



Loving Thunder
Therapeutic Riding, Inc.
 PO Box 44517, Rio Rancho, NM 87174
 505-554-9493 fax 505-288-3097
info@lovingthunder.com



Veteran Adaptive Sports Participant's Application and Health History

General Information

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____ City/Zip _____

Phone: _____ E-mail: _____

Cell Phone: _____

Employer/School: _____

Address: _____

Emergency Contact Name & Phone # _____

How did you hear about the program: _____

Referral source: _____

Phone: _____

Health History

Diagnosis: _____

Date of Onset: _____

On a scale of 1-10 (10 being the highest level). What is your daily level of functioning? _____

Have you ever thought of or attempted suicide? _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensations			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health/PTSD			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition/TBI			
Allergies			



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Medications(include prescription, over-the counter, name, dose and frequency):

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (ie. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding.)

Phsyco/Social Function (ie. Work/school including grade completed, leisure interests, relationship-family structure, support systems, companion animals, fears/concerns, please include any known triggers for PTSD episodes, etc)

Goals: (ie. Why are you applying for participation? What would you like accomplish?)

Is there anything else you would like to share with us?

I understand that funding for my participation at Loving Thunder has been provided by an Veterans Affairs Assistive Sports Grant. I agree to notify Loving Thunder if I am unable to attend my scheduled ride time. I understand that not showing up for a lesson without calling at least 24 hours in advance will be reported to the Veterans Affairs Dept. as required by the grant agreement. Privacy Policy: We will not share your information in any way unless you have requested in writing such disclosure.

Signature: _____ **Date:** _____

Photo Release

- I Do
- Do Not

Consent to and authorize the use and reproduction by Loving Thunder Therapeutic Riding, Inc. Of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

Client, Parent or Legal Guardian



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Participant's Medical History & Physician's Statement

(To Be completed by Physician or Staff)

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: ___Positive___ Negative

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/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the PATH, Intl 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 _____

Physicians Signature: _____ Date: _____

Address: _____ City/Zip _____

Phone: () _____ License/UPIN Number: _____



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operation, acts of independent contractors, products completion, or personal injuries sustained due to Loving Thunder Therapeutic Riding, Inc.'s negligence in connection with providing services under this contract.

Please initial to show that you agree [redacted].

I agree to defend, indemnify and hold harmless Loving Thunder Therapeutic Riding, Inc. and all of its officers, board members, affiliated organizations, agents and employees for any injury or death caused by or resulting from my participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by their negligence or form any other cause. **Please initial to show that you agree [redacted].**

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representative. **Please initial to show that you agree [redacted].**

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself of my own free will. **Please initial to show that you agree [redacted].**

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.

Participants with an appointed guardian requires the signature legal guardian.

[redacted]
 Signature of legal guardian

[redacted]
 Signature of Participant

 Print Name

 Date

 Address

 Telephone #



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Participant's Consent for Release of Information

This form will only be used with the express permission of Rider or Guardian and is a requirement to be on file by PATH, INTL

I hereby authorize: Loving Thunder Therapeutic Riding, Inc to release information from the

records of: _____ DOB: _____
 (participant's name)

The information is to be released to: _____
 (center or therapist's name)

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- Medical history
- Physical therapy evaluation, assessment and program plan
- Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-behavioral management plan
- Other: _____

This release is valid for one year and can be revoked, in writing, at my request. You will always be notified before a request for information is provided to anyone.

Signature: _____ Date: _____

Print Name: _____

Relation to Participant: _____

Please send materials to: _____



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Emergency Contact Information Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address, City, Zip: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____



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Safety Guidelines

At Loving Thunder we are concerned about your safety and the safety of our horses. Please remember that horses are prey animals, they can be unpredictable if put into a “fear for life” situation. You are responsible to keep yourself, your horse and others around you safe.

1. Parking is only permitted in the designated parking lot; please do not park on Jackson Loop roadway.
2. Volunteers are required to sign in and OUT of Volunteer Log hour book provided in LT tack room. Names tags must be worn while signed in for volunteering at Loving Thunder.
3. Parents are responsible for the conduct of your children while on Loving Thunder property.
4. Do not enter restricted areas. Restricted areas do have signs posted.
5. Visitors should remain only in designated areas during lessons.
6. Do not go into arena, stalls or round pens where horses are present unless an equine staff member has cleared you.
7. No alcoholic beverages or smoking is permitted on premises.
8. Wear boots or sturdy shoes with ample ankle support and low heel – no open toe shoes.
9. Wear jeans or appropriate riding pants – no dresses or extremely short shorts allowed.
10. Riders are required to wear an approved ASTM/SEI riding helmet at all times during lesson participation and riding of any equine. Volunteers are required to wear an approved ASTM/SEI riding helmet while riding any equine on the facility premises. If you do not have your own riding helmet, Loving Thunder will provide upon request.
11. **Never feed the horses treats.** Some of our horses have special dietary needs and treats may cause illness.
12. For our horses’ safety, a weight limit for participants is 225 lbs. If you have concerns with this please ask a member of the equine team for details. If the participant requires sidewalker help the weight limit is 180 lbs.
13. Never stand directly in front of or behind a horse.
14. Always be aware of your surroundings - Be aware of the people and animals around you.
15. Always be aware of your safety in working with equine at all times (we will cover this during your first and all visits to Loving Thunder).
16. Always close a gate behind you (your horse will know the second you don’t and make his or her escape).
17. Be aware of what you place in proximity to your horse or horse’s stall.
18. If your horse is not tied – never let go of your lead rope or reins (also to be covered during lessons).
19. Notify the staff immediately to any injury to yourself or your horse – no matter how small it may be.
20. Always inspect your horse and equipment prior to any lesson and notify staff of any issues.
21. Most of all – have fun but be responsible.

SIGNATURE: _____ Date: _____

SIGNATURE GUARDIAN (IF APPLICABLE), OR RIDER