



Hugs for Horses
THERAPEUTIC RIDING CENTER - GEORGETOWN, SC

Hugs for Horses Therapeutic Riding Program

Rona Jacobs, Director
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Rider Information and Waivers Form

Date: _____

Please complete entire form (2 pages.) If a question is not applicable to your rider, please write in "NA." Incomplete applications cannot be considered.

1. Rider Name:	2. Birthdate:	3. Age:	4. Height: ft in	5. Weight: lbs.
6. Rider T-Shirt Size. Please circle one: ADULT- Sm, M, L, XL, 2XL, 3XL OR YOUTH- XS, S, M, L, XL				
7. My rider attends the following school: _____				
8. My rider participates in these recreational and/or therapeutic programs: _____				

Rider Medical Information

9. Description of disability (ies) :

10. Has rider been diagnosed with Autism Spectrum Disorder? YES NO

11. Please place an "X" by and describe any rider health issues that could impact the rider's balance, alertness, or performance while on a horse.

Seizures _____ Allergies _____

Diabetes _____ Other _____

Medications taken regularly that can affect balance, alertness, or coordination _____

12. Concerns / Additional Rider Information:

13. Referring physician or therapist and specialty: _____

Referring physician/therapist location: _____

Contact Information

14. Parents'/Guardians' Names:

15. Mailing Address: _____

16. Email Addresses: Place an "X" by preferred email address for contact by Hugs' personnel

17. Phone Numbers: Place an "X" by preferred phone numbers for contact by Hugs' personnel

Home: _____ Work: _____

Mobile: _____ Other: _____

Do you wish to be contacted via text message on your mobile phone? YES NO



Rider Name: _____ **Date:** _____

Photo / Video Release

- I DO
- DO NOT

consent to and authorize the use and reproduction of any photographs or videos taken of my Hugs rider for promotional or informational purposes such as brochures, web sites, and presentations, solicitation of funding, or any other use for the benefit of the Hugs for Horses Therapeutic Riding Program.



Name Release

- I DO
- DO NOT

consent to and authorize the disclosure of my Hugs rider's name in "good news" press releases and success stories submitted to promote awareness of Hugs for Horses Therapeutic Riding Program and the benefits of therapeutic riding.

Signature: _____ **Date:** _____
Parent, Legal Guardian, or Client who is able to give legally adequate consent

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, and Code of Laws of South Carolina, 1976.

Hugs for Horses Therapeutic Riding Program, the Georgetown County Board of Disabilities and Special Needs, the Georgetown Equestrian Center, the property owners, or any employee/volunteer/board member of Hugs for Horses Therapeutic Riding Program or the Georgetown Equestrian Center or the Georgetown County Board of Disabilities and Special needs will not be held responsible for any injuries that may occur.

Signature: _____ **Date:** _____
Parent, Legal Guardian, or Client who is able to give legally adequate consent

It is the responsibility of the Parent, Legal Guardian, or Client who is able to give legally adequate consent to notify Rona Jacobs, Hugs Director, of any changes in rider's vital information including medical status, physician approval, contact information, and waivers and releases choices. Parent, Legal Guardian, or Client who is able to give legally adequate consent will submit a new Rider Information and Waivers Form and physician referral to document the changes. In addition, Hugs may require updated forms and physician referrals at any time for rider to continue in the program.

Parent, Legal Guardian, or Client who is able to give legally adequate consent **Initials:** _____

For use by Hugs' personnel only:

Application received by: _____ Date: _____

Medical release received (date) _____ written by: _____ on date: _____

- Client placed in Group Class: day and time: _____ start date: _____
- Private or semiprivate: day and time: _____ start date: _____
- Waiting list, on date: _____