

★ 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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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.