

# LifeHorse at Grand Review Farm, Inc.

74280 N. Fulton, Armada, MI 48005 (586) 255-3479  
A Michigan Non-Profit Benefit Corporation (501(c)(3)) Tax ID # 32-0010522

## Participant's Application

Participant: \_\_\_\_\_

Parent(s)/Legal Guardian(s) \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Alternative Phone: ( ) \_\_\_\_\_

Employer/School: \_\_\_\_\_

Occupation (father): \_\_\_\_\_ (mother): \_\_\_\_\_

Work phone (father): ( ) \_\_\_\_\_ (mother): ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

### PHOTO RELEASE

- I DO
- I DO NOT

Consent to and authorize the use and reproduction by LifeHorse at Grand Review Farm, Inc. 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 program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client, Parent, or Legal Guardian, signed in the presence of center staff

- \_\_\_\_\_ **I have filled out both sides of this application form**
- \_\_\_\_\_ **I have enclosed the Authorization for Emergency Medical Treatment Form**
- \_\_\_\_\_ **I have enclosed the Participant's Medical History and Physician's Statement**
- \_\_\_\_\_ **I have enclosed the Release and Waiver Form**

# Participant's Health History

*Please indicate current or past difficulties in the following areas:*

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Speech or communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Pain			
Bone/Joint			
Allergies			
Thinking/Cognition			
Other			

*Please list what medications are currently being taken, including over-the-counter medication:*

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

**FUNCTION** (i.e. Mobility skills such as transfers, walking wheelchair use, driving/bus riding)

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**SOCIAL** (i.e. Work/school including grade completed, leisure interest, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish?)

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# Participant's Medical History & Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Primary diagnosis: \_\_\_\_\_  
 Secondary diagnosis: \_\_\_\_\_  
 Past/Prospective surgeries: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Seizure Type: \_\_\_\_\_ Controlled: Y N Date of last seizure: \_\_\_\_\_  
 Shunt present: Y N Date of last revision: \_\_\_\_\_  
 Special precautions/needs: \_\_\_\_\_

Independent Ambulation: Y N      Assisted Ambulation: Y N      Wheelchair: Y N  
 Braces/Assistive Devices: \_\_\_\_\_  
**For those with Down Syndrome:** AtlantoDens Internal X-rays, date: \_\_\_\_\_ Result: + -  
 Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

*Please indicate current or past difficulties in the following systems/areas, including surgeries:*

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

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed heal professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

**Please return this form to: LifeHorse at Grand Review Farm, 74280 N. Fulton, Armada, MI 48005  
 or E-Mail to [stacy@lifesthorse.org](mailto:stacy@lifesthorse.org)**

# LifeHorse at Grand Review Farm, Inc.

## Authorization for Emergency Medical Treatment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving or giving services, or while being on the property of the agency, I authorize LifeHorse at Grand Review Farm, 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.

### 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 person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

*Client, Parent or Legal Guardian, signed in presence of center staff*

### 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 or giving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

*Client, Parent or Legal Guardian, signed in presence of center staff*

# LifeHorse at Grand Review Farm, Inc.

## RELEASE AND WAIVER

FOR AND IN CONSIDERATION of LifeHorse at Grand Review Farm, Inc. furnishing horses, equipment and instruction (herein referred to as “the activity”) and permitting \_\_\_\_\_ (name of participant) (herein referred to as “Participant”) to participate in the activity at LifeHorse at Grand Review Farm, the undersigned individual, being of lawful age, or if the Participant is not of legal age, then Participant and Participant’s parent or legal guardian, Participant’s heirs, administrators, executors, successors and assigns, waive all discharge and hold harmless all participants, volunteers or instructors involved in the activity, and their respective directors, officers, shareholders, partners, owners, agents, employees, assured, and all other persons, firms, corporations, associations or partnerships associated herewith and their heirs, executors, administrators, successors and assigns, and each of them (collective “Releasees”) from all claims, demands, actions or causes of action arising out of any losses or injuries to his/her person or property, or both, which may result, be sustained, or be received by him/her as a result of Participant attending and participating in the activity.

Participant and, if applicable, Participant’s parent or legal guardian, understand that by signing this Release and Waiver, Participant and, if applicable, Participant’s parent or legal guardian covenant and agree that Participant, as well as assigns, will never institute any suit or action at law, or otherwise, against the Releasees, any other Participants, volunteers or instructors involved in the activity, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damages, loss or injury either to Participant’s person or property, or both, which may result from the Participant’s attendance and participation in the activity, or travel or other activity associated herewith.

Participant and, if applicable, Participant’s parent or legal guardian, acknowledge that by attending the above mention activity, Participant and, if applicable, Participant’s parent or legal guardian, voluntarily assume(s) all risks and danger known or unknown, foreseen or unforeseen, attendant to Participant’s attendance and participation in the activity. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned to execute this Release and Waiver, and this Release and Waiver contains the entire agreement between the parties to this Release and Waiver.

The undersigned has/have read and fully understand(s) the foregoing Release and Waiver.

\_\_\_\_\_  
*Signature of Participant (if an adult)*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian if Participant is a minor*

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

**LifeHorse at Grand Review Farm – RULES AND POLICIES**  
***(PLEASE READ!)***

**APPAREL:**

1. Leather shoes with heels to prevent the foot from sliding through the stirrup are preferred, rather than tennis shoes. Sandals and slip-on shoes are not allowed. Braces and prostheses may be worn with whatever shoes are required for them.
2. Long pants are required. (NEVER wear shorts or dresses/skirts. The saddle can bruise unprotected legs. Stretch pants or riding pants are recommended for comfort. Corduroy is too slippery for safety.
3. All riders must wear an ASTM/SEI approved riding helmet. We will provide an approved helmet.

**ATTENDANCE:**

1. It is the attendance policy of LifeHorse at Grand Review Farm that following three (3) unexcused and/or unnotified absences, a student will be terminated from the program.
2. Excused absences may be made up by special arrangement with our staff. Make-up lessons are scheduled on a space-available basis.
3. We must be notified 12 hours before the scheduled lesson times for the absence to be excused. The exception to this is for an emergency or sudden illness, which will also be considered an excused absence if we are notified as soon as possible after the onset of the illness or emergency.

**SCHEDULE CHANGES:**

1. Classes will be cancelled if the temperature at the farm exceeds 85 degrees or drops below 25 degrees.
2. If you are not sure if we will be open, please call Stacy at 586-255-3479.

**ABLE-BODIED RIDING LESSONS**

1. As a courtesy to our families, LifeHorse at Grand Review Farm provides riding lessons for parents and siblings at a discounted fee of \$25 per lesson.
2. All rules that apply to our disabled riders also apply to our able-bodied riders.
3. Children must be at least 3 years old to participate.
4. Lessons must be scheduled in advance and paid for by the start of the lesson.
5. Lessons are only available when there is available time that is not needed for a LifeHorse rider. We are a program for terminally and chronically ill riders, and they take priority.

**GENERAL POLICIES**

1. Absolutely NO SMOKING on the farm.
2. Dogs must be on a leash at all times, and must not be disruptive to the horses or classes. If your dog barks or fights, please leave him in the car.
3. Children must be supervised at all times.
4. Please remind your children: No rock throwing. No digging. No running. No yelling.
5. No one is allowed near a horse unless directly supervised by a volunteer or instructor. Please do not allow your children to run up to a horse or to feed them. *Any horse can bite or kick, and some horses are on special diets.*
6. We have a well-stocked medical kit. Please report any injuries to us so that we may attend to them. Even a scratch can become infected.
7. Please do not come to the farm wearing open toed shoes or sandals. And NO ONE is allowed to come barefoot, not even babies.

**RIDER FORMS**

Liability and Medical Release forms are required to be updated annually. The Physician's statement must also be updated annually. *Please inform us of any change in address, phone numbers, or medical condition, including changes in medications.*

**THE FIRST DAY**

Please bring the following with you when you come for your evaluation or first day of class:

- Signed and completed Application Form
- Signed and completed Authorization for Emergency Medical Treatment
- Signed and completed Participant's Medical History and Physician's Statement
- Signed and completed Release and Waiver
- Appropriate riding apparel:
  - Jeans, britches, or long pants
  - Closed shoes (preferably hard soled with heels – no loafers, flats or sandals)
  - ASTM/SEI approved riding helmet if you have one. If not, one will be provided for you.
  - Medications if needed.

*A responsible adult must remain with all minor children at the farm at all times. Riders who have guardians must have their guardian or other approved adult stay with the rider at the ranch at all times.*