



Rising Hope Farms

Participant's Application and Health History

General Information

Participant: _____

DOB: _____ Age _____ Height: _____ Weight: _____ Gender: M F

Address _____

Cell Phone: _____ House Phone # _____ Work Phone _____

E-mail _____

Employer/School _____

Address _____

Phone: _____

Parent/Legal Guardian/Caregivers _____

(if different from above)

Address _____

Phone: _____ Work Phone: _____ Cell Phone _____

Health History

Diagnosis _____ Date of Onset: _____

Please indicate current special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Circulation			

Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/cognition			
Allergies			

MEDICATIONS (include prescription, over-the-counter; name, dose, and frequency)_____

Describe your abilities/difficulties in the following area (include assistance required or equipment needed)

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (work/school including grade, leisure interests, relationships, family structure, companion animals, rears/concerns/ etc)

GOALS (what would you like to accomplish through this program)

Signature:_____ **Date**_____



RIISING HOPE FARMS
EQUINE ASSISTED ACTIVITIES & THERAPY
3775 BETHANY CHURCH ROAD
CLAREMONT, NC 28610

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height _____ Weight _____
 Address: _____
 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 Syndrome: AtlantoDens Interval X-rays, date _____ Result: + -
 Neurologic Symptoms of AtlantoAxial 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			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning			
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 Rising Hope Farms will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Rising Hope Farms for ongoing evaluation to determine eligibility for participation.

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



RIISING HOPE FARMS
EQUINE ASSISTED ACTIVITIES & THERAPY
3775 BETHANY CHURCH ROAD
CLAREMONT, NC 28610

Date: _____

Dear Health Care Provider:

Your patient, _____
(participant's name)

is interested in participating in supervised equine activities. In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability-include neurologic symptoms
Coxa Arhrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spinal Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Other

Age – under 3 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. RA MS)
fire Settings
Hemophilia
Migraines
PVD
Respiratory Compromise
Recent surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concern regarding this patient is participation in equine assisted activities, please feel free to contact the center at the address/phone indicated above.

Sincerely,



Rising Hope Farm
3775 Bethany Church Road
Claremont, NC 28610



Authorization for Emergency Medical Treatment Form

☐ Participant ☐ Staff ☐ Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 _____ to:
(Center's Name)

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

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(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

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 agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

ACOPY OF THE COMPLETED MEDICAL/HEALTH HISTORY SHOULD BE ATTACHED TO THIS FORM.



CONTINUING LIABILITY WAIVER & RELEASE

NOTICE: THIS DOCUMENT CONTAINS COVENANTS AFFECTING YOUR LEGAL RIGHTS. BY SIGNING BELOW YOU ARE RELEASING ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM YOUR ENTRY UPON THE PROPERTY AND PARTICIPATION IN THE EVENTS LISTED. PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

WARNING:

UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.

In consideration of being allowed to enter into and participate in various "Equine Activities", as that term is defined in N.C. Gen. Stat. § 99E-1 (2003), including, but not limited to, horseback riding, instruction, therapy, and the use of equine animals and/or tack and equipment on the properties of Rising Hope Farms, LLC, Gail C. Wartner, and Kurt W. Wartner, (the "Property"), I, the undersigned, for myself, my heirs, executors, administrators, and assigns (collectively, my "Successors"), hereby waive and release any and all claims for damages, for death, personal injury, loss of property or property damage I may have, or that may subsequently accrue to me, or to my Successors, as a result of my participation in Equine Activities. I, the undersigned, discharge and release in advance all persons and/or organizations providing, hosting, sponsoring, managing, and conducting the Equine Activities, the owner's of the property, and each of their respective heirs, successors, and assigns (collectively, the "Sponsors"), and including, but not limited to, Rising Hope Farms, LLC, Gail C. Wartner, and Kurt C. Wartner, from any and all liability arising out of or connected in any way with my participation in the Equine Activities and/or entry upon the Property, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

1. I acknowledge that Equine Activities involves dangerous and potentially deadly activity. My participation in said Equine Activities is voluntary and done at my own risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in the Equine Activities.
2. I affirm that I am physically fit and sufficiently trained to participate in Equine Activities.
3. I consent to the provision of emergency medical services (in the event such service are necessary) by the Sponsors. I understand and agree that medical or other services rendered to me by, or at the instance of, the Sponsors is not an admission of liability to provide or to continue to provide such services, and is not a waiver by any of the persons or entities mentioned above of any right hereunder.
4. I understand that serious accidents occasionally occur during Equine Activities, and that participants in Equine Activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof.

Knowing the risks of participation in Equine Activities, I nevertheless hereby agree to assume those risks and to the following:

- A. Covenant not to sue. I hereby release, waive, discharge, and covenant not to sue the Sponsors, other participants, spectators, and any persons on the Property (the "Releasees") from liability to the myself and my Successors, for any and all loss or damage, and any claim or demands therefore on account of injury to my person or my property or resulting in my death, whether caused by negligence or otherwise, while I am in or upon the Property, and/or participating in, competing, officiating, observing, volunteering, or working in Equine Activities, or otherwise.
- B. Indemnification. I hereby agree to indemnify and save and hold harmless the Releasees from any loss, liability, and damage or cost they might incur due to my presence in or on the Property or in any way participating in, competing, officiating, observing, volunteering, or working in Equine Activities, or otherwise, and whether caused by the negligence of the Releasees or otherwise.
- C. Assumption of Risk. I assume full responsibility for and risk of bodily injury, death, or property damage due to the negligence or the Releasees, or otherwise, while in or on the Property and/or while participating in, competing, officiating, observing, volunteering, or working in Equine Activities, or otherwise.
- D. Continuing Waiver and Release. I hereby acknowledge that it is my desire not to be required to execute this Continuing Liability Waiver and Release each time I enter onto the Property or participate in an Equine Activity, as to do so would be both burdensome and repetitive. Therefore, I hereby agree that this Continuing Liability Waiver and Release shall be continuing in nature and that I shall be bound by the terms hereof on each and every occasion that I enter onto the Property and/or participate in any Equine Activity on the Property, until such time as I deliver to Rising Hope Farms, LLC (3775 Bethany Church Rd., Claremont, NC 28610) a written termination of this Continuing Liability Waiver and Release and the same is actually received by Rising Hope Farms, LLC.

I further agree that the foregoing is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina, and that if any portion of it is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Signature instructions: A Participant over the age of eighteen (18) and not otherwise mentally prohibited should complete, sign and date PART A, below, before an adult witness. If the Participant is under the age of eighteen (18) or mentally prohibited from making decision on his/her own behalf, the parent or guardian of the Participant should complete, sign and date PART B, below, before an adult witness.

PART A. I have read and understand everything written above and I voluntarily sign this release and waiver of liability and indemnity agreement, and further agree that no oral representations, statements, or inducements apart from the above written agreement have been made. I further represent and warranty .that I am over the age of eighteen (18), of sound mind, and not subject to any court order terminating or modifying my abilities and/or right to make decisions concerning my person on my own behalf.

Date: _____

Signed: _____

DOB: _____

Printed Name: _____

Witness Signature: _____

Witness Name: _____

PART B. AGREEMENT AND CONSENT OF PARENT OR GUARDIAN OF MINOR/MENTALLY CHALLENGED PARTICIPANT.

I, as parent or guardian of _____, represent to the Sponsors that the facts concerning my child or ward in the Continuing Liability Waiver and Release are true. I hereby give my permission for my child or ward to enter the Property and participate in Equine Activities pursuant to the terms hereof. In consideration of my child or ward being allowed to enter the Property- and participate in Equine Activities, I agree individually and on behalf of my child or ward to the terms of the Continuing Liability Waiver and Release.

By signing hereto I covenant not to sue the Releasees and I agree to indemnify, save, and hold the Releasees harmless for from any loss, liability, and damage or cost they might incur due to my or my child or ward's presence in or on the Property or in any way participating in, competing, officiating, observing, volunteering, or working in Equine Activities, or otherwise, and whether caused by the negligence of the Releasees or otherwise. I have read and understand everything written above and in this Continuing Liability Waiver and Release. I voluntarily sign this Agreement and further agree that no oral representations, statements, or inducements apart from the above written agreement have been made.

Date: _____

Signed: _____

DOB: _____

Printed Name: _____

Witness Signature: _____

Witness Name: _____

Rising Hope Farms

Photo Release form

Name _____

Address _____

Telephone # _____ Email _____

Photo Release:

The undersigned hereby grant to *Rising Hope Farms* Therapeutic Riding program the permission to take or have taken still and moving photographs and films, including television pictures of myself during my volunteer or participant activities with the program and consents and authorizes *Rising Hope Farms* to use and reproduce the photographs, films, pictures, and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of *Rising Hope Farms* Therapeutic Riding Program and its work.

Consent Signature: _____ Date _____

Guidelines for Participating in Therapeutic Riding Program at Rising Hope Farms

- ❖ **ATTIRE:** Everyone (riders, therapist, volunteers and instructors) must wear proper attire during riding sessions (long pants, closed toe shoes and no loose jewelry). Instructor has the right to refuse riding if the attire is not appropriate.
- ❖ **ATTENDANCE:** Rising Hope requires AT LEAST 24 hours notice if your child is unable to make his/her scheduled ride. If the rider is sick, or if there is an emergency, we request as much notice as possible be provided. If a rider fails to show without notice more than once, the rider's sessions will be suspended and his/her time session will be given to a rider on the waiting list.
- ❖ **TARDINESS:** Out of Respect for our volunteers, horses and fellow riders, riding sessions will end on time. If a rider is late more than 3 times, Rising Hope Farms reserves the right to suspend that rider's sessions and his/her slot will be filled by a rider on the waiting list.
- ❖ **DESIGNATED AREAS:** No one except volunteers, therapist and riders are permitted in the mounting area and arena unless given permission by Instructor. (Mounting area is located behind the barn where the mounting block and handicap ramp is located).
- ❖ **GATES:** There shall be NO hanging, leaning or climbing on gates.
- ❖ **FEEDING HORSES:** Always use a bucket or black rubber dish when feeding horses treats.
- ❖ **KEEP OFF:** Riders and family members are not allowed on farm equipment or other vehicles belonging to Rising Hope Farms.
- ❖ **BARN RULES:** Everyone must obey barn rules (attached).
- ❖ **REMAIN ON PREMISES:** Parents/Guardians of riders MUST remain on premises at all times during the rider's session. RHF volunteers are not allowed to transport riders in case of emergency.
- ❖ **SPONSORSHIP:** As most of you are aware, Rising Hope Farms is supported by community donations and not by participant fee. We are asking each family to help RHF by finding a sponsor to contribute \$100 per year to support our operating budget. This contribution can be made by one or more individuals, organizations, churches, etc. All checks are to be made out to Rising Hope Farms.
- ❖ **VOLUNTEER HOURS:** We request that each family who benefits from the program give back by volunteering at least 5 hours during the season. You will be notified of opportunities to participate in special events, serve on a committee (fundraising, marketing, etc) or work days at the farm.

_____, understands and agrees with these guidelines.
(Parent/Guardian)

Date: _____

RHF Initial: _____