

Tekoa Reins to Ride Program Registration

Rider name: _____ Date of birth: _____ Gender: _____

Name of Parent/Guardian: _____

Address: _____

Phone (Home): _____ (Work): _____ (Cell): _____ Email: _____

Diagnosis: _____ Date of onset: _____

Independent Ambulation: [] Yes [] No *Crutches:* [] Yes [] No

Braces: [] Yes [] No *Wheelchair:* [] Yes [] No *Verbal:* [] Yes [] No

Please indicate any special precautions/concerns: _____

Is your child currently receiving any of the following services?

Occupational Therapy? _____ *Physical Therapy?* _____ *Speech Therapy?* _____

Has your child ever participated in therapeutic riding? If so, when/where _____

Session Times & Preferences

There are two sessions held every Tuesday one from 4-4:50 and the second from 5:15-6:05. What is your preferred time? _____ Could you do the other time slot if necessary? _____

| Series Date | Registration deadline | Would like to participate? | Rank in choice, 1-3 |
|----------------------------|-----------------------|----------------------------|---------------------|
| Series 1: May 1- June 5 | April 6 | Yes or No | |
| Series 2: June 26- July 31 | June 1 | Yes or No | |
| Series 3: Sep. 4- Oct. 9 | August 10 | Yes or No | |

Authorization for Emergency Medical Treatment

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 the agency or boarding facility, I authorize Tekoa, 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.

In the event an emergency occurs and I{Parent/Guardian} cannot be reached,

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

This authorization includes X-ray, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Guardian Signature: _____ Date: _____
(Parent or Guardian)

Agreement and Release

I agree that Community Housing Partners Corporation (parent company of Tekoa, Inc.) and/or Tekoa, Inc. may use my picture, portrait, likeness and voice, and that of my minor family members who attend Tekoa events or participate in Tekoa programs, in its fundraising, advertising, trade, and/or promotional materials and media, including its website.

Guardian Signature: _____ Date: _____

Reins to Ride

Tekoa, Inc.

Rider's Medical history and Physician's Statement

To be completed annually by a *PHYSICIAN*

Name: _____ Date of Birth: _____

Address: _____

Diagnosis: _____ Date of onset: _____

**** For persons with Down Syndrome:**

Cervical X-ray for Atlantoaxial Instability: Positive _____ Negative _____ X-ray date: _____

Tetanus Shot: [] Yes [] No Date: _____ Height _____ Weight _____

Seizure type: _____ Controlled: _____ Date of last seizure: _____

Medications: _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. if yes, please comment.

| Areas | Yes | No | Comments |
|--------------------------|-----|----|----------|
| Auditory | | | |
| Visual | | | |
| Speech | | | |
| Cardiac | | | |
| Circulatory | | | |
| Pulmonary | | | |
| Neurological | | | |
| Muscular | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning Disability | | | |
| Mental Impairment | | | |
| Psychological Impairment | | | |
| Other | | | |

Mobility: *Independent Ambulation* [] Yes [] No

Crutches [] Yes [] No

Braces [] Yes [] No

Wheelchair [] Yes [] No

Please indicate any special precautions: _____

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 existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.e. PT, OT, Speech Pathologist) in the implementing of an effective equestrian program/

Physician Name (please print) _____

Physician Signature _____

Address _____

Phone _____ **Date** _____

Information for Physicians

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore when completing this form please note whether these conditions are present, and to what degree.

Orthopedic

Spinal fusion
Spinal Instabilities/Abnormalities
Atlantoaxial Instabilities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation and Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Paralysis due to Spinal Cord Injury
Seizure Disorders

Medical/Surgical

Allergies
Cancer
Poor Endurance
Recent Surgeries
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Hypertension
Serious Heart Condition
Stroke (Cerebrovascular Accident)

Secondary Concerns

Behavior problems
Acute exacerbation of chronic disorder
Indwelling catheter

For Minors and Those Under Guardianship

RELEASE, WAIVER AND INDEMNITY AGREEMENT

1. I, the undersigned, am either the parent or the legal guardian of the individual named below (referred to as the "Participant"), and am able to enter into this Release, Waiver and Indemnity Agreement ("Agreement") with TEKOA, Inc. ("TEKOA") and Community Housing Partners Corporation ("Community") on behalf of myself and the Participant. For purposes of this Agreement "TEKOA" and "Community" shall include each and all of their respective agents, insurers, volunteers, employees, representatives, officers, directors, and shareholders.

2. In return for being permitted to enter the premises (as defined in Section 3), and for being permitted to engage in equine activities (as defined in Section 3) sponsored, organized and/or facilitated by TEKOA and/or Community, on behalf of myself and the Participant, I agree to abide by the terms and conditions of this Agreement.

3. Definitions

3.1 "Engages in an equine activity" means (i) any person, whether mounted or unmounted, who rides, handles, grooms, trains, drives, assists in providing medical or therapeutic treatment of, or is a passenger upon an equine; (ii) any person who participates in an equine activity but does not necessarily ride, handle, train, drive, or ride as a passenger upon an equine; (iii) any person visiting, touring or utilizing an equine facility as part of an event or activity; or (iv) any person who assists a participant or equine activity sponsor or management in an equine activity.

3.2 "Equine" means a horse, pony, mule, donkey, or hinny.

3.3 "Equine activity" means (i) equine shows, fairs, competitions, performances, or parades that involve any or all breeds of equines and any of the equine disciplines, including, but not limited to, dressage, hunter and jumper horse shows, grand prix jumping, three-day events, combined training, rodeos, driving, pulling, cutting, polo, steeple chasing, endurance trail riding and western games, and hunting; (ii) equine training or teaching activities; (iii) boarding equines; (iv) riding, inspecting, or evaluating an equine belonging to another whether or not the owner has received some monetary consideration or other thing of value for the use of the equine or is permitting a prospective purchaser of the equine to ride, inspect, or evaluate the equine; (v) rides, trips, hunts, or other equine activities of any type however informal or impromptu that are sponsored by an equine activity sponsor; (vi) conducting general hoofcare, including but not limited to placing or replacing horseshoes or hoof trimming of an equine; and (vii) providing or assisting in breeding or therapeutic veterinary treatment.

3.4 "Intrinsic dangers of equine activities" means those dangers or conditions that are an integral part of equine activities, including but 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 reaction 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; and (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.

3.5 "Premises" means premises and facilities owned, leased or operated by TEKOA and/or Community.

4. On behalf of myself and the Participant, I understand and agree that equine activities are conducted on and equines are present upon the premises and that there are certain obvious as well as hidden risks in occupying and using the premises. Fully understanding the risks associated with occupying the premises, on behalf of myself and the Participant and our heirs, executors and

administrators, successors and assigns, (i) I hereby waive my and/or the Participant's right to sue and waive any claim, demand, right or cause of action of whatever kind or nature arising in connection with my and the Participant's occupation and use of the premises, and (ii) I agree to assume all risks associated with, my and the Participant's occupation and use of the premises, including but not limited to, personal injury, death and damage to property, howsoever caused, including but not limited to, any negligent act or omission on the part of TEKOA and/or Community.

5. On behalf of myself and the Participant, I further understand and agree that in engaging in an equine activity sponsored, organized and/or facilitated by TEKOA and/or Community, I and/or the Participant will be exposed to the intrinsic dangers of equine activities, and any and all other dangers associated with engaging in an equine activity. Fully understanding the risks associated with the engagement by me and/or the Participant in equine activities, on behalf of myself and the Participant and our heirs, executors and administrators, successors and assigns, (i) I hereby waive my and the Participant's right to sue and waive any claim, demand, right or cause of action, of whatever kind or nature arising in connection with my and the Participant's engaging in equine activities sponsored, organized and/or facilitated by TEKOA and/or Community, and (ii) I agree to assume all risks associated with my and/or Participant's engagement in equine activities sponsored, organized and/or facilitated by TEKOA and/or Community, including but not limited to personal injury, death and damage to property, howsoever caused, including but not limited to, any negligent act or omission on the part of TEKOA and/or Community.

6. On behalf of myself and Participant and our heirs, executors and administrators, successors and assigns, I agree to indemnify and hold harmless TEKOA and Community for any and all liability, loss, damage, cost (including expert witness and attorneys fees), claim, judgment or settlement which may be brought or entered against TEKOA and/or Community arising in whole or part, or directly or indirectly resulting from, or incurred in connection with my and/or Participant's occupation and use of the premises and my and/or Participant's engagement in equine activities, whether during or after such participation.

7. On behalf of myself and the Participant, I will maintain all medical and health insurance needed to cover all risks associated in engaging in an equine activity by me and/or Participant, at any location.

8. On behalf of myself and the Participant, I acknowledge that I and/or Participant, as applicable have been offered a protective riding helmet, and we will not be permitted to engage in any equine activity unless we use this critical safety equipment.

9. Any provision of this Agreement which is prohibited or unenforceable shall be ineffective only to the extent of such prohibition or unenforceability without invalidating the remainder of such provision or the remaining provisions hereof.

10. On behalf of myself and the Participant, I have carefully read this Agreement and understand and agree with its terms and conditions without reservation. On behalf of myself and the Participant, I further acknowledge that TEKOA and Community have not warranted or represented any consequences of this Release Waiver and Indemnity Agreement and that I rely on my own judgment in that regard.

Executed this _____ day of _____, 20__

Name of Participant (print): _____

Name of Parent/Legal Guardian (print): _____

Signature of Parent/Legal Guardian: _____



Please complete this form only if you are a new prospective participant in the Tekoa Reins to Ride program!

Rehabilitation Referral

I, _____, parent/guardian of _____
_____ {participant} do hereby give full permission and authorization to Reins to Ride program staff to contact any of the following rehabilitation professionals to discuss and release information from the records of _____ {participant} to determine suitability for participation in a therapeutic riding program offered through Tekoa, Inc. The rehabilitation professionals may include speech therapist, physical therapist, occupational therapist, recreational therapist and/or school special education teacher. In specific, I grant permission for Tekoa, Inc to discuss program suitability with the following rehabilitation professionals:

Please provide a minimum of 2 rehabilitation professionals:

Name: _____ Title: _____

Agency: _____ Contact information: _____

Length/type of involvement: _____

Name: _____ Title: _____

Agency: _____ Contact information: _____

Length/type of involvement: _____

Name: _____ Title: _____

Agency: _____ Contact information: _____

Length/type of involvement: _____

Guardian/Participant Signature _____ **Date:** _____

Equine Experiential Learning for At-Risk Teens
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