

INSTRUCTIONS FOR COMPLETING STUDENT APPLICATION FORM

It is best to complete this application on a PC or a tablet. You can start entering applicant information right away. For signatures, enter the following - signed by and the name of the person signing, for example, signed by John Brown. For dates, use mm/dd/yyyy format. For phone numbers, use this format - area code and number with no spaces or dashes. Once you have completed the form download it to your PC or tablet and give it a name, like JOHN BROWN EWS STUDENT APPLICATION.pdf. Then either mail the form to Eagles' Wings Stable 5730 N. Washington Road, Piqua, OH 45356 or email us at info@eagleswingsstable.org to arrange for a visit to personally deliver the form and get a tour of our facility. Please do not email the form to us as it would violate HIPAA requirements. Before the participant starts class, our Student Coordinator will go over the form with you, answer any questions, and have you initial all signatures.



Eagles' Wings Stable, Inc.
PARTICIPANT APPLICATION & HEALTH HISTORY
*You can mail completed form to: Eagles' Wings Stable 5730 N.
 Washington Road Piqua, OH 45356 or send an email to:
 info@eagleswingsstable.org to arrange for a visit prior to
 starting class and bring the form in person*



GENERAL INFORMATION

Participant's Name: _____ Date: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Text - Y/N: _____

Employer/School: _____ Grade: _____

If under 18 years of age, Name of Parent/Legal Guardian: _____

Name of Primary Caregiver: _____

Address: _____ City, State, Zip: _____

How did you hear about our program: _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

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

	YES	NO	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/ Mental Health			
Behavioral			
Pain			
Bone/ Joint			
Muscular			
Thinking/ Cognition			
Allergies			



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MEDICATIONS *(Include prescription and over-the-counter.)*

Name of Medication	Dosage	Frequency

PHYSICAL FUNCTION-- Describe abilities/ difficulties/ assistance required/ equipment needed. (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/ bus riding.)

SOCIAL FUNCTION-- Describe abilities/ difficulties/ assistance required/ equipment needed. (i.e. 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?)

PHOTO RELEASE

I authorize Eagles' Wings Stable, Inc. the use and reproduction of all photographs and other audio/visual materials taken of me for promotional material, educational activities, or for the other use or benefit of the program.

Signature: _____
Participant, Parent, or Legal Guardian

Date: _____



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant's Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

If under 18 years old, Name of Parent/Legal Guardian: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact—

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Consent

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Eagles' Wings Stable, Inc. 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-rays, surgery, hospitalization, medication, and treatment or procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) listed above is unable to be reached.

Signature of Consent: _____ Date: _____

Participant, Parent, or Legal Guardian

Non-Consent

I DO NOT give consent for medical treatment/aid in the case of illness or injury during the process of receiving services, or while on the property of the agency.

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

Signature of Non-Consent: _____ Date: _____

Participant, Parent, or Legal Guardian



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PARTICIPANT APPLICATION
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RELEASE OF LIABILITY

The UNDERSIGNED hereby waives LIABILITY, releases claims and holds EAGLES' WINGS STABLE, INC., its officers, directors, agents, instructors, staff, sponsors, volunteers, employees, participants, professionals, and owners of the program site, their heirs, assigns, and legal representatives harmless for damages or injuries or harm that equine participant allegedly sustains during an equine activity.

Participant, or his/her parent or legal guardian, spouse, children, and/or siblings understands there are inherent risks in and around equine activities.

Risks inherent to equine activities means dangers or conditions that an integral part of equine activities, including but not limited to: the propensity of an equine to behave in ways that may result in injury or harm of the death of persons around the equine including: bucking, biting, kicking, rearing, shying, falling, or stepping on; the unpredictability of an equine's reaction to such things as medication, sounds, sudden movements, unfamiliar objects, persons, or other animals.; hazards, such as surface and subsurface ground conditions; collisions with other equine or to not act within the person's ability.

Participant expressly assumes responsibility for all risks involved in or arising from participant's use of or presence upon EAGLES' WINGS STABLE, INC. property and facilities including, without limitation, but not limited to the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency medical care and/or the negligence and/or deliberate act of another person.

Participant agrees to hold EAGLES' WINGS STABLE, INC. holds EAGLES' WINGS STABLE, INC., its officers, directors, agents, instructors, staff, sponsors, volunteers, employees, participants, professionals, and owners of the program site, their heirs, assigns, and legal representatives completely harmless and not liable and releases them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of Participant's use of or presence upon hold EAGLES' WINGS STABLE, INC. property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful, and wanton gross negligence of EAGLES' WINGS STABLE, INC.

Participant agrees to waive the protection afforded by any statute or law in any jurisdiction (Ohio Revised Code Section 2305.321) whose purpose, substance and/or effect is to provide that a general release shall not extent to claims, materials or otherwise, which the person giving the release does not know or suspect at the time of executing the release.

Participant agrees to indemnify and defend hold EAGLES' WINGS STABLE, INC., against, and old harmless from, any and all claims, causes of action, damages, judgements, costs or expenses, including attorney's fees, which in any way arises from Participant's use of or presence upon hold EAGLES' WINGS STABLE, INC. property and facilities.

WARNING: Under Ohio Revised Code Section 2305.321 and equine activity sponsor or equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Signature - I have read and understand this release:

_____ *Participant/Volunteer/Staff Printed Name*

_____ *Signature of Participant/Volunteer/Staff or Parent/Legal Guardian*

Date: _____



Eagles' Wings Stable, Inc.
PARTICIPANT APPLICATION
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Assumption of Risk and Waiver of Liability Relating to Coronavirus

The novel Coronavirus, COVID-19, and its variants, has been declared a worldwide pandemic by the World Health Organization. The virus is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies have recommended vaccinations, mask wearing, social distancing, and personal hygiene measures to prevent the spread of the virus.

The Board of Eagles' Wings Stable, Inc. has put in place preventative measures regarding mask wearing to reduce the spread of the virus; however, Eagles' Wings Stable, Inc. cannot guarantee that staff, volunteers, participants, or participants families will not become infected. People make individual decisions with regard to following CDC guidance on preventing the spread of the virus. For example, as of 1 January 2022, only 48% of the population ≥ 5 years of age living in Miami County is fully vaccinated. Therefore, attending Eagles' Wings Stable, Inc. programs as a staff member, volunteer, participant, or participant's family member could increase the risk of contracting the virus.

By signing this agreement, I acknowledge the contagious nature of the Coronavirus and voluntarily assume the risk of exposure by attending Eagles' Wings Stable, Inc. programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by the Coronavirus at Eagles' Wings Stable, Inc. may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Eagles' Wings Stable, Inc. staff members, volunteers, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my children or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my children may experience or incur in connection with my or my children's attendance at the Eagles' Wings Stable, Inc. or participation in Eagles' Wings Stable, Inc. programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Eagles' Wings Stable, Inc., its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Eagles' Wings Stable, Inc., its employees, agents, and representatives, whether a Coronavirus infection occurs before, during, or after participation in any Eagles' Wings Stable, Inc. program.

Participant/Volunteer/Staff Printed Name

Date: _____

Signature of Participant/Volunteer/Staff or Parent/Legal Guardian



Eagles' Wings Stable, Inc.
PARTICIPANT APPLICATION
& HEALTH HISTORY



PARTICIPANT AGREEMENT

Welcome to Eagles' Wings Stable's Therapeutic Riding and Equine Assisted Activities Program! While we are here to serve you, it is necessary to outline some points of consideration for mutual benefit.

Family, Caregivers, and Friends

1. Family members and friends are always welcome, but numbers may be limited due to parking and seating spaces.
2. All visitors and spectators are to remain in the viewing area and are not to roam the facilities without staff escort.
3. Eagles' Wings Stable, Inc. does not provide supervision for the side yard or swing set located on the property. ALL children who use this area MUST be under direct adult supervision.
4. All family members and visitors are expected to conduct themselves quietly and in a way that would not be a distraction to the classes.
5. We maintain a tobacco and alcohol free facility and expect all who come here to abide by this.
6. Administration has the right to expel from the property anyone exhibiting inappropriate behavior.

Students

1. All students must wear ASTM/SEI certified helmets rated for equestrian use, furnished by the program, when mounted. If a student provides their own helmet, it must carry the same ASTM/SEI certification and will be inspected by program staff for approval for use.
2. Clothing:
 - a. Should be loose fitting enough to allow full freedom of movement, but not so loose as to be an impediment.
 - b. Suitable leg coverings should cover the entire leg to prevent chafing and skin breakdown. ***Shorts are strongly discouraged.***
 - c. Footwear: Sturdy heeled boots are recommended, but not mandatory. Shoes must cover the entire foot. ***Sandals, thongs, or other open footwear are "NO-RIDE".***
3. Behavior: While we are prepared to work with a variety of behavioral issues—
 - a. We may use "time-outs" for students who become unruly.
 - b. Biting, hitting, spitting, and profanity will not be tolerated and are considered cause for immediate expulsion from class.
4. Medications: Parents/caregivers are asked to make known to staff ***–before class–*** any changes that may affect behavior during class. This includes dosage increases/decreases, medication changes, or missed/late doses.
5. Any other changes in routine that may affect the student's abilities, focus, or responsiveness in class should be made known prior to class.

Financial Responsibility

Program policy requires session fees to be paid in advance: 50% at time of sign-up and 50% before the start of class. This fee is non-refundable. If a student misses a class or is expelled for inappropriate behavior, no refund or credit will be issued.

If a class is postponed for inclement weather or other emergency, the class will be made up. If make up is not possible, a credit towards a future session will be issued.

Partial payments will only be accepted on a case by case basis, and will be contractually binding for the full cost of the session,

Acceptance of Agreement

I, _____ (participant/parent/legal guardian), acknowledge that I have read, understand, and agree to the terms outlined above.

Signature: _____

Date: _____