



Participant's Application & Health History

Participant: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Preferred Phone: _____ Email: _____ Alternative #: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Caregivers: _____

Address (if different from above): _____

Phone: _____

How did you hear about the program? _____

Health History

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS (include prescription and over-the-counter, name, dose, and frequency)

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHOLOGICAL FUNCTION (e.g., work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e., why are you applying for participation? What would you like to accomplish?)

Signature: _____ Date: _____

PHOTO RELEASE

I _____ DO

_____ DO NOT

consent to and authorize the use and reproduction by _____
(center)

of any and 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 if under 18)

(optional) For demographic data collection only, please check the ethnicity you most identify with:

- Caucasian Middle Eastern Other: _____
- African American Asian
- Hispanic Multi- Racial

Emergency Treatment Release Form

Consent Plan and Agreement

_____(initial) In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize HORSEPOWER Inc. to 1: Secure and retain medical treatment and transportation as needed and 2: Release records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be evoked if the person(s) below is/are unable to be reached.

Consent Signature: _____ Date: _____

(If student is under the age of 18 years old this must be signed by a legal guardian)

OR

Non-consent plan

_____(initial) I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Parent or legal guardian will remain on site at all times during equine assisted activities

In the event emergency treatment/aid is required, I wish the following procedure to take place: _____

Liability Release

_____ (Client's Name) would like to participate in the HORSEPOWER Inc., program. I acknowledge the risks and potential for risk of horseback riding. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for me, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against HORSEPOWER Inc., its Board of Directors, instructors, therapists, aids, volunteers and/or employees for any and all injuries and/or losses I/my son/ my daughter/my ward while participating in HORSEPOWER Inc.

Consent Signature: _____ Date: _____

(If student is under age of 18 years old this must be signed by a legal guardian)

In the event of an emergency, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Warning Under North Carolina law, equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

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