

TRIP REGISTRATION

TRIP TITLE: (see list below) _____

PARTICIPANT NAME: _____ TEL. #:(____)_____

ADDRESS: _____ CELL.# _____

CITY: _____ STATE: _____ ZIP: _____ e-mail: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____ SEX: _____

DISABILITY: YES ___ NO ___ IF YES, PLEASE FILL OUT THE RIDER QUESTIONNAIRE

ARE YOU PLANNING TO RIDE: YES ___ NO _____

ARE YOU PLANNING TO CAMP?: YES ___ NO ___ IF YES, DESCRIBE THE CAMPING SETUP WHICH YOU PLAN TO BRING:

CAMPGROUND FEES AND MEALS ARE NOT INCLUDED IN REGISTRATION COSTS. PLEASE BE PREPARED TO PAY CAMPGROUND FEES DIRECTLY TO THE CAMPGROUND AT THE TIME OF THE TRIP.

SAT/ SUN	TRIP TITLE	FEES: (fees subject to change without notice)
JUNE OR JULY (DATE TBA)	CENTRAL OREGON:	\$150.00 per rider
AUGUST (DATE TBA)	OREGON FOREST :	\$150.00 per rider
SEPTEMBER (DATE TBA)	OREGON COAST :	\$150.00 per rider

50% OF FEE REQUIRED FOR RESERVATION AT LEAST 30 DAYS BEFORE THE TRIP.

- PLEASE COMPLETE, SIGN AND RETURN :**
1. TRIP REGISTRATION
 2. RIDER QUESTIONNAIRE, if applicable
 3. RIDER ORIENTATION
 4. PHOTO AGREEMENT
 5. PARTICIPANT AGREEMENT...
 6. EMERGENCY PREPAREDNESS CARD
 7. FEE (\$ _____ ENCLOSED)

**RETURN TO: H.O.R.S.E.S. Ltd.
P.O. Box 280
Scotts Mills, Oregon 97375**

phone #: 503 873 3890 www.AdaptiveRidingInstitute.org email: info@AdaptiveRidingInstitute.org

***** for office use only *****

Deposit Received: \$ _____ Date: ____/____/____ Bal. Due \$ _____

RIDER QUESTIONNAIRE

Please use this page if you have any conditions which could affect your balance, health or safety while riding.

DIAGNOSIS OR DISABILITY: _____

IS RIDER AMBULATORY? YES NO

ADAPTIVE APPLIANCES USED (wheelchair, crutches, etc....) _____

SEIZURES: YES NO

Explain: _____

CONTRACTIONS: YES NO

Explain: _____

SPASTICITY: YES NO

Explain: _____

FUSIONS: YES NO

Explain: _____

FRAGILITY: YES NO

Explain: _____

FATIGUE: YES NO

Explain: _____

PRESSURE SORES:	YES	NO
CAN RIDER SIT WITHOUT SUPPORT?	YES	NO
CAN RIDER TRANSFER WITHOUT HELP?	YES	NO
DOES RIDER TIRE EASILY?	YES	NO
HAS RIDER RIDDEN BEFORE?	YES	NO

VISION:	Good	Fair	Poor	None
HEARING:	Good	Fair	Poor	None
SPEECH:	Good	Fair	Poor	None
BALANCE:	Good	Fair	Poor	None
NECK STRENGTH:	Good	Fair	Poor	None
ARM STRENGTH:	Good	Fair	Poor	None
HAND DEXTERITY:	Good	Fair	Poor	None
EYE HAND				
COORDINATION:	Good	Fair	Poor	None
TRUNK STRENGTH:	Good	Fair	Poor	None
LEG STRENGTH:	Good	Fair	Poor	None
HIP FLEXION:	Good	Fair	Poor	None

RATE PAIN SENSITIVITY:	Normal	Above Normal	Below Normal
RATE HEAT SENSITIVITY:	Normal	Above Normal	Below Normal
RATE COLD SENSITIVITY:	Normal	Above Normal	Below Normal
RATE SENSITIVITY TO			
TOUCH OR TEXTURES:	Normal	Above Normal	Below Normal

ANY ADDITIONAL INFORMATION? _____ (use back of this page)

Rider Orientation

Carefully read , sign and return. If you do not understand the information provided, please ask our staff to explain:

- ☺ All clients are required to read and sign a liability waiver prior to participation
- ☺ Please keep children under your control at all times
- ☺ Children under 7 years of age must be approved by the staff
- ☺ **Maximum Weight 225 Pounds**
(or have preapproval)
- ☺ Pets welcome with pre-approval, but must be on leash at all times!!
- ☺ Only one rider per horse
- ☺ Long pants and sturdy shoes recommended
- ☺ Recreational use of drugs or alcohol is **not** allowed prior to, or during equestrian activities
- ☺ Horse care personnel will not discriminate on the basis of a rider's race, religion, sex, age, national origin, ancestry, economic status, or mental or physical disability
- ☺ If minors ride unaccompanied by a parent or guardian, the staff shall have full authority with regards to the minor's behavior, participation, and emergency medical treatment.
- ☺ Each rider must wear an A.S.T.M. approved equestrian helmet before mounting. If you don't have a helmet we will provide you with one
- ☺ If you have any questions regarding these procedures please discuss them with staff prior to the beginning of your ride. Your participation in this activity signifies full acceptance of all rules and conditions.
- ☺ Your cooperation will help us to provide an enjoyable horseback adventure

Print full name of rider or guardian

Signature of rider or guardian

____/____/____
Date

PHOTO AGREEMENT

I, the undersigned, grant to H.O.R.S.E.S. Ltd., aka Horses for the Physically Challenged, hereafter referred to as 'HORSES', and/or their assignees permission in perpetuity throughout the world to use my likeness, performance, recording, and/or voice as photographed and/or recorded by them for still or motion picture uses connected with the promotion, exhibition, or advertising of 'HORSES'.

I hereby release 'HORSES', it's assignees, licensees, and successors including, but not being limited to, all networks, stations, sponsors, publishers, distributors and exhibitors from any and all claims, liabilities, demands, or causes of action which I have or may hereafter have, by reason of photographing, recording, broadcast, exhibition, or any other uses of such films or recordings that may be from time to time made, or by reason of any occurrence or circumstance that may have taken place in or in conjunction with the photographing or recording of any scenes.

The undersigned further agrees that 'HORSES' shall own all rights, title and interest including any copyright in and to anything produced pursuant to the right granted 'HORSES' and that this waiver and release is binding on the heirs of the undersigned.

PLEASE PRINT

Model's Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

I AFFIRM THAT I AM MORE THAN 18 YEARS OF AGE.

Signature _____ Date _____

If model is less than 18 years of age, parent or guardian must complete the following guardian consent.

I am the parent or guardian of the above mentioned model. I hereby approve the foregoing and consent to the terms mentioned above. I affirm that I have the legal right to issue such consent.

PLEASE PRINT

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Signature _____ Date _____

Witnessed by _____ Date _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Horses, Ltd., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Horses"), I hereby agree to release, indemnify, and discharge Horses, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback riding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, Horses employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Horses from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Horses's equipment or facilities, **including any such claims which allege negligent acts or omissions of Horses.**

4. Should Horses or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that the lessee file a cause of action against Horses, the lessee agree to do so solely in the state of Oregon, and further agrees that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. The lessee agrees that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if I am hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Horses on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by Horses to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Horses from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

EMERGENCY PREPAREDNESS CARD

NAME: _____	DATE OF BIRTH: ____ / ____ / ____
CONTACTS & PHONE #'S (RELATIONSHIP): 1. _____ 2. _____ 3. _____	MEDICAL HISTORY: _____ _____ _____
PHYSICIAN: _____ _____	ALLERGIES / ASTHMA: _____ _____
HEALTH CARE PLAN (S): _____ _____	ALLERGIES TO MEDS: _____ _____

OTHER: _____

CURRENT MEDICATION:

NAME OF MEDICATION	AMOUNT	HOW OFTEN ?

Print Name of person completing the form: _____ Date _____