

**HORSES WITH A MISSION, INC.**  
**A LICENCED SPIRITHORSE THERAPEUTIC RIDING CENTER**  
Contact Information and Medical History

Date: \_\_\_\_\_ { } Client { } Staff { } Volunteer { } Parent or Legal Guardian { } Caregiver { } Sibling

**CONTACT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

If applicable please indicate affiliated rider: \_\_\_\_\_

Parent/Legal Guardian/Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ School: \_\_\_\_\_

**Medical Information:**

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ M F

History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician's Name : \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event of an emergency, contact:

Primary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Third Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**HORSES WITH A MISSION, INC.**  
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Consent Form

**Emergency Consent:** In the event of emergency medical treatment/aid is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Horses with a Mission, 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.

**Consent Plan:** The authorization includes, but is not limited to, x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contacts are unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent/Legal Guardian

**NON-Consent Plan:** I do not give my consent for emergency medical treatment/aid in the case of injury during the process of receiving services or while being on the property of the agency. In the event that emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent/Legal Guardian

**Photo and Video Consent**

I \_\_\_\_\_ consent \_\_\_\_ or do not consent \_\_\_\_ to authorize the use and reproduction by Horses with a Mission, Inc., a licensed SpiritHorse Therapeutic Riding Center, of any and all photographs, video/audio materials taken of me or the participant for the purpose of on-going studies, educational activities, exhibitions, promotional materials or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent/Legal Guardian

{ } Yes, I give Horses with a Mission, Inc. permission to email me notices, updates, and any information related to their programs.

{ } Yes, I give Horses with a Mission, Inc. permission to use my mailing address for promotional information related to Horses with a Mission, Inc.

**HORSES WITH A MISSION, INC.**

**A LICENCED SPIRITHORSE THERAPEUTIC RIDING CENTER**

Release of Liability Form

This Release of Liability is made and entered into on this date \_\_\_\_\_ and for thereafter between Horses with a Mission, Inc., a licensed SpiritHorse Therapeutic Riding Center, and \_\_\_\_\_

(the participant); and, if the participant is a minor, their Parent or Legal Guardian \_\_\_\_\_

In return for the use, today and on future dates, of the property, facility and services of the Executive Director, the Participant, her heirs, assigns and legal representatives, hereby expressly agree to the following:

- 1) It is the responsibility of the Participant to carry full and complete insurance coverage on his/her horse if he/she owns or leases one, personal property, and him/her self.
- 2) Participant agrees to assume any and all risks involved in arising from participant's use of or presence upon Executive Director's property and facility including without limitation the risk of death, bodily injury, property damage, all kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency care, or the negligence or deliberate act of another person.
- 3) Participant agrees to hold Executive Director and all its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees and agents completely harmless and not liable and releases them all from liability whatsoever, and Agrees Not To Sue Them on account of, or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the Participant's use of or presence upon Executive Director's property and facility, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton negligence of the Executive Director.
- 4) Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and or effect is to provide that a general release shall not extend to claims, materials or otherwise which the person giving the release does not know or suspect exists at the time of executing this release.
- 5) Participant agrees to indemnify and defend Executive Director against, and hold it harmless from any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from the Participant's use of or presence upon the Executive Director's property or facility.
- 6) Participant agrees to abide by all of the Executive Director's safety rules and regulations.
- 7) If Participant is using her horse, the horse shall be free from infection, contagious or transmittable disease. Executive Director reserves the right to refuse horse if not in proper health, or is deemed dangerous or undesirable.

## Able Bodied Riders

- 8) This contract is non-assignable and non-transferable, and is made and entered into the State of Florida and shall be enforced and interpreted under the laws of this State. Should any be in conflict with State Law, than that clause will be null and void. When the Executive Director and Participant or Participant's Parent or Legal Guardian (if participant is a minor), sign this contract, it will then be binding both parties, subject to the above terms and conditions.

**WARNING:** Under Florida State Law (Statute 773) an Equine Professional is not liable for an injury to and/or death of a participant in equine activities resulting from the inherent risks of equine activities.

Participant, Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Horses with a Mission, Inc., a SpiritHorse Therapeutic Riding Center: \_\_\_\_\_ Date: \_\_\_\_\_