RIDER APPLICATION

MAGICAL MEADOWS
THERAPEUTIC HORSEBACK RIDING

FULL NAME _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ SEX _____ AGE _____

KNOWN ALLERGIES _____

MEDICAL CONDITIONS _____

MEDICATIONS _____

SCHOOL (STUDENTS ONLY) _____

PARENT NAMES (IF UNDER 18) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

WORK PHONE _____ CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

CONTACT PREFERENCE: ☐ WORK PHONE ☐ HOME PHONE ☐ CELL PHONE ☐ EMAIL

RIDER GOALS (FOLLOW DIRECTIONS, BUILD SELF-ESTEEM, SMILE, ETC)

CONFIDENTIALITY AGREEMENT

☐ I agree to respect and observe privacy and confidentiality of the participants of the MAGICAL MEADOWS, INC., and not discuss or disclose any sensitive information about any person or their family.

SIGNATURE _____ RELATIONSHIP TO RIDER (IF NOT RIDER) _____

DATE _____

PLEASE EMAIL COMPLETED FORM TO THEMAGICALMEADOWS@YAHOO.COM

RIDER APPLICATION

MAGICAL MEADOWS
THERAPEUTIC HORSEBACK RIDING

PHOTO & MEDIA RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the MAGICAL MEADOWS, INC. permission to take or have taken still and moving photographs and films, including television pictures, of my/our self-daughter-son, and consents and authorizes the MAGICAL MEADOWS, INC. to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional material, books and clinical material. With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signature(s) to this release other than the intention of the MAGICAL MEADOWS, INC. and its work.

SIGNATURE

RELATIONSHIP TO RIDER (IF NOT RIDER)

DATE

HOLD HARMLESS AGREEMENT

The program at the MAGICAL MEADOWS, INC. provides therapeutic horseback riding for children and adults with special needs. Volunteers and horses are carefully selected and trained and safety equipment is required for all riders since horseback riding is a risk exercise.

No student will be accepted for riding instruction and no volunteer accepted for service until this form has been READ, UNDERSTOOD, COMPLETED AND SIGNED by the parent(s) or guardian(s) of a minor, or if the student or volunteer is of legal age and sound mind, by the student or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling. In order to provide this valuable service, NO LIABILITY can be accepted by the MAGICAL MEADOWS, INC. or any of the organizations or persons connected with the above named facility.

IN CONSIDERATION, for the privilege of riding and/or working around horses at the MAGICAL MEADOWS,INC., the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to release, hold harmless and indemnify the MAGICAL MEADOWS,INC., its officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorneys fees, which the undersigned or said minor may now or in the future have against the MAGICAL MEADOWS, INC., its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to the MAGICAL MEADOWS, INC., its officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in anyway incidental thereto.

SIGNATURE

RELATIONSHIP TO RIDER (IF NOT RIDER)

DATE

PLEASE EMAIL COMPLETED FORM TO THEMAGICALMEADOWS@YAHOO.COM

RIDER APPLICATION

MAGICAL MEADOWS
THERAPEUTIC HORSEBACK RIDING

WAIVER AGREEMENT & LIABILITY RELEASE

My signature below denotes that I agree to all the following as a condition for myself/child/family as it pertains to Magical Meadows, Inc. (hereafter referred to as the "Center") as a condition for participation in activities at/on/near the Center's premises and property or associated with any Center activity including but not limited to equine-assisted activities, trail riding, arena instruction, barn & pasture activities, demonstrations and public events. **WARNING: Under Indiana law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.** As the legal representative of the participant (myself/child/family) I acknowledge the risks and potential for risks of equine related activities. I understand not all risks can be foreseen nor prevented. I understand these risks and assume responsibility for them. **I hereby, intending to be legally bound for myself/child/family, heirs and assigns, executors or administrators, waive and release forever all claims for damages (present or future) against Magical Meadows, Inc., its Board of Directors, Executive Director, Instructors, Staff, Therapists, Volunteers and/or other authorized persons for any and all injuries/losses sustained while participating or visiting at Magical Meadows, Inc.** As consideration for the Center to allow myself/child/spouse/family members to engage in Center related activities, I agree to assume full responsibility for any and all bodily injuries, losses, or damages, which I or they might sustain.

It is mutually understood and agreed that the waiver and liability release set forth in this document constitutes a waiver of liability beyond the provisions of the Indiana Equine Activity Liability Act. I further agree to indemnify and hold harmless the Center or persons/entities associated with the Center and to not bring any claim or suit against them on the basis of any exception to the IN Equine Act. Should I breach any part of this waiver/liability release, I agree to pay all the Center's attorney's fees or other legal costs that may occur.

IT IS THE INTENTION OF THE UNDERSIGNED, BY THIS INSTRUMENT, TO RELEASE AND WAIVE ANY CLAIM AGAINST MAGICAL MEADOWS FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE, INCLUDING THE NEGLIGENCE OF MAGICAL MEADOWS, ITS EMPLOYEES, VOLUNTEERS OR AUTHORIZED PERSON.

In addition, I agree that by signing this waiver and liability release that I hereby release Magical Meadows, its Board of Directors, Executive Director, Instructors, Staff, Volunteers and/or other persons for any illness or symptoms related to Covid-19.

I attest that I am at least 18 years of age, of sound mind, not suffering from shock or under the influence of alcohol, drugs or intoxicants. I have read this ENTIRE waiver and application and fully understand it. I intend for this waiver, agreement and liability release to be valid and binding today and at ALL FUTURE ENCOUNTERS.

SIGNATURE

RELATIONSHIP TO RIDER (IF NOT RIDER)

DATE

PLEASE EMAIL COMPLETED FORM TO THEMAGICALMEADOWS@YAHOO.COM

RIDER APPLICATION

MAGICAL MEADOWS
THERAPEUTIC HORSEBACK RIDING

CANCELLATION & MAKE-UP POLICY

Scheduling a make-up lesson is each rider's/families responsibility. "No shows" and cancellations made within one hour of the scheduled time, may not be made up.

If you have an excused absence or if for any reason a riding lesson is canceled by The Magical Meadows do to weather conditions, your class time will be "rolled over", which will reduce your fee for the next session.

FEE PAYMENT POLICY

Session fees are due, in full, by the first riding date of that session. This will not only keep your time slot "reserved" but it will help support our ongoing care to our therapeutic horses.

COST PER SESSION

Class of 4 students / 6 weeks/ $150

Semi-Private / class of 2 students / 6 weeks / $180

Pivate / 1 student / 6 weeks / $240

Special payment requests/arrangements are available. I agree/understand the above written policies.

SIGNATURE

RELATIONSHIP TO RIDER (IF NOT RIDER)

DATE

PLEASE EMAIL COMPLETED FORM TO THEMAGICALMEADOWS@YAHOO.COM

RIDER APPLICATION

MAGICAL MEADOWS
THERAPEUTIC HORSEBACK RIDING

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

RIDER NAME

DATE OF BIRTH

EMERGENCY CONTACT NAME

RELATIONSHIP

ADDRESS

EMERGENCY CONTACT PHONE

PHYSICIAN

PHYSICIAN PHONE

PREFERRED MEDICAL FACILITY

MEDICAL FACILITY PHONE

HEALTH INSURANCE PROVIDER

POLICY NUMBER

List all pertinent medical information (allergies to food or drugs, medications being taken, special medical conditions):

☐ **CONSENT PLAN** In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize the MAGICAL MEADOWS, INC. TO:

1. Secure and retain medical treatment and transportation if needed.

2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed “life saving” by the physician. This provision will only be invoked if the person listed is unable to be reached.

☐ **NON-CONSENT PLAN** I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the MAGICAL MEADOWS, INC. In the event emergency treatment/aid is required, I wish the following procedures to take place:

SIGNATURE

RELATIONSHIP TO RIDER (IF NOT RIDER)

DATE

PLEASE EMAIL COMPLETED FORM TO THEMAGICALMEADOWS@YAHOO.COM

RIDER APPLICATION

MAGICAL MEADOWS
THERAPEUTIC HORSEBACK RIDING

RIDER HEALTH HISTORY

RIDER NAME

DIAGNOSIS

DATE OF ONSET

SPECIAL NEED	YES	NO	COMMENTS
VISION	☐	☐	
HEARING	☐	☐	
SENSATION	☐	☐	
COMMUNICATION	☐	☐	
HEART	☐	☐	
BREATHING	☐	☐	
DIGESTION	☐	☐	
ELIMINATION	☐	☐	
CIRCULATION	☐	☐	
EMOTIONAL	☐	☐	
BEHAVIORAL	☐	☐	
PAIN	☐	☐	
BONE/JOINT MUSCULAR	☐	☐	
THINKING/COGNITIVE	☐	☐	
ALLERGIES	☐	☐	

SIGNATURE

RELATIONSHIP TO RIDER (IF NOT RIDER)

DATE

PLEASE EMAIL COMPLETED FORM TO THEMAGICALMEADOWS@YAHOO.COM

RIDER APPLICATION

MAGICAL MEADOWS
THERAPEUTIC HORSEBACK RIDING

MEDICAL HISTORY (TO BE FILLED OUT BY PHYSICIAN)

RIDER NAME

DIAGNOSIS

DATE OF ONSET

PAST OR PROSPECTIVE SURGERIES

MEDICATIONS

SEIZURE TYPE

CONTROLLED? ☐ YES ☐ NO

DATE OF LAST SEIZURE

SHUNT PRESENT? ☐ YES ☐ NO

DATE OF LAST REVISION

LIST ANY SPECIAL PRECAUTIONS/NEEDS

MOBILITY:
INDEPENDENT AMBULATION? ☐ YES ☐ NO ASSISTED AMBULATION? ☐ YES ☐ NO WHEELCHAIR? ☐ YES ☐ NO

BRACES/ASSISTIVE DEVICES

FOR THOSE WITH DOWN SYNDROME:

ATLANTODENS INTERVAL X-RAYS, DATE

NEUROLOGIC SYMPTOMS OF ATLANTOAXIAL INSTABILITY

PLEASE EMAIL COMPLETED FORM TO THEMAGICALMEADOWS@YAHOO.COM

(CONTINUED ON NEXT PAGE)

RIDER APPLICATION

MAGICAL MEADOWS
THERAPEUTIC HORSEBACK RIDING

MEDICAL HISTORY (CONTINUED)

SPECIAL NEED	YES	NO	COMMENTS
AUDITORY	☐	☐	
VISUAL	☐	☐	
TACTILE SENSATION	☐	☐	
SPEECH	☐	☐	
CARDIAC	☐	☐	
CIRCULATORY	☐	☐	
INTEGUMENTARY/SKIN	☐	☐	
IMMUNITY	☐	☐	
PULMONARY	☐	☐	
NEUROLOGIC	☐	☐	
MUSCULAR	☐	☐	
BALANCE	☐	☐	
ORTHOPEDIC	☐	☐	
ALLERGIES	☐	☐	
LEARNING DISABILITIES	☐	☐	
COGNITIVE	☐	☐	
EMOTIONAL/PSYCHOLOGICAL	☐	☐	

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

NAME/TITLE ☐ MD ☐ DO ☐ NP ☐ PA OTHER

SIGNATURE DATE

ADDRESS CITY STATE ZIP

PHONE NUMBER LICENSE NUMBER

PLEASE EMAIL COMPLETED FORM TO THEMAGICALMEADOWS@YAHOO.COM