



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

Physical Function (i.e. Mobility skills such as transfer, walking, wheelchair use) \_\_\_\_\_

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Psycho/Social Function: (i.e. work/school including grade completed, leisure interests, companion animals, fears/concerns, etc.)

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Goals for programs (i.e. Why are you applying for participation? What would you like to accomplish?) :

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Photo Release:

I do \_\_\_\_\_

I do not \_\_\_\_\_

Consent to and authorize the use and reproduction by White Oaks Therapeutic Equestrian Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student, Parent or Legal Guardian signature)

Proof of guardianship - I.D. must be available upon registration

# WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER

## RELEASE OF LIABILITY

"Warning under the Equine Activity Act, adopted by the State of Illinois each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities."

I, Name: \_\_\_\_\_

(staff member, rider/guardian, volunteer, or bystander)

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

Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_

would like to participate in White Oaks Therapeutic Equestrian Center's equine assisted activities mounted and unmounted activities including the horse and cart-driving program.

I acknowledge that persons engaged in this program as a staff member, rider, volunteer or bystander is assuming certain inherent risks and dangers. Risks of engaging in equine activities means those dangers of conditions that are integral part of equine activities, including, but not limited to:

### **Risks of engaging in equine activities:**

1. **The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them.**
2. **The unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, and other animals or other things.**
3. **Certain hazards such as surface and subsurface conditions.**
4. **Collisions with other equines or objects.**
5. **The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.**
6. **It is recognized that equine activities are hazardous to participants, regardless of all feasible safety measures that can be taken.**

### **Exceptions**

1. **If Center commits an act or omission that constitutes willful or wanton disregard for the safety of the participant, and that act or omission caused the injury.**
2. **Intentionally injures that participant.**
3. **Provided the equipment or tack, and knew or should have known that the equipment or tack was faulty, and the equipment or tack was faulty to the extent that it caused the injury.**
4. **Provided the equine and failed to make reasonable and prudent efforts to determine the ability of the participant to engage safely in the equine activity and determine the ability of the participant to manage safely the particular equine based on the participant's representations of his or her ability.**
5. **Own, leases, rents, or otherwise is in lawful possession and control of the land or facilities upon which the participant sustained injuries because of a dangerous latent condition that was known to the equine activity sponsor, equine professional, or person and for which warning signs were not conspicuously posted.**

Participant, parent or legal guardian, staff member, volunteer or bystander having read and understood the above description of liability of equine activities, participants shall agree to hold harmless and release White Oaks Therapeutic Center, its staff, volunteers, committees, board member or Whiteside County Central Agricultural Society from any and all claims and damages which may occur from participating in any and all activities sanctioned by center.

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

This release shall remain valid until expressly revoked by the participant or, if a minor, the parent or guardian.

# WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER

## MEDICAL RELEASE FOR RETURNING STUDENTS

*Dear Health Care Provider:*

*Your patient has been participating in equine activities program at White Oaks Therapeutic Equestrian Center and is due for an update of their medical status. For your reference, potential precautions/contraindications are listed on the next page.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

For students with Downs Syndrome, absence of AAI symptoms for clinical exam only:

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

### Medical History Update

Please address occurrences over the past year including surgeries, illnesses, hospitalizations, and changes in medications, treatment, weight, or behavior:

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

To my knowledge, there is no reason why this person cannot continue participating in supervised equine activities (therapeutic riding, animal related activities, and horse/carriage driving program). However, I understand that the center will weigh the medical information above against the existing precautions and contraindications.

Name/Title: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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

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

Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Medical Facility/Hospital: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy: \_\_\_\_\_

In the event of an emergency, contact:

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

### Consent Plan

In the event, emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of White Oaks Therapeutic Equestrian Center and/or special events, I authorize White Oaks Therapeutic Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release student's records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-rays, 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: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant (Parent or Legal Guardian)

**OR**

### 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 services of while being on the property of White Oaks Therapeutic Equestrian Center and/or Special events. Parents or legal guardian will remain on site at all times during equine assisted activities. In the event emergency treatment/aid is required, I wish the following procedure to take place:

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

Participant (Parent or Legal Guardian)