SHEPARD MEADOWS
EQUESTRIAN CENTER
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 weigh 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 participant evaluation. The fee for the evaluation is $75.00 due at the time of the appointment.

We run in sessions throughout the year. Lessons are full-program periods, with fees due at the start of the program period. We work hard to accommodate participants' preferences, but we are not always able to do so. 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. Participants should wear long pants, and sturdy boots or shoes with heels for program activities.

Please review our participant handbook prior to the start of program.

We look forward to meeting you.

Sincerely,

Emily Eschner
Program Director

SHEPARD MEADOWS
EQUESTRIAN CENTER
WITH HORSES, MAKING FORWARD STRIDES

PARTICIPANT REGISTRATION & RELEASE FORM

Date: _____

Participant's Name: _____

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

Address: _____

Phone: _____ Alternative #: _____

Email: _____

Referral Source: _____

**Voluntary Self-Identification* –

Gender: _____ Race/Ethnicity: _____

Veteran? (check one) Yes ☐ No ☐

Anything you'd like to share:

Signature: _____ Date: _____

SHEPARD MEADOWS
EQUESTRIAN CENTER
WITH HORSES, MAKING FORWARD STRIDES

CONSENT WAIVER & RELEASE AGREEMENT

☐ Volunteer ☐ Participant ☐ Visitor ☐ Sign-up for email updates from the farm (check box for yes)

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In case of emergency, contact* _____ Phone: _____
(Provide a parent/guardian if individual is a minor)

Please indicate any medical conditions and/or medications we should be aware of in the event of an emergency:

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

☐ **Consent** ☐ **Do Not Consent**

Signature: _____ Date: _____

PHOTO/VIDEO AND PUBLICITY RELEASE: By engaging in activities at Shepard Meadows Equestrian Center, Inc. I understand that I/my child/my ward may be photographed, filmed or videotaped and I hereby give Shepard Meadows Equestrian Center, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use and/or publicly display that likeness, picture, recording, video, image and/or photograph as well as any statements made or provided by me to Shepard Meadows Equestrian Center, Inc. (collectively "Image"), without compensation, for all advertising, broadcast, exhibition or any lawful purpose in any medium and to put any Images to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge Shepard Meadows Equestrian Center, Inc., its officers, board members, instructors, therapists, aides, coaches, volunteers, staff, employees, representatives, successors and assigns from and against any and all claims or actions arising out of, or resulting from any use of any Image. Shepard Meadows Equestrian Center, Inc. shall not be obligated to use, and may elect not to use, any Image.

☐ **Consent** ☐ **Do Not Consent**

Signature: _____ Date: _____

CONFIDENTIALITY POLICY: At Shepard Meadows Equestrian Center, Inc. we place great importance on protecting the confidential information of our participants, visitors, staff and volunteers. "Confidential information" includes, but is not limited to, personally identifiable information such as names, telephone numbers, addresses, e-mails, non-public business records of Shepard Meadows Equestrian Center, Inc. such as business information, policies, procedures and processes as well as medical information about participants, visitors and volunteers and their disabilities or special needs, in each case, regardless of how or where conveyed and in whatever medium. I shall never disclose any Confidential Information to anyone other than Shepard Meadows Equestrian Center, Inc. staff unless required by applicable law in which case I will promptly notify such staff in writing in advance. I also agree that I must seek Shepard Meadows Equestrian Center, Inc. staff permission before taking any pictures, videos or recordings. I have read and understand the Shepard Meadows Equestrian Center, Inc. Confidentiality Policy and agree to abide by same.

Signature: _____ Date: _____

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm and/or exposure to communicable diseases to myself and/or third parties and/or property damage. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs, agents, representatives, assigns, executors, administrators and/or other legal representatives, (i) waive and release Shepard Meadows Equestrian Center, Inc., its officers, board members, instructors, therapists, aides, coaches, volunteers, staff, employees representatives, successors and assigns from and against any liability, however caused, for any injury, fatality, loss, harm or damage suffered or sustained relating to Shepard Meadows Equestrian Center, Inc., including whether as a result of visiting, participating in, volunteering at and/or observing any activities at or otherwise associated with Shepard Meadows Equestrian Center, Inc., and in all cases, including the negligence of these related parties, (ii) agree not to sue or make any claims against Shepard Meadows Equestrian Center, Inc., its officers, board members, instructors, therapists, aides, coaches, volunteers, staff, employees representatives, successors and assigns for any injuries, losses, harm or damage to myself or my property or for any third party claims and (iii) will indemnify Shepard Meadows Equestrian Center, Inc., its officers, board members, instructors, therapists, aides, coaches, volunteers, staff, employees representatives, successors and assigns from all costs, including attorney's fees and expenses, in connection with any such claims.

Signature: _____ Date: _____

The undersigned acknowledges that he/she/they has/have read this Agreement in its entirety, understands the terms hereof and has signed it voluntarily and with full knowledge of the effects thereof, that this Agreement will be governed by the laws of the state of Connecticut (excluding its conflict of laws rules) and consents to the exclusive jurisdiction of the state and federal courts located in Hartford County, Connecticut.

Signature: _____ Date: _____

SHEPARD MEADOWS
EQUESTRIAN CENTER
WITH HORSES, MAKING FORWARD STRIDES

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

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

Participant's Name: _____

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

Address: _____ Phone: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled? Yes ☐ No ☐ Date of Last Seizure: _____

Shunt Present? Yes ☐ No ☐ Date of last revision: _____

Special Precautions/Needs:

Independent Ambulation? ☐ Yes ☐ No Assisted Ambulation? ☐ Yes ☐ No Wheelchair? ☐ Yes ☐ No

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:

	Yes	*No*	*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: _____ M D D O N P P A Other: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

License/NPI Number: _____

SHEPARD MEADOWS
EQUESTRIAN CENTER
WITH HORSES, MAKING FORWARD STRIDES

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
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

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. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

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