

5200 McGill Rd
Anderson, SC 29626

SHARE Therapeutic Riding Program

AwesomeRiding@gmail.com
(910) 538-5575

SHARE's Champions

We feel that you have given so much for your country, so lesson fees are at a reduced rate. Because we are helping you, we hope that you are willing and able to help us.

1. We need help with the farm and horses.
2. We know that working around horses reduces a person's stress level and increases their confidence and skills that they can use in their lesson. Check with the instructor to see where the needs are.

Attire- All riders are required to wear an approved helmet. NO bike helmets are allowed. We do have helmets available to use but you might want to have your own helmet, because ours are shared with many people. Boots or shoes with heels are required. Forms need to be filled out completely before lessons can be scheduled. Forms required for SHARE's Champions Program:

- SHARE's Champions Rider Registration (p.1c)
- Emergency Information (p.2c)
- Participant's Medical History and Physician's Statement. (p. 4c)
- Copy of your Military Id, VA ID, or DD214

Please mail forms to 5200 McGill Rd. Anderson, SC 29626 or return them on your next visit.

This is a program for military men and women, past and present.

SHARE Therapeutic Riding Program

5200 McGill Rd
Anderson, SC 29626

AwesomeRiding@gmail.com
(910) 538-5575

SHARE's Champions Rider Registration Form

Name _____ Date of Birth _____

Phone: _____ Cell _____

Address _____ City _____ State ____ Zip ____

E-mail _____ (**PLEASE** print legibly!!)

Confidentiality: I understand that all information (written or verbal) about participants is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor. Therefore I hereby authorize SHARE to release information from the records for the purpose of developing an equine activity program for the above named individual.

Date: _____ Signature: _____

Liability Release Warning: Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976. I acknowledge the risks and potential for risk of horseback riding. However, I feel that the possible benefits to me are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against SHARE Therapeutic Riding Program, its Instructors, Therapist, Aides, Volunteers and/or Employees for any and all injuries and /or losses I may sustain while participating in SHARE Therapeutic Riding Program.

Date: _____ Signature: _____

Photo Release- I hereby consent to and authorize the use and reproduction by SHARE Therapeutic Riding Program of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program. It is our policy that names will not be attached to the photographs.

Date _____ Signature: _____

5200 McGill Rd
Anderson, SC 29626

SHARE Therapeutic Riding Program

AwesomeRiding@gmail.com
(910) 538-5575

Emergency Information

Rider's Name: _____

Emergency Contacts Name: _____ Phone # _____

Emergency Contacts Name: _____ Phone # _____

General Information

Physician's Name: _____

Health Insurance Co. _____

Policy # _____

Consent for Emergency Medical Treatment 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 SHARE to secure and retain medical treatment and transportation if needed and to release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospital, medication and any treatment deemed "lifesaving" by the physician.

Date: _____ Client _____

5200 McGill Rd
Anderson, SC 29626

SHARE Therapeutic Riding Program

AwesomeRiding@gmail.com
(910) 538-5575

Participant's Consent for Release of Information (for Medical Providers)

I hereby authorize the release of information from the records of

(participant's name) DOB: _____

The information is to be released to SHARE Therapeutic Riding Program 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
- ☐ Occupational therapy evaluation, assessment and program plan
- ☐ Individual Habilitation Plan (I.H.P.)
- ☐ Psychological evaluation, assessment and program plan
- ☐ Other: _____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____

Print Name: _____

Please bring or mail materials to:
Lisa Hartman
5200 McGill Rd
Anderson, SC 29626

SHARE Therapeutic Riding Program

5200 McGill Rd
Anderson, SC 29626

AwesomeRiding@gmail.com
(910) 538-5575

Participant's Medical History & Physician's Statement

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

Diagnosis: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ 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: _____

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

	YES	NO	COMMENTS
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Neurologic

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assistive activities and/or therapies. I understand that SHARE. will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer the person to SHARE. for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ License/UPIN Number: _____

SHARE Therapeutic Riding Program

5200 McGill Rd
Anderson, SC 29626

AwesomeRiding@gmail.com
(910) 538-5575

Liability Release Form

Name: _____ Age _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email _____

UNDER SOUTH CAROLINA LAW: AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.

Assumption of Risk:

I acknowledge that the enjoyment and excitement of Horseback riding or otherwise handling horses is derived in part from the inherent risk incurred by this activity. I am solely responsible for my decision to participate in this activity. I understand and accept that Horseback riding or otherwise handling horses involves dangers and risks which may include, but are not limited to the following:

- Horse behavior or temperament which includes biting, kicking or stepping on a person;
- Falling off or being thrown from a horse, such risk increases at higher speeds;
- Unforeseen maladjustment or malfunction of saddles and tack;
- Horseback riding on rugged terrain, including slippery trails;
- Injuries inflicted by animals, insects, plants or other participants;
- Accidents or illness in remote places without medical facilities;
- The forces of nature including lightning, unsuspected changes in terrain, weather changes, and others
- The physical exertion associated with horseback riding or otherwise handling horses.
- This facility is not considered a spectator property. Anyone entering property is considered a participant.

Release Agreement

In consideration of SHARE Therapeutic Riding Program furnishing either horses and/or a place to enable me to participate in equine and farm related activities, I hereby assume all risk of injury or loss of life to myself, and loss of or damage to property arising out of my participation in such activities, including hazards associated with any defect in a manufacturer's product. I specifically release and hold harmless SHARE, its owners, operators, agents, volunteers, guides, employees, and participants from any and all liability, including negligence (active or passive), as to any right of action or claim to relief that may accrue either to me or to my heirs or personal representatives for any such injury, loss of life, medical costs, attorney's fees, court costs, or loss of or damage to property which I may suffer while participating in equine activities, including activities preliminary and subsequent thereto. I declare that I carry medical insurance fully covering any and all injuries incurred. I further understand SHARE carry no medical insurance for the protection of participants, and any insurance coverage existing with respect to SHARE, shall not alter the terms of this waiver nor impose any liability on SHARE. I have carefully read this release and fully understand its contents. I am aware that this is a complete release of liability and I sign it of my own free will. This release will remain in full force and effect for all visits by me to SHARE unless I explicitly revoke it in writing and deliver such revocation in person to SHARE. I hereby give permission to the medical personnel selected by SHARE personnel to order X-rays, routine tests and treatment for family, minor children and myself and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by SHARE personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my family, minor children or myself as named above. I also agree to obey all Rules and all other posted signs or verbal directions while participating in any and all equine and/or farm related activities.

Signature of Participant: _____

(For participants under 18 years of age)

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

SHARE Therapeutic Riding Program requires ALL riders to wear a helmet