



Dear Perspective Participant,

Thank you for your interest in Alegria Animal Assisted Therapeutic Center!

We offer group therapeutic programs for unmounted animal assisted therapeutic sessions and individual mounted (on horseback) sessions. All programs consist of 10-week semesters (one session per week)

We are accepting applications for the animal assisted therapeutic and riding programs. Financial assistance may be available.

Please complete the participant registration form and scan and email the form to Juliette@alegriaranch.com or mail it to:

Alegria Animal Assisted Therapeutic Center
81630 Highway 1083
Bush, LA 70431

If you need additional information please contact me at juliette@alegriaranch.com or (504) 975-1952. Thank you.

Sincerely,

Juliette Thompson

Juliette Thompson
Executive Director
Path International Certified Therapeutic Riding
Instructor
Certified Special Olympics Equestrian Coach

Participant Registration Form

Today's Date: _____

Participant Name: _____

Date of Birth: _____

Address: _____ City: _____

Zip Code: _____ Email: _____

Phone Number: (H) _____ (C) _____

Primary Disability: _____

Secondary Disability: _____

Date of Onset: _____

Has the participant ever participated in any type of animal assisted therapeutic activities? If so where and when?

What type of animal therapeutic activity is the participant registering for? Please check all that apply

Mini animal therapeutic activity (with various farm animals, does not include riding a horse) _____

Horseback riding _____

It is our philosophy to accept participants in the program regardless of their ability to pay. Financial assistance may be available for those who feel they cannot pay the full fee. Does the participant require financial assistance? _____

Please explain why the participant may need assistance _____

Does the Participant:

Yes

No

Have speech or language issues?

Have communication issues?

Have a fear of horses

Have a history of seizures

Walk independently

Have a limited range of motion?

Have decreased strength or endurance?

Have poor balance sitting?

Have poor balance standing?

Have problems with gross motor skills?

Have altered sensation?

Have heart/circulation problems?

Have allergies or breathing problems?

Have digestion/elimination problems?

Have bone/joint problems?

Have emotional/behavioral problems?

Ambulatory? Yes _____ No _____ Crutches _____ Cane _____ Braces _____ Walker _____ Wheelchair _____

Emergency Contact Information

Participant's Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Mobile Phone: _____ Email: _____

Family/Caregiver Contact Information

1. Name: _____ Telephone: _____ Relationship: _____
2. Name: _____ Telephone: _____ Relationship: _____

In the event of an emergency contact:

1. Name: _____ Telephone: _____ Relationship: _____
2. Name: _____ Telephone: _____ Relationship: _____
3. Name: _____ Telephone: _____ Relationship: _____

Doctor's Name: _____ Doctor's Phone: _____

Preferred Medical Facility: _____

Health Care Insurance Company: _____ Policy #: _____

Tetanus Shot: Y N Date: _____

Allergies: _____

Antidote needed: Y N Antidote carried: Y N

Protocol for Emergency Treatment: _____

Current Medications: _____

Please describe any medical condition requiring special precautions or treatment including HIV:

Photo Release

_____ **I consent** to and authorize _____ **I do not** consent to nor do I authorize the use and reproduction by Alegria of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

I also give consent for my photo to be published on Alegria's Facebook page or other digital/social media.

Participant Signature: _____

Date: _____

Signature of Parent/Guardian _____

(If volunteer/participant is under 18 years of age, **both** signatures are required.)

Confidentiality Policy

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Alegria and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: _____

Date: _____

Signature of Parent/Guardian _____

(If volunteer/participant is under 18 years of age, **both** signatures are required.)

Please share details of the rider's interests, school behavior, family, etc., that will help us in selecting an appropriate class. _____

SCHEDULE AND CANCELLATION POLICY

Scheduling

Students will be scheduled as appropriate session spots become available. If we are unable to schedule the participant, he/she will be put on a waiting list. As a suitable spot opens up, you will be contacted.

Absences

Riders are required to give 24 hours' notice when they will not be attending class.

Participants with 2 or more un-excused absences will be reviewed and will lose scholarship eligibility and/or their preferred lesson time.

Attire and Equipment

Appropriate clothes for interacting with the animals are hard soled boots or closed toe shoes. SANDALS AND FLIP FLOPS ARE NOT PERMITTED. Dress for comfort and according to the weather. Undergarments that provide adequate support and comfort are necessary. Wear close-fitting clothing for safety as well as comfort. Loose or baggy clothing can get caught and tangled in equipment. No dangling jewelry is permitted.

All participants who are riding horseback are required to wear an ASTM/SEI approved Equestrian Helmet, long pants and closed toe shoes. If you do not have your own helmet, Alegria Animal Therapeutic Center will provide you with one. RIDERS ARE ENCOURAGED to purchase their own helmet to ensure the proper fit.

Getting to Know the Participant

Please fill out this page for our Participant Notebook. The Participant Notebook is for the volunteers to get to know a little bit about the participants they will be working with.

My Full Name is _____

Please Call Me _____ My Birthdate is _____

Family Members _____

My Interests or hobbies are _____

My favorite song, movie and shows are _____

Do you have some other fun or interesting facts you would to share? _____

Please supply any details that might be helpful to the volunteers to assist _____

What methods do you respond to? _____

Activity Waiver/Release Form

WARNING

Under Louisiana law, a farm animal activity sponsor or farm animal professional is not liable for an injury to or the death of a participant in a farm animal activity resulting from the inherent risks of the farm animal activity. La. R.S. 9:2795.1. Participate at your own risk.

I, _____ (print name), on behalf of myself/my minor child/and/or an adult for whom I am legally responsible,

_____ (print name of minor child/adult for whom I am legally responsible) understand and agree that:

With respect to horses and other farm animals: *initials of participant* *initials of Alegria Animal Assisted Therapeutic Center, Alegria Ranch, L.L.C. (AAATC)*

1. Horses and other farm animals have a propensity to, which means they are likely to, behave in ways that may result in injury, harm, or death to persons on or around them.
2. The reaction of a horse or any farm animal to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals is unpredictable.
3. Riding horses and/or being in the presence of a horse or any farm animal involves certain hazards such as surface and subsurface conditions, which are often not readily visible, and AAATC contains hazards such as surface and subsurface conditions, which are often not readily visible.
4. There is always the potential that I, or someone else riding horses or interacting with farm animals near me, may act in a negligent manner that may contribute to injury to myself, other people and/or other animals, such as failing to maintain control over a horse and/or not acting within his/her ability.
5. Wearing closed-toed shoes and protective headgear in an appropriate and safe manner, including, but not limited to having the strap buckled securely, is required at any time I am mounting, riding, dismounting or within 10 feet of a horse for any reason whatsoever, and I agree to abide by this rule;
6. I understand that saddle girths may loosen during a ride and that I am responsible for checking the saddle girth and maintaining it in a safe position;
7. Equestrian activities pose a risk of harm to an unborn child, and therefore I agree that I will not ride if I am, or believe there is any chance that I am, pregnant.
8. This list of potential risks to riding and/or being around horses and other farm animals is not exclusive.

General information and waiver: *initials of participant* *initials of AAATC*

1. Alegria Animal Assisted Therapeutic Center, Juliette Thompson and Ana Hands and/or Ed Dawson do not have insurance that would cover any medical expenses, or injuries or expenses of any type whatsoever, which I may sustain/incure as a result of ANY ACTIVITIES OF ANY KIND WHATSOEVER in which I engage while on their property, including, but not limited to, playing laser tag, riding a horse and/or interacting or being in the presence of any farm animal on their property.

2 With the full knowledge of and acceptance of the above, non-exclusive risks, I, on behalf of myself and/or my minor child and/or any adult for whom I am legally responsible, hereby agree to release from liability and agree to indemnify, defend and hold harmless, Alegria Animal Assisted Therapeutic Center, Alegria Ranch, LLC, Juliette Thompson and/or Ana Hands, Ed Dawson (including their heirs, next of kin, insureds, successors, assigns, agents, servants, employees, and/or contractors), from any and all claims and demands, principal and incidental, for injuries of whatever kind or nature, including, but not limited to death, brain damage, quadriplegia, paraplegia, loss of a limb or loss of function of a limb; loss of an organ or loss of function of an organ, and/or scarring, and any property damage I sustain, including, but not limited to, damage to a vehicle or equipment, which may arise from my riding a horse and/or interacting with and/or being around a horse or other farm animal on their property.

3 On behalf of myself and/or my minor child and/or any adult for whom I am legally responsible, I agree that I will be responsible for any personal injuries of any type whatsoever, which may be sustained by any other person as a result of me or my minor child's or any adult for whom I am legally responsible engaging in ANY ACTIVITIES OF ANY KIND WHATSOEVER, including, but not limited to, playing laser tag, riding a horse and/or interacting with or being around a horse or any other farm animal owned by AAATC, Juliette Thompson and/or Ana Hands.

4 On behalf of myself and/or my minor child and/or any adult for whom I am legally responsible, I agree that I am solely responsible for any damages sustained to the ATV and/or other AAATC property and/or injuries sustained by a horse or any farm animal as a result of my acting in a negligent manner. I understand and agree that should damage occur to a horse, any farm animal or AAATC property, AAATC will have the damages repaired by a person/company of its sole choosing and/or treat and/or replace the animal and that I will be directly responsible for those expenses.

I have read this Activity Waiver/Release Form thoroughly, and I completely understand it and voluntarily accept its terms. I understand that my participation in any activities whatsoever while on property owned by Alegria Animal Assisted Therapeutic Center, Alegria Ranch, LLC, Juliette Thompson and/or Ana Hands and/or Ed Dawson, including, but not limited to, playing laser tag, riding a horse and/or interacting with or being around a horse or any other farm animal is at my own risk, and I voluntarily assume the risk of these activities.

Signature of Participant

Date

Printed Name

Signature of Parent or Guardian

Date

Printed Name

Medical Treatment Authorization Form

In the event of an emergency, where your child is not accompanied by either parent or a legal guardian, and it may not be feasible or practical to contact one of them, it may be necessary for Juliette Thompson, Ana Hands, and/or an employee of Alegria Animal Assisted Therapeutic Center, Alegria Ranch, L.L.C. ("Designated Adult") to provide and arrange for medical care for your child. This form would allow your child to receive medical care until you are available.

Minor Child

Full Legal Name: _____

Home Address: _____

_____ Date of
Birth: _____ Gender: Female _____ Male _____

Information for Medical Treatment:

Physician's Name and Location of Practice: _____

Physician's Phone #: (_____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

_____ Allergies to Medications: _____

_____ Allergies (Other): _____

_____ Please note **all**
conditions for which the child is currently receiving treatment:

_____ Note any other significant medical information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the minor child listed above. I grant my authorization and consent for the above Designated Adult to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, surgery or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state of Louisiana. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective unless and until evoked, in writing, by me.

Signed this _____ day of _____, 20_____.

Parent / Legal Guardian Signature: _____

Printed Name: _____

Witness Signature: _____

Printed Name: _____

COVID-19 Pandemic
Alegria Animal Assisted Therapeutic Center
Participant Disclosures

This disclosure form seeks information from you that we must consider before providing therapeutic activities in the circumstance of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling lessons after discussing any such with us.

It is also important that you disclose to Alegria Animal Assisted Therapeutic Center any indication of having been exposed to COVID-19. Have you or anyone in your household, experienced any of the following within the past 14 days:

	Yes	No
A fever?		
Shortness of breath, chest tightness, or had trouble breathing?		
Chills or sweats?		
Cough?		
Runny nose or nasal congestion?		
Reduced sense of taste or smell		
Sore throat?		
Body aches?		
Vomiting, nausea or diarrhea?		
Allergies to any type of sanitizer or soap?		
Been in contact with someone who has tested positive for Covid-19?		
Tested positive for COVID-19?		
Tested for COVID-19 and are awaiting results?		
Been asked by a physician or any government official to self-quarantine?		
Work in a healthcare facility, and/or nursing home, assisted living facility or a retirement community or home?		
Have you traveled outside the United States by air or cruise ship in the past 14 days?		
Have you traveled within the United States by air, bus, or train within the last 14 days?		

I fully understand and acknowledge the above information, risks, and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Print Name (Self or Participant)

Date

Signature of Self, Parent or Guardian (Circle)

**ALEGRIA ANIMAL ASSISTED THERAPEUTIC
CENTER ONSITE PROTOCOLS**

In accordance with the guidelines of the State of Louisiana and other best practices, the following will be required until further notice:

- All participants and their caregivers who come to the ranch must complete the Covid-19 questionnaire prior to resuming sessions.
- All visitors to the ranch will have their temperature taken upon arrival to the ranch.
- All participants, instructors and volunteers will be required to complete rigorous hand washing prior to the session. A designated hand washing station has been set up.
- No participants or their caretakers/family are allowed in the barn. A seating/waiting area has been designated under a tree in the shade.
- Social distancing will be implemented except when volunteers and instructors who may have contact or are in close proximity to the participant, they will wear a mask and gloves.
- All tack (saddles, reins, halters etc.) and helmets will be sanitized by a representative of ATC before and after each lesson.
- All drivers/caretakers are to call or text upon arrival and an ATC representative will open and close the gate. Upon completion of the lesson, an ATC representative will open and close the gate for you.
- Loitering after lessons will be prohibited.
- Restrooms will not be available.
- Participants will not be required to wear a mask due to safety reasons.
- ATC reserves the right to cancel any and all lessons for participants if participants and caregivers pose a potential risk of Covid-19 exposure. If there is an outstanding credit, all sessions funds will be refunded.
- The protocols currently in place can be amended at any time without notice.

I have read and understand these protocols and agree that I and anyone in my care will adhere to these protocols.

Printed Name

Date

Signature

**DISCLOSURE, RELEASE of LIABILITY, AGREEMENT NOT TO SUE,
INDEMNIFICATION, HOLD HARMLESS AND LIMITATION of WARRANTY**

DISCLOSURE by Alegria Animal Assisted Therapeutic Center, Alegria Ranch, L.L.C. (ATC)

We all know that these are uncertain times. There is controversy surrounding the method(s) of transmission/spread of COVID-19 and the risks associated with various activities, including the activities at ATC. There is difficulty in scientifically determining whether anyone has the virus at any moment in time and when a person may be capable of spreading COVID-19. The risks to any particular person, should that person contract COVID-19, are not well understood and may lead to very serious consequences, including death. In addition, experts have many different opinions as to which businesses, if any, should open.

Release of Liability, Agreement Not to Sue, Indemnification, Hold Harmless & Limitation of Warranty:

I understand and agree to the Disclosure statement above.

In consideration for Alegria Animal Assisted Therapeutic Center (ATC) providing horses, tack, a helmet, a ring for riding, a hand-washing station, and an outside seating area, by signing below, I agree to accept all responsibility for the risk that I may contract COVID-19 and for any consequences I may experience if I do contract COVID-19. These consequences may include, but are not limited to, death, disability, and loss of wages. I understand and agree that while ATC is taking my safety and that of their staff and volunteers very seriously, by employing new safety and sanitation initiatives, it cannot guarantee that any of these measures will protect me from contracting COVID-19.

Considering the above statement, and, in consideration for ATC providing horses, tack, a helmet, a ring for riding, a hand-washing station, and an outside seating area, I agree that should I contract COVID-19, as a result of any activity in which I participate at ATC, I agree to indemnify and hold ATC its officers, agents, servants, employees, volunteers, landowners and their successors and assigns harmless from any and all claims for damages I sustain as a result of contracting COVID-19.

I further agree that I will not file, nor cause to be filed, nor participate in any lawsuit against ATC, its officers, agents, servants, employees, instructors, volunteers and/or landowners and their successors and assigns, or any other for injuries and/or death as a result of contracting COVID-19 and any consequences of contracting COVID-19.

I agree that should I take any steps to make a claim for damages against ATC (including its officers, agents, servants, employees, volunteers and landowners and their successors and assigns), arising from contracting COVID-19 and the consequences of having COVID-19, as a result of my participating in activities at ATC, I shall be obligated to pay all attorneys' fees, arbitration fees and all costs incurred by ATC as a result of such claim.

In addition, I agree that if any dispute or claim relating in any way to the services provided by ATC pursuant to the terms of this agreement will be resolved by binding, individual arbitration, rather than in court. I agree that arbitration shall be governed by the Federal Arbitration Act (FAA), including its procedural provisions, in all respects.

I have read the document and fully agree with it.

Signature

Date

Printed Name

PHYSICIAN ASSESSMENT & HEALTH HISTORY

To be completed by the Physician

In order to safely provide this service, Alegria Therapeutic Center requests that you please note that the following conditions may suggest precautions and contraindications to equestrian activities. Therefore, when completing this form, please indicate whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis
Ossificans Joint
subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizures
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia
Atlantoaxial Instability (AAI) (see next form)

Other

Indwelling Catheters/Medical Equipment Medications – i.e. photosensitivity
Poor Endurance

Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
Physical/Sexual/Emotional
PVD

Respiratory Compromise

Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control

PHYSICIAN ASSESSMENT & HEALTH HISTORY

To be completed by the Physician

Patient Name: _____

As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply including surgeries.

Area	No	Yes	Degree/Comments
Auditory			
Visual			
Speech			
Tactile/Sensory			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Immunity/HIV			
Neurologic			
Muscular			
Orthopedic			
Bowel/Bladder			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Behavior			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equestrian activities. I understand that Alegria Animal Assisted Therapeutic Center will weigh the medical information indicated above against any existing precautions and/or contraindications before accepting this person for therapeutic horseback riding lessons. Therefore, I refer this person to Alegria Animal Assisted Therapeutic Center for evaluation to determine eligibility for participation with ongoing treatment as described in the therapeutic evaluation.

Date of Exam _____

Name/Title: _____ MD, DO, NP, PA Other _____ Signature: _____ Date: _____

Address: _____

Phone: _____ License: _____