Participant Forms

Vinceremos Therapeutic Riding Center

Unveiling Hidden Potential

PARTICIPANT INFORMATION

Participant Name: _____

☐ Male ☐ Female Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Ph: _____

School/Institution Attending: _____

How did you hear about Vinceremos? _____

Parent/Guardian Information:

Parents/Guardians: _____

☐ Please check if information is same as above.

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Ph: _____

Participant's Personality Profile:

Learning Style: ☐ Visual/learns by seeing ☐ Auditory/learns by hearing ☐ Kinesthetic/learns by doing

Please describe personality and strengths: _____

What are some favorite activities or topics? _____

What are some fears or dislikes? _____

Psychological, emotional, behavioral, social issues: _____

Successful Intervention Strategies Used (sensory modalities, behavioral, rewards, etc.): _____

Our Family's Do's and Don'ts: _____

Any other special information we should know? _____

Please list any goals (i.e., what would you like to accomplish) in the lessons: _____

Office Use Only

New Client____ Existing Client____ Assessed By_____ Instructor_____

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Participant Name: _____

Participant's Medical Information:

Diagnosis - Primary/Secondary: _____

Height: _____ft.____in. Weight: _____ Clients over 200 pounds will participate in unmounted activities.

Physician's Name: _____ Physician's Phone Number: _____

Preferred Medical Facility: _____

Health Insurance Company: _____Policy #: _____

Allergies and Treatment Required: _____

Current Medications: _____ Medical Bracelet? _____

Any other special information we should know?_____

_____

Participant's Physical Skills:

Is the participant proficient in the following skills? Mark an X for yes.

_____ Release Objects	_____ Sits Unassisted	_____ Uses Right Hand Independently
_____ Bears Weight on Legs	_____ Stands Independently	_____ Uses Left Hand Independently
_____ Bears Weight on Hands	_____ Walks Unassisted	_____ Climbs Stairs
	_____ Runs Unassisted	_____ Uses Bathroom Independently

Describe General Balance:_____

Please list and explain ANY assistive devices that the participant may use at home or school:_____

_____

In the event of an emergency, contact (at least one contact is required):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Name:_____

CONSENT PLAN: 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 Vinceremos Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client 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 invoked if the person(s) above is unable to be reached.

Date: _____ **Consent Signature:**_____
Participant (if 18 years of older), Parent or Legal Guardian

- or -

NON-CONSENT PLAN: 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.

1. Parent or legal guardian will remain on site at all times during equine assisted activities.
2. In the event emergency treatment/aid is required, I wish the following procedure to take place:

_____

_____

Date: _____ **Non-Consent Signature:**_____
Participant (if 18 years of older), Parent or Legal Guardian
Please do not sign this non-consent if consent is signed above.

PHOTO RELEASE

☐ **I Do** -or- ☐ **I Do Not** Consent to and authorize the use and reproduction by Vinceremos Therapeutic Riding 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 Center and PATH Int'l.

Date: _____ **Signature**: _____
Participant (if 18 years or older), Parent or Legal Guardian

Office Use Only
New Client____ Existing Client____ Assessed By_____ Instructor_____

EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE, AND ASSUMPTION OF ALL RISKS

READ BEFORE SIGNING

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (the "Agreement") is hereby given by _____(person signing) ☐ on his/her own behalf OR ☐ as the parent or guardian of _____(participant) to VINCEREMOS RIDING CENTER, INC., a Florida not-for-profit corporation, as the equine activity sponsor (the "Sponsor"), and to each officer, director, agent, employee, volunteer, equine professional (as defined in the Act referenced herein), instructor, therapist, aide, heir, personal representative, successor and/or assign of the Sponsor (who also shall be included within the word "Sponsor") and agrees as follows:

In consideration of the opportunities provided by the Sponsor to the undersigned, including any minor or legal ward in whose behalf the undersigned signs this Agreement (collectively, the "Participant"), for the enjoyment of equine activities and the use of the Sponsor's facility and equipment, the Participant hereby agrees as follows:

1. This Agreement is given in part under the Florida Equine Activities statutes (Chapter 773) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Sponsor the fullest protection of a release, waiver of claim and recovery, right to sue and assumption of all risks that is afforded by the Act, and by other applicable statutes and general law.

2. The Participant hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the dangers and/or conditions which are an integral part of equine activities which may cause, contribute to or result in the death or personal injury of the Participant or damage to the Participant's property (the "Risks"), including, but not limited to:

   The propensity of equines to behave in ways (such as, but not limited to, buck, stumble, fall, rear, bite, kick, run, and make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break) that may result in injury, harm, or death to persons on or around the equine;

   The unpredictability of an equine's reaction to sounds, sudden movement, persons, other animals, or unfamiliar objects;

   Hazards, including, but not limited to, surface or subsurface conditions;

   A collision with another equine, another animal, a person, or an object;

   The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant;

   The inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptiles, birds or insects, and the effects of such reactions;

   The dangers and risks of tack or harness loosening, slipping, or breaking for whatever reason.

   The dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity;

   The risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason;

   Any negligent act or omission by the Sponsor which causes or results in the death or personal injury of the Participant or damage to the Participant's property.

3. The Participant hereby expressly assumes all risks and dangers of injury, loss, damage, or death which are in any way resulting from the inherent risks of equine activities and/or associated with the Risks enumerated in paragraph 2 above.

Please initial

Initial:_____
Date:_____

4. The Participant hereby releases and waives all rights which he/she may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the inherent dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, and the right to sue or to bring any action against the Sponsor in connection therewith. The Participant agrees to completely indemnify and hold the Sponsor harmless from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including medical costs and attorney's fees, which are occasioned by, or otherwise attributable to, matters for which the Participant has hereby assumed the risk and is responsible in accordance with this Agreement.

5. The Participant agrees to comply with all rules and regulations posted or otherwise communicated by the Sponsor. The Participant agrees that the Sponsor has made reasonable and prudent efforts to determine the Participant's ability to engage in the Equine Activity offered by the Sponsor and the Participant has disclosed all known physical and psychological conditions to Sponsor to assist Sponsor in evaluating the Participant for participation in the Equine Activity offered by the Sponsor.

6. The Participant agrees that mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the Participant in such activity as well as to the person or property of others.

7. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.

8. This Agreement shall be construed under Florida law in such manner as will render it, and each provision of it, fully enforceable; provided, however, that if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in Palm Beach County, Florida.

9. If this Agreement is executed by the undersigned for and on behalf of a minor Participant as named below, the undersigned hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Participant, his/her heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his/her own behalf.

10. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned.

WARNING

Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE NOT RELIED UPON THE SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

Print Participant Name: _____ Date: _____

Signature (Participant or Parent/Guardian if a Minor): _____

Address: _____

_____

Telephone Numbers: Cell (___) _____ Home (____) _____ Work (____) _____

Email: _____

Physician's Statement

Vinceremos Therapeutic Riding Center

Unveiling Hidden Potential

Dear Health Care Provider:

Your patient, _____ is interested in participating in supervised equine activities.
(Participant's Name)

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact the center at the address/phone below.

Orthopedic
Atlantoaxial Instability - including neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Medical/Psychological
Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (i.e., RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Neurologic
Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/Tethered Cord/ Hydromyelia

Other
Age - Under 4 years
Indwelling Catheters/Medical Equipment
Medications, i.e. Photosensitivity
Poor Endurance
Skin Breakdown

THIS SECTION MUST BE COMPLETED IN FULL

Past/Prospective Surgeries: _____

List Medications: _____

Seizure Type: _____ Controlled? Y N Date of Last Seizure: _____

Shunt Present? Y N Date of Last Revision: _____

Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N Braces/Assistive Devices? Y N

For those with Down Syndrome: AtlantoDens Interval X-Rays Date:_____ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: _____

_____

Physician's Signature: _____ **Date**: _____

Physician's Statement

Vinceremos Therapeutic Riding Center

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THIS SECTION MUST BE COMPLETED IN FULL

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

*Clients over 200 pounds will participate in unmounted activities.

Participant Address: _____ Participant Phone: _____

Special Precautions/Needs: _____

Diagnosis: _____ Date of Onset: _____

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

	Yes	No	If Yes: Degree of Impairment/Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			

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

Name/Title: _____ MD DO NP PA Other _____

Physician's Signature: _____ **Date**: _____

Address: _____

Phone: ( ) _____ License/UPIN Number: _____

FINANCIAL AID

Applications for Financial Aid are made each year ahead of the Fall Session or during a Client's initial Assessment. All awards are made based on available funds and financial need. Applicants are required to fill out the Financial Aid Application enclosed and submit at least two (2) of the following documents:

FOR EMPLOYED INDIVIDUALS:

1) ☐ Pay Stubs: 30 days of recent pay stubs from all employers for both parents.

2) ☐ W2 Forms: For the last tax year.

3) ☐ Social Security Award Letters or any other Financial Aid received.

FOR SELF-EMPLOYED INDIVIDUALS:

1) ☐ First page of your Federal Tax Return for the most recent year.

2) ☐ 1 Month of your most current bank statement.

Please black out Social Security Numbers and Bank Account Numbers.

In addition, please attach a brief letter as described on the following page under "Reason for Requesting this Scholarship?".

Other financial resources you may apply to:

BellasAngels.org
Gardiner Scholarship: http://www.fldoe.org

Vinceremos Therapeutic Riding Center
Financial Aid Request Form

Unveiling Hidden Potential

Participant Name: _____ Date: _____

Parent/Guardian Name/s: _____ Day Phone: _____

E-Mail: _____

School/Day Program: _____ Grade (circle) K 1 2 3 4 5 6 7 8 9 10 11 12

Other therapies the Participant is participating in: **Required*

_____

_____

_____

Financial Information

Family Size: _____ Number of Children: _____ Number of Children with Special Needs: _____

Ages of Children: _____

Total Gross Monthly Wages (your wage & spouse or other): $_____

Monthly Child Support: $_____ SSI: $_____ SSDI: _____

Parent/Guardian Marital Status ☐ Single ☐ Married ☐ Divorced

Occupations(s): _____

Considerations

Are there any special circumstances that need to be taken into consideration? (Ex. both parents in school) _____

_____

Reason for Requesting this Scholarship?

Please answer this question in letter format addressed to the VTRC Board of Directors, Scholarship Committee and submit it with the Participant paperwork.

How do you feel your Participant will benefit from lessons at Vinceremos Therapeutic Riding Center?

_____

_____

_____

_____

_____

- The Scholarship Committee reserves the right to make exceptions based on specific situations that demonstrate extreme need.

I certify that the above information is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

For Office Use ONLY: Received By: _____ Date: _____ Reviewed: Y N