DATE:_____

Southern Reins
CENTER FOR EQUINE THERAPY

EQUINE SERVICES FOR HEROES

PROGRAM PARTICIPANT APPLICATION WITH PHYSICIAN REFERRAL

Participant Name:_____ DOB: _____

Age:_____Height: _____Weight: _____Gender:_____Ethnicity:_____

Address: _____

City: _____State: _____Zip: _____

Telephone:(h)_____(w)_____(c) _____

Email: _____

Employer/School: _____

Parent/Legal Guardian/Caretaker (if minor): _____

Address: _____

Telephone:(h)_____(w) _____(c)_____

How did you hear about the program? _____

Diagnosis:_____*and/*or Hardship:_____Onset:_____

PARTICIPANT HEALTH HISTORY

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			
Fear/Aversion to animals			

Medication (include prescription, over-the-counter; name, dose and frequency, side effect encountered):

_____

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

Physical Function (mobility skills such as transfers, walking, wheelchair use, driving/bus riding):

_____

_____

Psycho/Social Function (work/school including grade completed, leisure interests, relationship-family structure, support system, companion animals, fears/concerns, etc.):

_____

_____

Goals (Why are you applying to participate? What would you like to accomplish?):

_____

_____

Signature:_____ Date:_____
Participant/Parent/Legal Guardian/Caretaker

PHOTO RELEASE

I ☐ DO

☐ DO NOT

Give my permission to have still and/or moving photographs and films, including, but not limited to, television, pictures of myself or my son/daughter/ward (name) _____, and consent and authorizes Southern Reins Center for Equine Therapy, and its advertising agencies, news media and any other persons interested in Southern Reins, and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional, clinical and/or research material and books.

Signature:_____ Date:_____
Participant/Parent/Legal Guardian/Caretaker

CENTER FOR EQUINE THERAPY

PARTICIPANT AUTHORIZATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

Participant Name:_____ DOB: _____Phone:_____

Address: _____

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of Southern Reins Center for Equine Therapy, I (participant, or if minor, parents/guardians) hereby grant permission to and authorize the staff or organization's representatives to:

1. Secure and retain prompt medical treatment and transportation for the person named above in the event of any perceived medical emergency; and
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment as required.

In the event of an emergency, contact:

Name:_____ Relationship:_____Phone: _____

Name:_____ Relationship:_____Phone: _____

Name:_____ Relationship:_____Phone: _____

Physician's Name:_____ Medical Facility: _____

Health Insurance Company:_____

Allergies to medications:_____

I am taking the current medications:_____

I have the following ongoing medical conditions:_____

Consent Plan: This authorization includes X-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the emergency contact(s) above is unable to be reached.

Signature:_____ Date:_____
Participant/Parent/Legal Guardian/Caretaker

PARTICIPANT NON-CONSENT FOR MEDICAL TREATMENT

I **DO NOT** give consent for emergency medical treatment/aid for myself/my child in the case of illness or injury while on the premises of Southern Reins Center for Equine Therapy.

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

_____

Signature:_____ Date:_____
Participant/Parent/Legal Guardian/Caretaker

Printed Name: _____
Address:_____
City, State, Zip: _____
Phone: _____

Please send all documents via fax to 901-328-6328 or email: meredith.massa@southernreins.org

Southern Reins
CENTER FOR EQUINE THERAPY

Date: _____

Dear Health Care Provider:

Your patient, _____
(participant's name)

is interested in participating in supervised equine activities. 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.

ORTHOPEDIC
Atlantoaxial Instability - include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification Myositis Ossificans
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
Age – Under 4 Years
Indwelling Catheters/Medical Equipment
Medication – i.e. Photosensitivity
Poor Endurance
Skin Breakdown

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 Disorders

Thank you in advance for your assistance. Should 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 indicated below.

Sincerely,
Southern Reins Center for Equine Therapy
12405 Macon Road
Collierville, TN 38017
901-290-1011
901-328-6328 (fax)

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

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

Address: _____

Diagnosis: _____ **Date of Onset:** _____

Past/Prospective Surgeries:_____

Medications:_____

Seizure Type:_____ **Controlled: Y N Date of last seizure:**_____

Shunt Present: Y N Date of last revision:_____

Special Precautions/Needs: _____

_____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices:_____

For those with Down Syndrome: Result of Neurologic Symptoms of Atlanto Axial Instability: ☐ **Present** ☐ **Absent**

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

			Comments
Auditory:	Y	N	_____
Visual:	Y	N	_____
Tactile Sensation:	Y	N	_____
Speech:	Y	N	_____
Cardiac:	Y	N	_____
Circulatory:	Y	N	_____
Integumentary/Skin:	Y	N	_____
Immunity:	Y	N	_____
Pulmonary:	Y	N	_____
Neurologic:	Y	N	_____
Muscular:	Y	N	_____
Balance:	Y	N	_____
Orthopedic:	Y	N	_____
Allergies:	Y	N	_____
Learning Disability:	Y	N	_____
Cognitive:	Y	N	_____
Emotional/Psychological:	Y	N	_____
Pain:	Y	N	_____

Other:_____

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. I understand that Southern Reins Center for Equine Therapy will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Southern Reins for ongoing evaluation to determine eligibility for participation.

Name/Title:_____ MD DO NP PA Other_____
Signature:_____ Date:_____
Address:_____
Phone: (____)_____ License/UPIN Number:_____

Southern Reins
CENTER FOR EQUINE THERAPY

RELEASE OF LIABILITY – PAGE 1 OF 2

Name of Participant:_____

Under Tennessee law, an equine sponsor or equine professional, or any other person, including corporations and partnerships, are immune from liability for the death or injury of a participant, which resulted from the inherent risks of equine activities. Under Mississippi law, an equine activity sponsor, or equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities. Inherent risks of equine activities mean those dangers or conditions that are an integral part of engaging in an equine activity, including, but not limited to, the possibility of an equine behaving in ways that may result in injury, harm, or death to persons on or around them and/or the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons or other animals.

I recognize that horseback riding, assisting in riding lessons, caring for and being in the near vicinity of horses, are high risk activities that can result in mortal or serious injury and/or property loss both to my person and my property, as well as the person or property of others.

I hereby agree that my involvement in such activities and/or my presence at Southern Reins Center for Equine Therapy is at my own risk, and that I hereby assume full responsibility for, any death or bodily injury to myself or others, and damage or destruction of my property or the property of others. My responsibility includes, but is not limited to, (1) payment of medical costs for myself and others that I may have injured, (ii) costs to replace my own property or the property of others that I may have lost, destroyed, or damaged, and (iii) damages for other non-medical and non-property items such as pain and suffering and lost wages.

I acknowledge that Southern Reins Center for Equine Therapy requires me to wear a safety helmet while riding. I understand and acknowledge that the risk for head injuries and death is significantly reduced by wearing appropriate headgear. I hereby release, waive and discharge Southern Reins Center for Equine Therapy, its officers, directors, employees, volunteers and agents, as well as any affiliated entities or persons, including but not limited to the owners, operators, employees and agents of the facility where Southern Reins Center for Equine Therapy operates, against any and all claims that I may have now or in the future for damages resulting from my failure to wear headgear while riding or participating in equine activities on the premises of Southern Reins Center for Equine Therapy.

I hereby release, waive and discharge Southern Reins Center for Equine Therapy, its officers, directors, employees, volunteers and agents, as well as any affiliated entities or persons, including but not limited to the owners, operators, employees and agents of the facility where Southern Reins Center for Equine Therapy operates, from any and all liability or claims for damages arising directly or indirectly out of my participation in such activities and/or my presence on the Southern Reins premises (including cost and attorney fees), including but not limited to death, bodily injury, or damage to property, regardless of whether or not liability is premised on negligent actions or omissions of such released parties or otherwise.

I hereby agree to indemnify and hold harmless Southern Reins Center for Equine Therapy, its officers, employees, volunteers and agents, together with the owners, operators, employees and agents of the facility where Southern Reins Center for Equine Therapy operates, from any and all suits, demands, actions, losses, liabilities, costs and/or expenses, including attorney's fees, and claims of any type occasioned by, attributable to or otherwise arising out of my involvement in such activities and/or my presence at such facility, for which activities and presence I have duly assumed the risk and for which I am responsible, and for any actions brought by my guests or invitees which may be present on the premises.

I agree that this Release of Liability shall be binding on my personal representatives, heirs and assigns.

(continued on next page)

Southern Reins
CENTER FOR EQUINE THERAPY

RELEASE OF LIABILITY – PAGE 2 OF 2

This Release of Liability shall be governed by, and construed in accordance with the laws of the State of Tennessee, and I hereby submit to the jurisdiction of the courts of the State of Tennessee, and venue shall be in the courts of Shelby County, Tennessee.

I have read this agreement and fully understand and agree to comply with its contents.

Signature:_____ Date:_____
Participant/Parent/Legal Guardian/Caretaker

Printed Name:_____
Participant/Parent/Legal Guardian/Caretaker

MINORS:

The undersigned declares that the undersigned is the parent or legal guardian of the minor first named above as "Participant." The undersigned has read the foregoing Release of Liability, and in consideration of Southern Reins Center for Equine Therapy allowing the named minor onto its premises and/or allowing such minor to participate in equine activities, the undersigned hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding on the undersigned as to such minor and on such minor.

If under 18, signature of both parents (if applicable), or legal guardian is required.

Signature:_____ Date:_____
Parent/Guardian's Signature

Printed Name:_____
Parent/Guardian's Name

Signature:_____ Date:_____
Parent/Guardian's Signature

Printed Name:_____
Parent/Guardian's Name

Please send all documents via fax to 901-328-6328 or email: meredith.massa@southernreins.org

EQUINE SERVICES FOR HEROES

LESSON POLICY AND PROCEDURES

Southern Reins Center for Equine Therapy is committed to providing a quality program for all of its participants. Below are the lesson policies and rules and regulations related to participation in the Equine Services for Heroes program:

- Smoking is not allowed anywhere on the property
- No pets allowed on the grounds with the exception of a service animal
- Closed shoes are required in the barn
- Participants should be escorted by a Southern Reins staff member or volunteer when visiting the stall or wash rack area of the barn

Scheduled Absence

For planned absences, please advise the Head Instructor at least 1 week in advance. We will make every effort to schedule a make-up lesson, but it is not guaranteed.

Unscheduled Absence

For unscheduled absences, please call Sara Zurenko, Program Director, at 662-617-2455. If you are unable to reach her, call us at 901-290-1011.

Weather Policy

- Southern Reins will offer horsemanship lessons if the weather is extremely hot or extremely cold.
- Southern Reins will not have lessons if the temperature is above 100 degrees or below 35 degrees, ***unless otherwise mutually agreed upon by the Instructor and participant.***
- In extreme weather, some or all of a lesson may include horsemanship education.
- ***Southern Reins will contact all participants if a cancellation is required due to weather.*** If you have not heard from a member of our staff prior to your regularly scheduled lesson, lessons will remain as scheduled.

Attire

Appropriate riding attire is highly recommended. Jeans or pants are appropriate, as well as boots or shoes with a heel (no sandals or slides). Shorts are discouraged to ensure the comfort of the participant during riding.

I have read and agree to the commitment agreement as outlined above.

Signature:_____ Date:_____