/Guardian/Caregiver Email(s): _____

Rider Photo/Video and Confidentiality Agreement

Participants' Name(s): _____

Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Parent/Guardian/Conservator (if applicable): _____

Photo and Video Release:

_____ I consent to and authorize

_____ I do not consent to nor do I authorize

The use and reproduction by Back in the Saddle - Equine Services for Heroes Program. of any other audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date:

Signature:

Rider, Parent or Caregiver

Confidentiality Agreement:

I understand that all information (written and verbal) about participants at this PATH center is confidential and not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Date:

Signature: Rider, Parent or Caregiver

HOLD HARMLESS RELEASE and WAIVER

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 as "emergency contact" is unable to be reached. I agree to pay for or arrange insurance payment for costs and claims Back in the Saddle- Equine Services for Heroes Program incurs or becomes liable to pay for all medical aid, treatment, and procedures arising from any illness or injury covered by this authorization.

Date:

Consent Signature
Rider, Parent, Guardian, or Caregiver

OR

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency, Back in the Saddle - Equine Services for Heroes Program. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date:

Consent Signature
Rider, Parent, Guardian, or Caregiver

I, _____ (Print Your Name) as a rider (the "Rider") OR the parent or legal guardian (the "Guardian") or a rider under the age of 18 years _____ (Print Minor's Name) on behalf of myself as the parent or legal guardian of the Rider understand and agree that the Rider will be riding horses and engaging in horseback training and teaching activities on the premises of Hillcrest Farms, and Roman Manor, hereinafter referred to as Stable, with the Back in the Saddle - Equine Services for Heroes Program (Jessica Streamo), sponsored by East Coast Equestrian (Antonia Hall) hereinafter referred to as Trainers.

1. **Explanation and Assumption of Risks.** The Rider (and Guardian, if any) understands that horseback riding and horseback training and teaching activities are inherently dangerous activities that may result in injury (including serious injury and death) to the Rider. Some of the risks that the Rider undertakes by engaging in such activities include, but are not limited to the following:
 - a) A horse may act in an unforeseeable manner at anytime and such action by a horse can result in injury to the Rider and such injury may occur even while the Rider is leading a horse or simply is in the vicinity of a horse, even without mounting or riding the horse;
 - b) A horse has a propensity to behave in ways that may resulting injury to a person on or near a horse;
 - c) A horse's reaction to sound, sudden movement, an unfamiliar object, a person or another animal is unpredictable and can result in injury to the Rider;
 - d) Certain hazards such as surface and subsurface conditions, including objects or conditions on, under or protruding from the surface, whether apparent or not, can cause a horse to fall or otherwise to react in an unpredictable manner when the horse encounters;
 - e) A horse may fall or otherwise act in an unpredictable manner when the horse encounters rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches, jumps, other debris and obstacles, thereby causing injury to the Rider;
 - f) Tack, equipment or a harness may slip or break, causing the Rider to fall and suffer injury;
 - g) The Rider may become entangled in tack, equipment, or a harness and such entanglement can result in injury to the Rider;
 - h) The Rider may fall off of a horse while mounting, dismounting, or riding the horse thereby causing injury to the Rider;
 - i) A horse may collide with other horses or objects, thereby causing injury to the Rider; and
 - j) The Rider may act in a negligent manner that may contribute to injury to the Rider or others such as failing to maintain control over the horse or not acting within the Rider's ability.

2. **Release.** The rider (and the Guardian, if any) acknowledges that horseback riding and horseback training and teaching activities are high-risk activities; that the Rider is participating at the Rider's own risk; and that the Rider (and the Guardian, if any) assumes the risk of injury or death to the Rider resulting from any of the risks described above.
3. **Requirement for Safety Equipment.** The Rider (and Guardian, if any) understand that Hillcrest Farms and Roman Manor requires that the Rider wear an ASTM- approved helmet or Caliente helmet with harness, at all times, while riding on the premises of the Stable, and while riding in a lesson with the Trainers. The Rider (and the Guardian, if any) understands the purpose of the helmet requirement and further understands that failing to adhere to this requirement will be assuming an increased risk of serious injury or death as a result.
4. **Continued Enforceability of Release.** This release will remain valid and in full force and in effect from the date on which it is executed until the date on which it is revoked by the Rider (or the Guardian, if any). This Release may be revoked only by the Rider or the Guardian personally delivering a written notice of revocation to the Stable and Trainers. The Rider (and the Guardian, if any) and the Stable/Trainers intend that this Release will be effective each time the Rider rides a horse or is present at the Stable, or with the Trainers, for the purpose of horseback riding or horseback teaching or training activities, unless and until this Release is revoked as provided in the preceding sentence.
5. **Guardian.** The Guardian, if any, hereby represents and warrants to Hillcrest Farms, Roman Manor, Back in the Saddle - Equine Services for Heroes Program, and Walk in my Shoes Therapeutic Riding Program, that the Guardian is in fact the parent or legal guardian of the Rider with full rights of custody and control over the Rider and that this Release is given on behalf of, and is intended to be binding upon, the Rider, the Guardian, and heirs, personal representatives and assigns of the Rider and the Guardian.
6. **Severability.** If a court determines that any part of this Release is unenforceable, that determination will not affect any other provisions of this Release. All remaining provisions will stand in full force and effect.
7. **Governing Law.** This Release is governed by North Carolina law and is enforceable against the Rider, the Guardian, and the heirs, personal representatives and assigns of the Rider (and the Guardian, if any).
8. **Equine Liability Immunity Act.**
 - a) **WARNING: UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.** Chapter 99E of the North Carolina General Statute
 - b) The Rider (and the Guardian, if any) understands that this Release is intended to be in addition to, and not in substitution of, the protections afforded to the Released Parties by the Equine Liability Immunity Act, Chapter 99E of the North Carolina General Statutes.

9. **Therapeutic Rider Liability**

AS A CLIENT WITH BACK IN THE SADDLE - EQUINE SERVICES FOR HEROES PROGRAM, I ACKNOWLEDGE AND UNDERSTAND THE RISKS AND POTENTIAL RISKS OF A HORSEBACK RIDING PROGRAM INCLUDING BUT NOT LIMITED TO, (i) THE PROPENSITY OF AN EQUINE TO BEHAVE IN DANGEROUS WAYS, WHICH MAY RESULT IN INJURY OR DEATH TO THE PARTICIPANT OR DAMAGE TO PROPERTY; (ii) THE INABILITY TO PREDICT AN EQUINE'S REACTION TO SOUND, MOVEMENTS, OBJECTS, PERSONS OR ANIMALS; (iii) HAZARDS OF SURFACE OR SUBSURFACE CONDITIONS WHETHER KNOWN OR UNKNOWN; (iv) THE CONDITION AND AGE OF THE EQUIPMENT OR TACK, HOWEVER, I FEEL THAT THE POSSIBLE BENEFITS TO MYSELF/MY SON/MY DAUGHTER/MY WARD ARE GREATER THAN THE RISK ASSUMED. I HEREBY, INTENT TO BE LEGALLY BOUND, FOR MYSELF, MY HEIRS AND ASSIGNS, EXECUTORS OR ADMINISTRATORS, AND WAIVE AND RELEASE FOREVER ALL CLAIMS FOR DAMAGES AGAINST BACK IN THE SADDLE - EQUINE SERVICES FOR HEROES PROGRAM AND ITS BOARD OF DIRECTORS AND EMPLOYEES, INSTRUCTORS, THERAPISTS, AIDES, VOLUNTEERS AND THEIR RESPECTIVE FAMILIES, FOR ANY AND ALL INJURIES AND/OR LOSSES I MAY SUSTAIN WHILE PARTICIPATING IN BACK IN THE SADDLE - EQUINE SERVICES FOR HEROES PROGRAM. I FURTHER CERTIFY THAT THE FOREGOING STATEMENTS AND REPRESENTATIONS ARE BEING MADE BY ME KNOWINGLY, FREELY AND VOLUNTARILY AND I UNDERSTAND THAT HILLCREST FARMS & ROMAN MANOR IS EXPRESSLY RELYING UPON THE FOREGOING STATEMENTS AND REPRESENTATIONS IN PERMITTING ME TO PARTICIPATE IN BACK IN THE SADDLE - EQUINE SERVICES FOR HEROES PROGRAM.

Date: _____

Signature of Client/Parent/ Guardian/
Caregiver: _____

Hillcrest Farms

LESSON RIDER HOLD HARMLESS RELEASE and WAIVER

I, _____ (Print Your Name) as a rider (the "Rider") OR the parent or legal guardian (the "Guardian") or a rider under the age of 18 years _____ (Print Minor's Name) on behalf of myself as the parent or legal guardian of the Rider understand and agree that the Rider will be riding horses and engaging in horseback training and teaching activities on the premises of Hillcrest Farms, hereinafter referred to as Stable, with either East Coast Equestrian (Antonia Hall) or Sunchaser Equestrian (Kate McAlinn), hereinafter referred to as Trainers.

1. **Explanation and Assumption of Risks.** The Rider (and Guardian, if any) understands that horseback riding and horseback training and teaching activities are inherently dangerous activities that may result in injury (including serious injury and death) to the Rider. Some of the risks that the Rider undertakes by engaging in such activities include, but are not limited to the following:
 - a) A horse may act in an unforeseeable manner at anytime and such action by a horse can result in injury to the Rider and such injury may occur even while the Rider is leading a horse or simply is in the vicinity of a horse, even without mounting or riding the horse;
 - b) A horse has a propensity to behave in ways that may resulting injury to a person on or near a horse;
 - c) A horse's reaction to sound, sudden movement, an unfamiliar object, a person or another *animal* is unpredictable and can result in injury to the Rider;
 - d) Certain hazards such as surface and subsurface conditions, including objects or conditions on, under or protruding from the surface, whether apparent or not, can cause a horse to fall or otherwise to react in an unpredictable manner when the horse encounters;
 - e) A horse may fall or otherwise act in an unpredictable manner when the horse encounters rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches, jumps, other debris and obstacles, thereby causing injury to the Rider;
 - f) Tack, equipment or a harness may slip or break, causing the Rider to fall and suffer injury;
 - g) The Rider may become entangled in tack, equipment, or a harness and such entanglement can result in injury to the Rider;
 - h) The Rider may fall off of a horse while mounting, dismounting, or riding the horse thereby causing injury to the Rider;
 - i) A horse may collide with other horses or objects, thereby causing injury to the Rider; and
 - j) The Rider may act in a negligent manner that may contribute to injury to the Rider or others such as failing to maintain control over the horse or not acting within the Rider's ability.
2. **Release.** The rider (and the Guardian, if any) acknowledges that horseback riding and horseback training and teaching activities are high-risk activities; that the Rider is participating at the Rider's own risk; and that the Rider (and the Guardian, if any) assumes the risk of injury or death to the Rider resulting from any of the risks described above.
3. **Requirement for Safety Equipment.** The Rider (and Guardian, if any) understand that Hillcrest Farms requires that the Rider wear an ASTM- approved helmet or Caliente helmet with harness, at all times, while riding on the premises of the Stable, and while riding in a lesson with the Trainers. The Rider (and the Guardian, if any) understands the purpose of the helmet requirement and further understands that failing to adhere to this requirement will be assuming an increased risk of serious injury or death as a result.
4. **Continued Enforceability of Release.** This release will remain valid and in full force and in effect from the date on which it is executed until the date on which it is revoked by the Rider (or the

Guardian, if any). This Release may be revoked only by the Rider or the Guardian personally delivering a written notice of revocation to the Stable and Trainers. The Rider (and the Guardian, if any) and the Stable/Trainers intend that this Release will be effective each time the Rider rides a horse or is present at the Stable, or with the Trainers, for the purpose of horseback riding or horseback teaching or training activities, unless and until this Release is revoked as provided in the preceding sentence.

5. **Guardian.** The Guardian, if any, hereby represents and warrants to Hillcrest Farms, East Coast Equestrian, and Sunchaser Equestrian that the Guardian is in fact the parent or legal guardian of the Rider with full rights of custody and control over the Rider and that this Release is given on behalf of, and is intended to be binding upon, the Rider, the Guardian, and heirs, personal representatives and assigns of the Rider and the Guardian.
6. **Severability.** If a court determines that any part of this Release is unenforceable, that determination will not affect any other provisions of this Release. All remaining provisions will stand in full force and effect.
7. **Governing Law.** This Release is governed by North Carolina law and is enforceable against the Rider, the Guardian, and the heirs, personal representatives and assigns of the Rider (and the Guardian, if any).
8. **Equine Liability Immunity Act.**
 - a) **WARNING: UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.** Chapter 99E of the North Carolina General Statute
 - b) The Rider (and the Guardian, if any) understands that this Release is intended to be in addition to, and not in substitution of, the protections afforded to the Released Parties by the Equine Liability Immunity Act, Chapter 99E of the North Carolina General Statutes.

RIDER: _____

DATE: _____

GUARDIAN: _____

DATE: _____

EMERGENCY CONTACTS:

NAME: _____

NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

PHONE: _____

PHONE: _____

ADDRESS: _____

ADDRESS: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

In order to connect you to those providers who can help you, we will need some information from you as well as your authorization to share that information across our network of providers. Your personal information will be kept in strict confidence and will be used solely for the purpose of helping you obtain the services you have voluntarily requested. Service providers are required to comply with federal, state and local privacy and data protection laws, including federal HIPAA privacy regulations protecting health information. None of your protected health information will be used for any purpose other than treatment, payment, operations or other required activity, as specified in the HIPAA Privacy Rule, without your explicit further authorization.

There are state and federal laws protecting your right to privacy that require us to obtain your authorization before we may proceed so please read carefully below and enter your signature at the bottom to indicate your understanding of, and agreement with, each of the following:

- I authorize the inputting of my information into the network powered by Unite Us and its digital referral system; and acknowledge and understand that any referrals I request or that are requested on my behalf may or may not be accepted by the organizations contacted;
- I understand and agree that the information I provide may be stored on our web-based network and may be accessible by service providers who are members of our network;
- I understand and agree that my personal information may be transmitted over the Internet in order to help me to obtain appropriate services, and agree that I will not hold Unite Us, or referring organizations, liable if I do not receive services, or am unsatisfied with the service provider or the services received through the network;
- I authorize potential service providers, including Unite Us, to contact me and/or transmit my personal information and file information inside and outside of the network via oral communication, email or text, if necessary, to help me to obtain appropriate services;
- I am solely responsible for the truth and accuracy of the information that I have submitted for inclusion in my file. I understand that I have the right to request appropriate amendments to information in my file that I believe is not accurate or up to date.
- I understand that for any reason and at any time a service provider may choose to copy or remove all or portions of my personal information or file residing on the Unite Us network;
- I understand that I may occasionally be contacted by a service provider to fill out an optional feedback survey of my experiences and my de-identified information may be used in aggregation in order to optimize service delivery within Unite Us and external to Unite Us;
- I give my permission for enrollment into programs with services and or training, which may be funded by a local, state or federal department or agency. These funding sources may contact me for verification purposes with questions or feedback in connection with the programs they are funding;
- I understand that this form may be amended from time to time to ensure compliance with privacy laws and to protect the security of my personal information. I will be notified of any such changes and may rescind my authorization at any time if such changes are unacceptable to me;
- I understand that I may withdraw my consent to participate or request to be disenrolled from receiving services through the Unite US network and that such disenrollment is subject to a processing time of at least one business day. Without my express revocation, the authorization will automatically expire at the conclusion of the relationship with the Unite Us system.
- I understand that my request to withdraw my consent to participate in the Unite US network and thus my authorization to release my protected health information will not apply to any protected health information that has already been accessed based on my prior authorization.

NAME

DATE



Coordinating Services, Resources, and Care for Service Members,
Veterans and their Families

1-866-249-6656

Name

PCL-5

Date

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

<i>In the past month, how much were you bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of Last Revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: +

Neurologic Symptoms of AtlantoAxial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychologica			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the PATH center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: () _____ License/UPIN Number: _____