



## Veteran 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: \_\_\_\_\_  
  
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			

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

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**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.)

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**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)

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

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

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*I agree to adhere to the billing policies of Loving Thunder Therapeutic Riding, Inc as follows: Lessons are to be paid in full according to the most current rate sheet before the lessons start. I understand that not showing up for a lesson without calling at least 24 hours in advance is non-refundable and cannot be made up. If lesson is cancelled at least 24 hours in advance we will make every effort to provide a make up lesson, but because rescheduling instructors and volunteers can be difficult, it is not guaranteed. After 3 absences, eligibility will be reviewed by the Loving Thunder Board of Directors. If a cancellation is made by Loving Thunder staff, then riders' account(s) will be credited accordingly.*

*Privacy Policy: We will not share your information in any way unless you have requested in writing such disclosure.*

**Signature:** [Redacted Signature] **Date:** \_\_\_\_\_

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**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:** [Redacted Signature] **Date:** \_\_\_\_\_

**Client, or Legal Guardian**

# Waiver of 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: \_\_\_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			

**I am a Wounded Warrior and although I am/may be under medical treatment I am able to make the decision to ride without my Physicians consent. If I feel as though my participation is compromising my well being I will consult my physician and notify Loving Thunder Therapeutic Riding, Inc of the consultation. I see no reason why I should not participate in the horseback riding program.**

**Veteran Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Horseback Riding Release of Liability and Indemnity Agreement

I, [REDACTED], hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in an activity of horseback riding with Loving Thunder Therapeutic Riding, Inc.

I fully understand that the activity of horseback riding, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved in my responsibility and I completely release Loving Thunder Therapeutic Riding Inc and its agents from all liability for any and all injuries caused by my participation in the general activity of horseback riding. **Please initial to show that you agree [REDACTED].**

I fully understand that an animal (horse)irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as wind, thunder, hail, lightening, or snow sliding off of the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release Loving Thunder Therapeutic Riding, Inc and its agents from liability for any and all injuries to me from the general activity of horseback riding. **Please initial to show that you agree [REDACTED].**

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as a canter (LOPE) OR AT A GALLOP. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I fully assume the responsibility for all of these dangers and risks, and completely release Loving Thunder Therapeutic Riding, Inc and its agents from all liability for any and all injuries to me from the dangers and risks as stated above. **Please initial to show that you agree [REDACTED].**

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horse and horseback riding. I completely release Loving Thunder Therapeutic Riding, Inc. and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and/or horseback riding. **Please initial to show that you agree [REDACTED].**

I agree not to sue, claim against, attach the property of or prosecute Loving Thunder Therapeutic Riding, Inc, its officers, board members, affiliated organizations, agents and / or its employees for horseback riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree [REDACTED].**

I agree to release the State of New Mexico and all of its agencies, agents, contractors, servants and employees from liability for any acts of Loving Thunder Therapeutic Riding, Inc causing injuries arising out of premises 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**  .

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 from any other cause. **Please initial to show that you agree**  .

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**  .

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**  .

**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.

Signature of legal guardian

Signature of Participant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #

# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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 250 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*

## **Rates\***

We make every effort to provide veterans with Free riding lessons. Some Veterans are eligible for funding specific to veterans which provides free lessons. Other funding sources may be available. Please see staff for additional information.

24 Hour notice is required if a lesson needs to be cancelled. Please be considerate of your instructor and volunteer's time. If you are not able to attend for any reason, please notify us immediately. We will make every effort to schedule your riding at the most convenient time. Our sessions run 6 weeks on and 2 weeks off. Holiday weekends will be accommodated in the schedule.

Lessons are to be paid in full according to this rate sheet before the lessons start. We can provide an invoice in advance if you need to submit for payment. Please understand that not showing up for a lesson without calling at least 24 hours in advance is non-refundable and cannot be made up. If lesson is cancelled at least 24 hours in advance we will make every effort to provide a make-up lesson, but because rescheduling instructors and volunteers can be difficult, it is not guaranteed. After 3 absences, eligibility will be reviewed by the Loving Thunder Board of Directors.

If a cancellation is made by Loving Thunder staff, then riders' account(s) will be credited accordingly.

I have read the current Rate sheet and agree to the billing practices of Loving Thunder Therapeutic Riding, Inc.

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Participant or Legal Guardian

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Date

\*Rates subject to change