



DATE: \_\_\_\_\_

## EQUINE SERVICES FOR HEROES

### PROGRAM PARTICIPANT APPLICATION WITH PHYSICIAN REFERRAL

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F 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: \_\_\_\_\_ 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:** \_\_\_\_\_  
*Participant/Parent/Legal Guardian/Caretaker*

**Date:** \_\_\_\_\_

**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:** \_\_\_\_\_  
*Participant/Parent/Legal Guardian/Caretaker*

**Date:** \_\_\_\_\_



**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: [kendall.christian@southernreins.org](mailto:kendall.christian@southernreins.org)**

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  
916 Billy Bryant 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: \_\_\_\_\_



**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.



**RELEASE OF LIABILITY – PAGE 2 OF 2**

Collierville Campus Participants: 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.

DeSoto Campus Participants: This Release of Liability shall be governed by, and construed in accordance with the laws of the State of Mississippi, and I hereby submit to the jurisdiction of the courts of the State of Mississippi, and venue shall be in the courts of DeSoto County, Mississippi.

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

**Signature:** \_\_\_\_\_  
*Participant/Parent/Legal Guardian/Caretaker*

**Date:** \_\_\_\_\_

**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:** \_\_\_\_\_  
*Parent/Guardian's Signature*

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_  
*Parent/Guardian's Name*

**Signature:** \_\_\_\_\_  
*Parent/Guardian's Signature*

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_  
*Parent/Guardian's Name*

**Please send all documents via fax to 901-328-6328 or email: [kendall.christian@southernreins.org](mailto:kendall.christian@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. All Equine Services for Heroes programming is offered at our Collierville Campus only. 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: \_\_\_\_\_





**PARTICIPANT COVID-19 HEALTH AND SAFETY REQUIREMENTS,  
RISK ACKNOWLEDGMENT AND RELEASE OF LIABILITY AGREEMENT**

Name of Participant: \_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 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 recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Southern Reins Center for Equine Therapy is taking active measures to reduce the spread of COVID-19 at our facility; yet there are still risks associated with participating in the programs offered that may increase exposure due to required personal contact and person-to-person interaction. Any individual, including you, your participant, or attending family member who visits the farm for a lesson or session should follow personal hygiene safety standards; including but not limited to wearing a mask, gloves, thoroughly washing hands and applying hand sanitizer, and practicing social distancing. Family members and caregivers are limited to a maximum of two (2) for any lesson or session. Southern Reins Center for Equine Therapy remains closed to guests and other individuals who are not related to a participant. Attending family members are encouraged to remain in their vehicle during the scheduled lesson or session, and will only be permitted in designated areas of the facility.

**If you, your participant, or attending family member has been exposed, or may have been exposed, to an individual with COVID-19; or an individual who is symptomatic of COVID-19, you or your participant may not take part in lessons or sessions and may not visit the facility. By signing this agreement, you agree that if you, your participant, or an attending family member has not had an illness at least 2 weeks prior to the start of the lesson or session. An illness includes, but is not limited to, sneezing, coughing, fever, nausea, and congestion. If you or your participant has had an illness within 2 weeks, you may not take part in lessons or sessions, or visit the facility. Recovered illnesses require a physician's documentation that you or your participant is healthy and may return for lessons or sessions.**

Southern Reins has implemented safety measures to reduce the risk of exposure to COVID-19. Attached to this agreement is our COVID-19 Action Plan and Preparedness document, as well as our COVID-19 Safety Protocol for Operations that details safety measures and precautions to serve participants at the facility. Southern Reins cannot guarantee that you, your participant, or attending family member, will not become infected with COVID-19. Further, by signing this agreement, you acknowledge that participating in activities offered at the Southern Reins Center for Equine Therapy could increase the risk that you, your participant, or attending family member may contract COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you, your participant, or attending family member may be exposed to or infected by COVID-19; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

By signing this agreement, you voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to yourself, your participant, or attending family member (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, in connection with lessons and sessions offered at the facility.

By signing this agreement, on behalf of yourself, your participant and your attending family member, you hereby release, covenant not to sue, discharge, and hold harmless Southern Reins Center for Equine Therapy, its employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. You understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Southern Reins Center for Equine Therapy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program offered at the farm.

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I agree that signing this agreement shall be binding on my personal representatives, heirs and assigns. I have read this agreement and fully understand and agree to comply with its contents.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Participant/ Legal Guardian/Caretaker*

**Printed Name:** \_\_\_\_\_

*Participant/ Legal Guardian/Caretaker*