



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



Participant's Application and Health History

01/23

General Information

Participant: _____

DOB: _____ Age: _____ Gender: M F Ethnicity: _____ (for grant purposes)

Height: _____ Weight: _____ (180 # weight limit for safety of horse and volunteer purposes, ground lessons are available for participants weighing more than limit)

Participant Address: _____ City/Zip _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ (used for auto reminder of lessons & billing)

Mother: _____ Primary contact Y N

Address: _____ City _____ Zip _____

Phone: _____ Cell Phone: _____

Father: _____ Primary contact Y N

Address: _____ City _____ Zip _____

Phone: _____ Cell Phone: _____

Guardian: _____ Primary contact Y N

Address: _____ City _____ Zip _____

Phone: _____ Cell Phone: _____

Does Participant live with Parents Group Home Other _____

If participant lives in group home, please provide a contact name & number for last minute cancellation.

_____ Primary contact Y N

School: _____

Address: _____

How did you hear about the program: _____

Referral source: _____

Phone: _____

Participant Health History

Primary Diagnosis: _____ Secondary Diagnosis: _____

Date of Onset: _____ Date of Onset: _____

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			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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, etc)*

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

*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.
I agree to notify LTTR of any change in information, physical weight, health, or mental well-being. LTTR reserves the right to verify weight and false information may lead to dismissal from the program. Industry standards limits weight limit per horse. I understand that ground lessons are available if rider exceeds weight limit.*

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

Signature: _____ **Date:** _____

Guardian or parent if participant is a minor

Photo Release

- I **Do**
- Do Not**

Consent to and authorize the use and reproduction by Loving Thunder Therapeutic Riding, Inc 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

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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Horseback Riding Release of Liability and Indemnity Agreement

I, [REDACTED] (parent/guardian) of [REDACTED] hereby acknowledge that I am the parent or legal guardian of [REDACTED] (participant) and have voluntarily registered him/her 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 under 18 years of age requires the signature of a parent or legal guardian.

Signature of parent or legal guardian

Signature of Participant

Print Name

Address

Telephone #

Date



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Covid-19 Acknowledgement of Risk and Acceptance of Services

I, _____ (Participant Name), am aware of the risks of contracting Covid-19 while receiving face-to-face services from Loving Thunder Therapeutic Riding, Inc at this time of the pandemic outbreak.

I am aware that face-to-face services increase my risk of contracting and passing on the Covid-19 or Coronavirus, and I agree to hold harmless Loving Thunder Therapeutic Riding, Inc, it's employees and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Loving Thunder Therapeutic Riding, Inc. and my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/vehicle either in person or via telephone; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to notify Loving Thunder if, within the previous 24 hours to 2 weeks, have personally exhibited or have been in contact with someone who has presented with illness including: cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regard to my future services during this pandemic.

Loving Thunder Therapeutic Riding, Inc will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC and our contracted Veterinarian for the safety of clients, employees, volunteers and horses.

Loving Thunder Therapeutic Riding, Inc believes that valuable lessons can be learned from the horses without being in the saddle. Loving Thunder Therapeutic Riding, Inc reserves the right to modify previously experienced lesson structure, such as remaining on the ground with horses, offering learning opportunities that may not include riding of the horses, and using additional learning tools to educate your participants.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Loving Thunder Therapeutic Riding, Inc.

Rider Name: _____ Date: _____

Rider Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____



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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

Loving Thunder Therapeutic Riding, Inc will protect your Private Health Information (PHI) from disclosure in compliance with HIPAA regulations. Disclosure will only occur if written permission is given with this form. Protected information includes verbal, paper documents, and electronic documents.

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

This release is valid for the duration of attendance at Loving Thunder Therapeutic Riding, Inc and can be revoked, in writing, at my request.

Signature: _____ Date: _____

Print Name: _____

Relation to Participant: _____

Please send materials to: _____



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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 on Volgistics or the Volunteer Log 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 have signs posted.
5. Visitors should remain only in designated areas during lessons.
6. Do not enter the 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 needing assistance is 180lbs. If you have concerns with this please ask a member of the equine team for details.
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 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.

Rider Name: _____ Date: _____

Rider Signature: _____

Parent/Guardian Signature _____



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Rates* (effective 1/1/2023 *Rates subject to change)
 \$420 paid in full for 6 week session (\$90/lesson if paid weekly)
 \$50 application processing fee (One time)

24 Hour notice is required if a lesson needs to be cancelled. Sessions will 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. A 15% late fee will be charged on invoices not paid within 30 days of invoice date. 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.

A late fee of \$50 will be applied if invoice is not paid in full within 30 days. Payment can be made by check or cash. Checks presented with insufficient funds will incur a \$35 NSF fee.

Parent/Guardian is responsible for full payment if Mi Via payment is declined. It is the responsibility of guardian to verify Mi Via eligibility and invoice submission.

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

Most of our riders continue riding after each 6-week session, so **WE AUTOMATICALLY ENROLL YOU IN THE NEXT SESSION**, at your same time slot, **UNLESS WE HAVE BEEN NOTIFIED THAT YOU WILL NOT BE RETURNING**. Please notify us no later than the last lesson of the session if you do not plan on returning for the next session so we can give another rider the opportunity to join us.

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

 Participant/Parent or Legal Guardian

 Date



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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 NARHA 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: _____