SHEPARD MEADOWS
EQUESTRIAN CENTER, INC.
WITH HORSES, MAKING FORWARD STRIDES

Dear Applicant,

Thank you for your interest in Shepard Meadows Equestrian Center, Inc. Our mission is to support the growth and well-being of all individuals, including those with special needs, by providing Equine Assisted Services in a safe, caring, and professional environment.

We are a non-profit 501 (c)(3) organization and a Professional Association of Therapeutic Horsemanship, Intl. Premier Accredited Center, offering a variety of services.

Riders must be a minimum of 4 years old and weight under 180 pounds. Rider criteria are also based on the safety of the participants, horses, volunteers, and personnel, including:

1) Availability of instructors, volunteers, and suitable horses
2) Presence of precautions and/or contraindications, which make the equine assisted activities inappropriate for the individual
3) Limitations of the facility
4) SMEC reserves the right to dismiss participants from the program according to guidelines

Once we have received your completed application, we will schedule a rider evaluation. The fee for the evaluation is $75.00 due at the time of the appointment.

We offer nine-week rider programs in the spring and fall, and five-week programs (two in the summer) and two in the winter (unmounted). Lessons are full-program periods, with fees due at the start of the program period. We work hard to accommodate rider preferences, but we are not always able to do so. Nine-week programs are $540.00 and five-week programs are $300.00. There are no make-ups for missed lessons, unless we need to cancel for weather, etc. We offer private (30 minutes), semi-private and group lessons (45 minutes).

We recommend that riders purchase their own helmet. Helmets must be ASTM-SEI approved and should be replaced every five years. SMEC does offer a variety of new helmets for sale. Participants should wear long pants, and sturdy boots or shoes with heels for program activities.

We look forward to meeting you.

Sincerely,

Emily Eschner
Program Director

Reviewed/Approved: 6/3/22

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PARTICIPANT REGISTRATION AND RELEASE FORM

Date: _____

Participant's Name: _____

Date of Birth: ____/____/____ Weight: _____ Height: _____

Address: _____

Phone: _____ Email: _____ Alternative #: _____

Diagnosis : _____ Date of Onset: _____

Parent/Legal Guardian/Emergency Contact: _____

Address (If different than above): _____

Phone: _____ Email: _____ Alternative #: _____

Referral Source: _____

Anything you'd like to share: _____

AUTHORIZATION FOR EMERGENCY TREATMENT FOR PARTICIPANTS

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Shepard Meadows to: secure and retain medical treatment and transportation, and if needed release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency, contact: _____ Phone _____

Physician's Name : _____ Phone _____

CONSENT PLAN (to be invoked if your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician) in the event of illness or injury while on the property of the agency. *

Date: _____ Consent Signature(s): _____

Participant, Parent or Legal Guardian if Participant is under 18 years of age

- IF YOU CHOOSE NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT/AID IN THE EVENT OF ILLNESS OR INJURY WHILE ON THE PROPERTY OF THE AGENCY, PLEASE REQUEST A NON-CONSENT FORM, WHICH REQUIRES NOTARIZATION.

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PHOTO & PUBLICITY RELEASE

Please Circle: I DO

I DO NOT

Consent to and authorize the use and reproduction by Shepard Meadows Equestrian Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Participant, Parent or Legal Guardian if Participant is under 18 years of age

LIABILITY RELEASE: I acknowledge the risks and potential risks associated with horseback riding and working with horses, including grievous bodily harm. Additionally, I acknowledge that the participation in **any** activity on the farm comes with the risk of injury, as well as potential exposure to communicable diseases (including, but not limited to COVID-19 and its variants). However, I feel the possible benefits to myself/my children/my ward(s) are greater than the risks assumed.
I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Shepard Meadows Equestrian Center, Inc., its Board of Directors, Volunteers, and/or Employees for any and all injuries (including, but not limited to, personal injury, disability, illness, and death) and/or losses I may sustain as a participant in any activity at Shepard Meadows Equestrian Center (aka SMTRC) from whatever cause, including but not limited to, the negligence of these related parties.
The undersigned acknowledges that he/she has read this Participant Registration & Liability Release form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

DATE: _____ SIGNATURE: _____

SIGN-UP FOR NEWSLETTERS AND EMAILS: _____ Yes _____ No

Return completed form to: Shepard Meadows Equestrian Center, Inc., Bristol, CT, 06010, Tel. 860-314-0007

Reviewed/Approved: 6/3/22

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Participant's Medical History & Physician's Statement

(This form is to be completed, signed & dated by the Physician)

Participant:_____ DOB:_____ Height:_____ Weight: _____

Address:_____ Phone: _____

Diagnosis:_____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type:_____ Controlled? Y N Date of Last Seizure: _____

Shunt Present? Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation? Y N Assisted Ambulation? Y N Wheelchair? Y N

Braces/Assistive Devices: _____

For those with Down's Syndrome: Atlanto/Axial-Dens Interval X-rays, date:_____ Result: + --

Neurological Symptoms of Atlanto Axial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that the PATH center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH center for ongoing evaluation to determine eligibility for participation.

Name/Title:_____ MD DO NP PA Other _____
Signature:_____ Date:_____
Address:_____ Phone:_____
License/NPI Number: _____

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Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic
Atlantoaxial Instability – include neurological symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
RA, MS)
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic
Hydrocephalus/Shunt
Sensory Deficit
Seizure
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Other
Age – usually under 4 years
Indwelling Catheters/Medical
Equipment Medications, i.e.,
photosensitivity
Poor
Endurance
Skin
Breakdown

Medical/Psychological
Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (i.e.

Fire Settings
Hemophilia
Medical
Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder