



VETERANS REGISTRATION AND RELEASE FORM

Date: _____

Name: _____ Date of Birth: ___/___/___ Age: _____

Weight: _____ Height: _____ Disability/Precautions: _____

Mailing Address:

Street: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ E-Mail: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone: _____

Comments/Anything you'd like to share: _____

AUTHORIZATION FOR EMERGENCY MEDICAL 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 _____

CONSENT PLAN (to be invoked in the event that 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 Signature Parent/Guardian Signature if Participant 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.

PHOTO & PUBLICITY RELEASE

Please Circle: I DO

I DO NOT

Consent to and authorize the use and reproduction by Shepard Meadows Therapeutic Riding 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**

Thank you for your interest in Shepard Meadows Therapeutic Riding Center, Inc. Our mission is to support the growth and wellbeing of all individuals, including those with special needs, by providing Equine Assisted Activities and Therapies (EAAT) in a safe, caring and professional environment.

We are a non-profit 501 (c) 3 organization and a PATH, Intl. Premier Accredited Center, providing mounted and unmounted horsemanship programs.

*When transitioning from unmounted to mounted riding lessons, it is required we ask for a medical form to be filled out by a physician.

Rider criteria are based on the safety of the participants, horses, volunteers and personnel, including:

- 1) Riders must weigh less than 200 pounds
- 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 (SMTRC does not have a lift, so participants must be ambulatory)
- 5) SMTRC reserves the right to dismiss participants from the program according to guidelines

When funds are available, lessons are free of charge. If we do not have funding available at the time of scheduling we offer private (30 minutes \$50), semi-private and group lessons (45 minutes \$50). Lessons must be cancelled 24 hours in advance or the lesson fee will be charged.

While we have helmets to borrow here, once accepted into the program, 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.

We look forward to meeting you.

Initial Here _____