

★ HIGH HORSE HILL ★  
*Therapeutic Horsemanship for All Ages*

## Participant Registration Form

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

School/Agency name and contact person (if applicable):

\_\_\_\_\_

Contact Phone Number (Participant, Staff or Parent/Guardian):

\_\_\_\_\_

Contact E-mail address: \_\_\_\_\_

Participant's date of birth: \_\_\_\_\_

Participant's current age: \_\_\_\_\_

If over 18, is the Participant his/her own guardian? No ( ) Yes ( )

Participant's height: \_\_\_\_\_ Participant's weight: \_\_\_\_\_

(Note that High Horse Hill has a 180# weight limit for mounted activities.)

Does the participant have any physical limitations/allergies? No ( ) Yes ( )

Explain \_\_\_\_\_

Does the participant have behavioral limitations/safety issues? No ( ) Yes ( )

Explain \_\_\_\_\_

Suggestions on how the HHH instructor can best deal with the behavior:

\_\_\_\_\_

Does the participant have cognitive/learning limitations? No ( ) Yes ( )

Explain \_\_\_\_\_

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

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**RELEASE:** \_\_\_\_\_ (participant) would like to participate in High Horse Hill Therapeutic Horsemanship. I recognize the inherent risk of injury in horseback riding generally and in learning to ride in particular, and working around horses. Under Massachusetts law, an equine professional is not liable for any injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D, of the General laws. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executor or administrator, waive and release forever all claims for damages against High Horse Hill, its Instructors, Therapists, Aides, and Volunteers for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in High Horse Hill Therapeutic Horsemanship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardian)

**MEDICAL AUTHORIZATION:** Participant's name: \_\_\_\_\_  
In the event of emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being at High Horse Hill Therapeutic Horsemanship, I authorize High Horse Hill Therapeutic Horsemanship to:

1. Secure and retain medical treatment and transportation as needed.
2. Release client 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. The provision will be invoked only if the person below is unable to be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardian)

**IF I CANNOT BE REACHED:**

CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_  
Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_  
Other Specific Conditions: \_\_\_\_\_

**PHOTO RELEASE:** Participant's name: \_\_\_\_\_  
I hereby consent to and authorize the use of a reproduction by High Horse Hill of any and all photographs and other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardian)

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Dear Health Care Provider,

Your patient: \_\_\_\_\_, DOB: \_\_\_\_\_  
is interested in participating in supervised equine activities. In order to safely provide this service, our center requests that you complete the attached form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present and to what degree.

**PHYSICIAN RELEASE/MEDICAL HISTORY**

**Participant Name:** \_\_\_\_\_

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

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Date of last Tetanus shot:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

\_\_\_\_\_

**MOBILITY:**

Independent \_\_\_\_\_ Crutches \_\_\_\_\_ Walker \_\_\_\_\_ Braces \_\_\_\_\_ Wheelchair \_\_\_\_\_

**PLEASE INDICATE IF PATIENT HAS A LIMITATION AND/OR SURGERIES IN ANY OF THE FOLLOWING AREAS BY CHECKING. IF CHECKED, PLEASE COMMENT USING THE BACK OF FORM IF NECESSARY.**

**Allergies:**\_\_\_\_ **Cardiac:**\_\_\_\_ **Cognitive:**\_\_\_\_ **Neurologic:**\_\_\_\_ **Orthopedic:** \_\_\_\_

**Seizures:**\_\_\_\_ **Psychological/Emotional:**\_\_\_\_

**Other:**

Atlantoaxial Instability:\_\_\_\_

Indwelling catheters/Medical Equipment:\_\_\_\_

Skin Breakdown:\_\_\_\_

Recent Surgeries:\_\_\_\_

Medication Photosensitivity:\_\_\_\_

**PLEASE INDICATE ANY SPECIAL PRECAUTIONS:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In my opinion this patient can participate on supervised equestrian activities. In conjunction with these activities I concur in the referral of the patient to a physical/occupational therapist or other health care professional for evaluation of abilities/limitations in performing exercises and implementing an effective equestrian program as necessary.

Physician Name (please print):\_\_\_\_\_

Address\_\_\_\_\_

Signature\_\_\_\_\_

Date \_\_\_\_\_ Telephone\_\_\_\_\_

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## **Attendance Policy for Participants:**

For participants who have paid in advance for a six-week session, the following will count as EXCUSED absences, and you will not be charged for the missed lesson:

- If you notify us (in person or by phone, email, or text) at least 24 hours in advance that you cannot attend a regularly scheduled lesson due to a planned event (trip, appointment, etc.).
- If you notify us at least 1 hour in advance of the lesson for a sudden emergency (illness, etc.).

Otherwise, the absence is considered UNEXCUSED, and you will be charged for the lesson.

Also, after two absences (excused or unexcused) in a regularly scheduled six-week period, High Horse Hill reserves the right to assign your lesson spot to another participant, and either reassign you to a different time slot or place you on the wait list.

Make-up lesson times are limited, and will be decided case by case.

Of course, if High Horse Hill has to cancel lessons due to weather (too hot in summer or too cold in winter, thunder storms, etc.), instructor illness, or horse illness, you will not be charged for the missed lesson, and your time spot will still be reserved for you. We will make every reasonable effort to notify you as far in advance as possible if we have to cancel.

If you have any questions or concerns about the policy, please communicate directly with me in person, by phone (413-961-9311), or by email ([kateygrey@highhorsehill.com](mailto:kateygrey@highhorsehill.com)), and I will try to address your needs.

Thank you for understanding!

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## **Barn Safety Rules for Participants, Family, and Friends**

- Listen to the instructors and follow directions.
- Wear appropriate clothing: long pants, shirts with sleeves, closed-toe shoes or boots (preferably with a heel). Warm clothing in cold weather.
- Always wear a helmet when handling a horse and when riding.
- Respect all persons, animals, and property.
- Use polite language at all time – the horses know English.
- Do not stand behind a horse. If you must go from one side of the horse to the other, either go in front or place your hand on horse as you go behind.
- Feed treats to horses only with permission and under supervision AND NEVER BY HAND or the horses will think that your fingers are carrots.
- Pet horses only with permission and under supervision.
- Gum chewing is not allowed and is a safety hazard around horses.
- No running or shouting. It scares the horses.
- No smoking.
- Stay with instructor, volunteer, or parent/guardian at all times.

## **Barn Safety Rules for High Horse Hill Volunteers**

- Same as above.

Exceptions:

Volunteers ages 14 and over may go without a helmet while handling a horse.