

Therapeutic Riding Center

767 Bethel Road, Waxahachie, TX 75167 – 469/383-2627

Rider's Application and Health History

Rider's Name						
DOB		Age _		Height	Weight	M or F
Address						
City				State	Zip	
Primary Phone				Other		
Do you text? Y or N	ou text? Y or N Cell #		Email			
Parent/Legal Guardia	n					
Address (if different f	rom abo	ve)				
City				State		Zip
Primary Phone				Other		
Do you text? Y or N	Cell #			Email_		
Health History						
	YES	NO	Comment			
Vision						
Hearing						
Sensation						
Communication						
Heart						
Breathing						
Digestion						
Elimination						
Circulation						
Emotional						
Behavioral						
Pain						
Bone/Joint						
Muscular						
Thinking						
Allergies						
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Function: (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding) Social: (i.e. Work/School including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.) Goals: (i.e. Why is the rider applying for participation? What would you like to see accomplished?) Additional information about your Rider that may help us offer a better experience while at the barn: (i.e. favorite things, places they like to go, things they like to doanything that would make easy conversation) How did you learn about Campfire Creek? PHOTO RELEASE I Do Do Not Consent to and authorize the use and reproduction by the Campfire Creek Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me/the participant for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program. Signature Rider, Parent or Legal Guardian	equipment needed):	ng assistance required or
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Release of Liability and Acknowledgement and Acceptance of Risks, Hazards and Dangers

In partial consideration for being allowed to engage in recreational activity on certain lands in Ellis County, Texas, including but not limited to that property known as Campfire Creek Therapeutic Riding Center, Inc. and or Bobby or Emily Oliver's land (hereinafter described as the "Premises"), I agree to abide by all rules and regulations which I am provided by Campfire Creek Therapeutic Riding Center, Inc. and/or their agents, representatives, and employees (hereinafter described as "Owners and Operators").

I further acknowledge that No Warranty, either expressed or implied, is made by the Owners and Operators of the Premises, as to the condition of any roads, buildings, gates, or other improvements on the Premises, or the Premises itself, that dangerous conditions do exist and that this Document is Sufficient Warning that there are numerous dangerous conditions, risks, and hazards involved in outdoor recreation on the Premises and in use of the improvements situated thereon, and that the activities that I desire to undertake and my presence on the Premises expose me, my property, and my children to dangerous conditions, risks and hazards, including But Not Limited To: poisonous snakes, insects, spiders, erosion, and general conditions of the land both on and off roadways creating rough, hazardous, and dangerous driving, riding, and walking conditions; animals both wild and domestic, which may be diseased and/or potentially dangerous; deep water; other persons with firearms on or off the Premises; and use of vehicles for the purpose for which they are not intended. I further hereby state that I EXPRESSLY ASSUME ALL SUCH RISKS, HAZARDS, AND DANGERS with the understanding that I am exposing my person, property, and children to the same.

In considerations for the right for me to enter the Premises, I do hereby release and agree to protect, indemnify, and hold harmless, Owners and Operators and each of them, from and against any and all such claims, demands, causes of action of any sort and damages, including attorney's fees, resulting from accident, incident or occurrence arising out of incidental to or in anywise resulting from my use of the Premises and all improvements situated thereon during the period of time I am permitted on the Premises and until I leave the Premises, regardless of whether same may result from Owners and Operators, institute any suit or action at law or in equity against Owners and Operators, or any of them, their respective heirs, successors, or assigns.

Date and signed this	day of	, 20
Signature		



767 Bethel Road, Waxahachie, TX 75167 – 469/383-2627

Authorization for Emergency Medical Treatment

Circle One:	Rider	Staff	Vo	lunteer
Name				
Address				
City			State	Zip
DOB	Primary Pho	ne	Other _	
Physician's Name				
Allergies				
In the event of an	emergency, contact:			
Name		Relation		Phone
Name		Relation		Phone
receiving services Riding Center, Inc 1. Secur 2. Relea	, or while being on the . to: e and retain medical t	e property of the ag reatment and trans request to the aut	gency, I authoriz	ury during the process of re Campfire Creek Therapeution eded. In ual or agency involved in the
Consent Signature	2		Date	



767 Bethel Road, Waxahachie, TX 75167 – 469/383-2627

Physician's Statement and Rider's Health History

Date:				
Dear Physician:				
Your patient,	, is interested in participating in supervised equestrian activities.			
${\bf Statement\ and\ Participant's\ Health\ History\ form.}$	equests that you complete/update the attached Physician's Please note the following conditions may suggest precautions ling. Therefore, when completing this form, please note t degree.			
Orthopedic Atlantoaxial Instability – include neurologic sy Coxarthrosis Heterotopic Ossification/Myositis Ossificans Joint subluxation/dislocation Osteoporosis Pathologic Fractures Spinal Fusion/Fixation Spinal Instability/Abnormalities	Medical/Psychological Allergies Physical/Sexual/Emotional Abuse Blood Pressure Control Dangerous to self and/or others Exacerbations of medical conditions Fire Settings Heart Conditions Hemophilia Medical Instability Migraines			
Neurologic Hydrocephalus/Shunt Seizure Spina Bifida/Chiari II malformation/Tethered Cord Other Age – Under 4 years Indwelling Catheters Medications – i.e. Photosensitivity Poor Endurance Skin breakdown	PVD Respiratory Compromise Recent Surgeries /Hydromyelia Substance Abuse Thought Control Disorders Weight Control Disorder			
Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact the riding center at the address/phone number indicated above.				
Sincerely, Campfire Creek Therapeutic Riding Center, Inc. St.	ff			
Potential Rider:				

Riders's Address City State Diagnosis Date of O Past/Prospective Surgeries Medications	Zip
Diagnosis Date of O Past/Prospective Surgeries	
Past/Prospective Surgeries	nset
Medications	
Seizure Type	
Shunt Present Y/N Date of last Revision	
Special Precautions/Needs	
For those with Down's Syndrome: AtlantoDens Interval X-Rays, Date Neurological Symptoms of AntlantoAxial Instability Please indicate current or past difficulties in the following systems/areas	
Y N Comments	, including surgeries.
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 equestrian activities. However, I understand that the therapeutic riding center will weigh the above mentioned

medical information against the existing precautions and contradictions. I concur with a review of thi
person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech,
Psychologist, etc.) in the implications of an effective equestrian program that may include Physical
Therapy, Occupational Therapy, and/or Speech Therapy performed by a licensed/credentialed PT, OT,
SLP professional.

Name/Title	MD DO NP PA Other		
Signature		Date	
Address			
City	State	Zip	
Phone	License/UPIN I	Number	