

Student Application for Shining Stars Therapeutic Riding Ministry

3185 York Road • Gettysburg, PA 17325 • brandyicrago@gmail.com • 717-451-9509 or 717-398-8327

2020

ALL FORMS MUST BE COMPLETED in order to process this registration. DO NOT EMAIL YOUR REGISTRATION!

Registration Checklist:

- Printed and completed all forms
- Signed and dated all forms where indicated
- \$15.00 Check or money order payable to Shining Stars
- Place all in an envelope and SNAIL MAIL to:
Shining Stars Therapeutic Riding, Inc.
3185 York Road • Gettysburg, PA 17325

New Student Name of last student instructor _____

Returning Therapeutic Riding Student Side Walkers Needed Semi-Independent—Some Assistance Independent—No Assistance

Student Name _____

Address _____

City, State, Zip _____

Home / Cell Phone _____

School Name _____ Grade _____

Is the Student's behavior age appropriate most of the time? Yes
 Most of the time No - *please explain* _____

Sex _____ Height _____ Weight _____ Date of Birth _____

Student Diagnosis / Disability _____

Assistive Devices Wheelchair Braces Crutches

Other - *please specify* _____

List all medications _____

Is the student allergic to any medications? No Yes - *please list all medications* _____

Are there any side-effects our staff should know about? _____

Seizures: Is the student subject to seizures? No Yes - *How often?* _____
How long does it last? _____
Describe a usual seizure, action taken during and after seizure _____

Vision: Normal Normal with Glasses Problems Left Right
 Both Close up Distance Minimal Vision Totally Blind
 Color Blind _____

Walking: Normal Has difficulty walking on: Rough terrain
 Difficulty with balance Cannot bear weight on legs Left
 Right Both Uses assistive devices _____

Sitting Skills: Normal Needs a chair with back support
 Cannot maintain sitting balance without complete support _____

Arm - Hand: Normal Limited Left Right Both

Degrees of control: Moderate Minimal Total

Hand Skills - Can use Scissors Pencil Can point

Toileting Skills: Normal Must be reminded Needs Help
 On/Off toilet With clothing Diapers Special Help

Hearing Skills: Normal Can hear well Hearing Loss Left
 Right Both Has hearing aid in Left Right Both
 Can care for hearing aid without help Cannot hear at all

Speech / Communication Normal
 Understands written words Understands spoken words
 Often only the family understands Uses only a few words
 No speech, uses gestures Uses a language board Other

Parent Guardian Other _____

Name _____

Address _____

City, State, Zip _____

Home / Cell Phone _____

Email _____

Person to contact if parent / guardian cannot be reached:

Name _____

Address _____

City, State, Zip _____

Home / Cell Phone _____

Email _____

Shining Stars Therapeutic Riding Ministry

3185 York Road • Gettysburg, PA 17325 • brandyicrago@gmail.com • 717-451-9509 or 717-398-8327

2020

Medical Release:

In case of a medical problem while _____ is with the Shining Stars class, I understand every reasonable effort will be made to contact me in case of an emergency. In the event that I cannot be reached, I give my permission to the staff to secure appropriate medical treatment for him / her. I also give permission for release of information for insurance purposes.

Doctor's Name _____ Phone _____

Hospital of Choice _____ Phone _____

I release the Shining Stars staff of any responsibility except as agreed upon in the release. You will have the opportunity to discuss this agreement with a Shining Stars staff member during our intake process.

Signature Relationship to Student Date

Signature of Shining Stars Staff Member Date of Interview

Consent for Photographs:

I hereby give my consent for _____ to be photographed while attending the Shining Stars class, or class-related activities. I also give permission for any photographs or slides of him / her to be reproduced as publicity for the program or for training purposes.

Signature Relationship to Student Date

Therapeutic Horseback Riding Ministry:

WARNING: Under Pennsylvania law, an equine activity sponsor, participant or professional or any other person is not liable for an injury or loss or the death of a participant in equine activities resulting from the inherent risks of equine activities under the Equine Activity Liability Act.

I hereby give _____ my permission to participate in Shining Stars Therapeutic equine activities.

Signature Relationship to Student Date

If the volunteer scheduled to sidewalk with my rider does not show up, I am willing to step in rather than cancel my child's lesson.

Shining Stars Therapeutic Riding Ministry

3185 York Road • Gettysburg, PA 17325 • brandyicrago@gmail.com • 717-451-9509 or 717-398-8327

2020

MEDICAL RELEASE FORM

TO BE COMPLETED BY HEALTH CARE PROVIDER (PHYSICIAN / NURSE)

Patient / Child's Name _____

Parent / Caregiver _____

Address _____

City, State, Zip _____

Height: Ft. ____ In. ____ Current Weight: ____

What is the patient / child's primary diagnosis? _____

Date of diagnosis _____

Is this patient / child currently receiving treatment? No Yes - *please explain* _____

Does this patient / child have any other medical problems? _____

Does this patient / child have the need for braces, wheelchair or other mobility issues? _____

Does this patient / child have any rods, pins or other medical devices in place? _____

Does this patient / child have any type of seizure activity? _____

Controlled? No Yes Date of last seizure _____

Special Precautions / Needs _____

Physician's Statement: *I have examined _____ and find there is no reason why this person cannot participate in supervised equestrian activities.*

Please Stamp or Print Clearly Office Mailing Address:

Office _____

Address _____

City, State, Zip _____

Clinic / Day Phone _____

Emergency / On-Call Phone _____

Signature of Provider _____ Date _____

Print Name _____

EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS

THIS Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (hereinafter referred to as "Agreement") is hereby given by the undersigned to **Shining Stars Therapeutic Riding Program Inc.** (hereinafter referred to as "Sponsor") and to each officer, agent, employee, director, member, heir, personal representative, successor and assign of the Sponsor, and provides as follows:

In consideration for the opportunities provided by the Sponsor to the undersigned (including any minor in whose behalf the undersigned signs this Agreement) (hereinafter referred to as the "Participant") for the enjoyment of equine activities as participant, the participant, including any minor participant for whom he signs this Agreement, hereby agrees as follows:

1. This Agreement is given in part under the Equine Activity Liability Act, 4 P.S. §601, et. seq., as it may now provide or be hereafter amended, (hereinafter referred to as the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference: This Agreement shall be so construed as to provide to the Sponsor the fullest protection of the release, waiver of right to sue and assumption of all risks that is afforded by the Act, by other applicable statutes and by general law.

2. The Participant hereby acknowledges that he has full and complete notice and understanding of the Act and of all the risks inherent in equine activities which may cause, contribute to or result in the death of personal injury of the participant or damage to the participant's property (the "Risks"). These risks include, but are not limited to: (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reactions to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; (v) the potential of a participant acting in a negligent manner that may contribute to injury to the Participant or others, such as failing to maintain control over the equine or not acting within the Participant's ability; (vi) the propensity of an equine to behave in

dangerous ways or to trip and/or fall; (vii) the inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptile, birds or insects, and the effects of such reactions; (viii) the hazards of surface or subsurface conditions, including but not limited to objects or conditions on, under or protruding from the surface both latent and patent; (ix) the hazards which rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches, bodies of water, debris and obstacles, and any equine activity; (xii) the risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason; (xiii) the dangers of being struck by an equine, or by rider; (xiv) any negligent act or omission by the Sponsor or any owner which causes or results in the death or personal injury of the Participant or damage to the Participant's property; and (xv) all other risks associated horseback riding [handling horses], and related activities.

3. The Participant hereby RELEASES and WAIVES all rights which he may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the intrinsic dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above; Participant does hereby WAIVE his or her right to sue or to bring any action against the Sponsor in connection therewith; Participant agrees to INDEMNIFY and DEFEND the Sponsor from and to HOLD the Sponsor HARMLESS against any such Suit or action, including reimbursement of legal fees associated with the defense of any claim; and he hereby expressly ASSUMES ALL RISKS AND DANGERS of injury, loss, damage or death which are in any way resulting from the intrinsic dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, including omission that constitutes negligence for the safety of the Participant by the Sponsor, any owner or any other person.

4. The Participant hereby authorizes and consents to any emergency medical care which may, at the time, appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of an equine activity.

5. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.

6. To the extent possible, this Agreement shall be construed in such manner as will render it, and each provision of it, fully enforceable; but if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect.

7. If this Agreement is executed by the undersigned for and on behalf of a minor Participant named below, the undersigned hereby warrants and represents that he is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor participant, his heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his own behalf.

8. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned,

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH, AND I HAVE NOT RELIED UPON THE SPONSOR/PROFESSIONAL, ANY OWNER OR THE EQUINE ACTIVITY SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

Participant Print Name: _____

Participant's Signature: _____

Date: _____

FOR MINORS UNDER 18 YEARS OF AGE:

Print Name of Minor Participant: _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature _____

Date _____