



Eagles' Wings Stable, Inc. GENERAL INFORMATION



Participants Name: _____ Date: _____
 DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____ Text- Y/N: _____
 Email Address: _____
 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			



Eagles' Wings Stable, Inc.



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 grades 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: _____ Date: _____



Eagles' Wings Stable, Inc.



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participants Name: _____ Date of Birth: _____
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____
 If under 18 years old, Name of parent/legal guardian: _____
 Physicians 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. **Parents or legal guardians will remain on site at all times during equine assisted activities.**

Signature of Non-Consent: _____ Date: _____
 Participant, Parent, or Legal Guardian



Eagles' Wings Stable, Inc.



Name (Last)	(First)	Nickname (If any)
<p>By providing complete information about your rider, you will be assisting staff in creating a positive experience for him/her while participating in our program. List any information about your rider's habits, abilities or personality that you feel will be helpful to the staff while providing services for your rider.</p>		
Who is in the rider's immediate family?		
Who lives at home with your rider?		
What is the primary language spoken in your rider's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your rider has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
<p><u>Please circle all of the words that best describe your rider's personality and behavior:</u></p> <p>Active adventurous affectionate anxious bossy bright busy calm cautious cheerful content creative curious easily angered emotional energetic excitable friendly gives-in-easily happy hesitant insecure jealous likes structure/routines loud loving mellow outgoing prefers adult attention quiet sensitive serious shares-well social spontaneous stubborn tentative other:</p>		



Eagles' Wings Stable, Inc.



Are there additional personality and behavior characteristics that would be useful to know about your rider?	
Are there things that frighten your rider? If so, how does he/she react and what do you do to comfort him/her?	
What routines/actions or items do you use to comfort your rider?	
What causes your rider to feel angry or frustrated?	
What methods do you use to respond to your rider's negative behavior?	
What might you and/or your rider be anxious about as he/she starts in this program?	
What are you and/or your rider excited about as he/she starts in this program?	
What are your expectations of this program?	
What other information would be helpful for the staff caring for your rider to know?	
Parent/Guardian's Signature:	Date

Student Name:



Eagles' Wings Stable, Inc.



Goal for this session: Winter Spring Summer Fall (circle)

Physical	
Language	
Emotional	
Social	
Comments:	



Eagles' Wings Stable, Inc.



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 an 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.

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 Agreement

Welcome to Eagles' Wings Stables 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 wouldn't 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.

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 causes for **immediate expulsion from class.**

~~M~~edications: 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, missed/late doses.

~~A~~ny 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 for 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: _____



Eagles' Wings Stable, Inc.



Date: _____

Dear Healthcare Provider:

Your patient, _____, is interested in participating in supervised equine assisted activities.

In order to safely provide this service, our center requests that you complete the attached Medical History and Physician's Statement Form. Please note the following conditions may suggest precautions and contraindications to equine assisted activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

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

Neurologic

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

Other

Under 4 Years of Age
Indwelling Catheters/ Medical Equipment
Medications (i.e. photosensitivity)
Poor Endurance
Skin Breakdown

Medical/ Psychological

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

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 by calling 937-570-5709.

Sincerely,
Eagles' Wings Stable, Inc.
Therapeutic Riding & Equine Assisted Activity Center

PHYSICIAN'S STATEMENT

Participant's Name: _____ DOB: _____ Age: _____

Height: _____ Weight: _____ Gender: _____

Address: _____ City, State, Zip: _____

Diagnosis: _____ Date of Onset: _____

Past/ Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled? Yes / No Date of Last Seizure: _____

Shunt Present? Yes / No Date of Revision: _____ Special Precautions/needs _____

Mobility: _____ Independent Ambulation? Yes / No Assisted Ambulation? Yes / No

Wheelchair -Y/N: Braces or Assistive Devices: _____

For Those With Down Syndrome: AtlantoDens Interval X-Rays—Date: _____ Result +/-: _____

Neurologic Symptoms of Atlantoaxial Instability: _____

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

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/ Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/ Psychological			
Pain			
Other			

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

Physician's Name & Title: _____ **License/ UPIN #:** _____
Signature: _____ **Date:** _____
Address: _____ **City,State,Zip:** _____ **Phone:** _____