



Registration & Release Forms: Animal Interaction Activities

Participant's Last Name: _____ First Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

County: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email Address: _____

Name of Participant's Parent/Guardian: _____

Parent/Guardian's Cell Phone: (____) _____ Parent/Guardian's Work Phone: (____) _____

Parent/Guardian's Place of Employment: _____ City: _____

Participant's Ethnicity: _____ Gender: _____ Weight: _____ Height: _____

Primary Challenge/Concern: _____

Other Challenges/Concerns: _____

Has this person ever interacted with a horse? Circle: YES or NO

List of activities, sports, games, and/or reinforcements that the rider enjoys:

List of activities, sports, games, objects etc. that the rider dislikes/fears:

Physical Abilities / Challenges: _____

Psycho/Social Challenges: _____

What benefits would you like to obtain through participating ? List goals here: _____

Photo Release

(Please check one):

I do _____ / I do NOT _____ consent to and authorize the use and reproduction by Cedar Springs Ranch 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: _____

(Client, Parent or Guardian)



Rider Registration & Release Forms

Liability Release

_____ (Participant's Name) would like to participate in the animal interaction program at Cedar Springs Ranch. I acknowledge the risks and potential for risks of animal interaction/horseback riding. However, I feel the possible benefits of myself/my son/my daughter/my ward are greater than the risk 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 Cedar Springs Ranch, its Board of Elders, Instructors, Trainers, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in programs at Cedar Springs Ranch.

Signature: _____ Date: _____
(Participant, Parent or Guardian)

Rider's Authorization/Emergency Medical Treatment

In the event of an emergency that 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 Cedar Springs Ranch to do the following: secure and retain medical treatment and transportation if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Emergency Contact Numbers

Primary Contact: _____ Phone: _____
Secondary Contact: _____ Phone: _____
Physician's Name: _____ Phone: _____
Preferred Medical Facility: _____ City: _____
Health Insurance Co: _____ Policy #: _____

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 emergency contacts are unable to be reached.

Date: _____ Print Name: _____ Phone: _____

Consent Signature: _____
(Client, Parent or Guardian)



Participant's Medical History

Participant's Name: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Past Surgeries: _____ Date: _____

_____ Date: _____

Medications (include prescription and over-the-counter, name, dose, and frequency):

Side Effects: _____

Does this participant have a history of seizures? Yes: _____ No: _____

If yes, please provide the following information.

Triggers: _____ Type of Seizure: _____

Controlled: Yes: _____ No: _____ Date of Last Seizure: _____

Additional Comments:

Please mark applicable categories with an " X " & short note:

Orthopedic	Medical/Psychological
Atlantoaxial Instability (include neurologic symptoms)	Allergies
Coxarthrosis	Animal Abuse
Cranial Defects	Cardiac Condition
Heterotopic Ossification/Myositis Ossificans	Physical/Sexual/Emotional Abuse
Joint subluxation/dislocation	Blood Pressure Control
Osteoporosis	Dangerous to Self or Others



Pathologic Fractures	Exacerbations of Medical Conditions (e.g., RA, MS)
Spinal Joint Fusion/Fixation	Fire Setting
Spinal Joint Instability/Abnormalities	Hemophilia
Neurologic:	Medical Instability
Hydrocephalus/Shunt	Migraines
Seizure	PVD
Sensory Deficit	Respiratory Compromise
Spina Bifida/Chiari II Malformation/Tethered Coed/Hydromyelia	Recent Surgeries
Other:	Substance Abuse
Age (under 4 years)	Thought Control Disorders
Indwelling Catheters/Medical Equipment	Weight Control Disorder
Medications (e.g., photosensitivity)	Other:
Poor Endurance	
Skin Breakdown	

Medical Accuracy Statement:

I hereby acknowledge that the above noted medical information is accurate and complete to the best of my knowledge, and does not medically preclude [me/my ward] from participation in equine-assisted activities, or animal interaction activities. I understand that the center/staff reserve the right to discontinue services should any information be found inaccurate or withheld. The center/staff will weigh the medical information given against the existing precautions and contraindications of PATH Int'l to determine eligibility and involvement in services provided by Cedar Springs Ranch. The center/staff will use their discretion in an on-going basis for any changes or adaptations necessary for continuing services.

Written Name: _____ Date: _____

Signature: _____ Date: _____