

Participant Application, Health History, Liability Release

GENERAL INFORMATION

Print Clearly

Participant Name: _____

DOB: _____ Age: _____ Gender: M / F Height: _____ Weight: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Employer/School: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Number: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Referral Source: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Yes	No	Comments
Allergies			
Behavioral			
Bone/ Joint			
Breathing			
Circulation			
Communication			
Digestion			
Elimination			
Emotional/Psychological			
Hearing			
Heart			
Learning Disability			
Muscular			
Pain			
Tactile Sensation			
Cognitive/Thinking			
Visual			
Other			

MEDICATIONS: (include prescription and over-the-counter)

Name of Medication	Dose	Frequency

Learning style, please check: Visual /learns by seeing Auditory/ learns by hearing Kinesthetic/ learns by doing

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

PHYSICAL FUNCTION: (e.g. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

SOCIAL FUNCTION: (e.g. work/school including grade 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?)

OTHER INFORMATION YOU WOULD LIKE TO SHARE (e.g. caregiver name):

PHOTO RELEASE

I Do I Do Not

Consent to and authorize the use and reproduction by Willow Creek Ranch, Inc. of any and all photographs and any other audio/visual materials taken of me / my son / my daughter / my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

 Parent or Legal Guardian Signature
 (Client, if 18 or older)

 Date

 Print Name

Participation Waiver and Guest Liability Release Agreement

In return for being allowed to use Willow Creek Ranch, Inc. (WCR) Therapeutic Riding Center, including its facilities, horses and equipment, where applicable for horseback riding and other horse related activities, I / my son / my daughter / my ward _____ (Participant's Name) agrees to abide by all the rules and regulations of WCR now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk from my / my son / my daughter / my ward's participation in activities of WCR. I further agree to hold WCR, its Board of Directors, instructors, therapists, and volunteers free and harmless from all damages or liability for any injury to person or property arising as a result of the use of the facilities, horses, and/or equipment owned or leased to WCR, including any injury caused by their negligence.

I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself / my son / my daughter / my ward, however, I feel that the possible benefits to myself / my son / my daughter / my ward are greater than and outweigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless WCR, its Board of Directors, instructors, therapists, and volunteers from all liability they may incur.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes."

Parent or Legal Guardian Signature
(Client, if 18 years or older)

Date

Print Name

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. Center is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her guardian in the case of a minor.

Signature: _____

Print Name: _____

Date