

Whitewater Therapeutic and Recreational Riding Association

PO Box 1443 Salmon, Idaho 83467 - 208-469-0617- whitewatertherapeutic@gmail.com
1319 Cemetery Street

PARTICIPANT APPLICATION 2021

Participant: _____

DOB: _____ **Age:** _____ **H** _____ **W** _____ **M** **F**

Address: _____

Phone: **H** _____ **C** _____ **W** _____

Employer/School: _____

Parent/Legal Guardian: _____

Address; (if different from above) _____

Phone: **H** _____ **C** _____ **W** _____

Referral Source: _____

Phone: _____

How did you hear about the program: _____

How many years have you participated in WTRRA programs: _____

Photo Release:

I do _____

I do not _____

Consent to and authorize the use and reproduction by Whitewater Therapeutic and Recreational Riding Association of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities, and exhibitions or for any other use for the benefit of the WTRRA program.

Signature: _____ **Date:** _____

Client, Parent or Legal Guardian

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Authorization for Emergency Medical Treatment

Participant__ Volunteer__ Staff__

Name: _____ DOB: _____

Address: _____

Phone: H _____ C _____ W _____

Physicians Name: _____ Medical Facility _____

Health Insurance Company: _____ Policy: _____

Allergies to Medication: _____

Current Medications: _____

In event of an emergency contact:

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 WTRRA, I authorize:

Whitewater Therapeutic and Recreational Riding Association 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:

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) listed above is/are unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of WTRRA representative

A copy of the completed Medical/Health History form should be attached

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Dear Participant/Parent/Guardian:

You have expressed an interest in participating in supervised WTRRA equine activities or therapies. WTRRA's primary concern is to provide a safe, productive experience for all participants. Included in this is the wish to "do no harm." Toward this goal, we need to be fully informed if any of the problems or diagnoses listed below applies to the participant.

Please check any of the following that apply and explain briefly on the back of this form in the space provided. This will help us make sure your experience is the best it can be.

ORTHOPEDIC	MEDICAL/PSYCHOLOGICAL
Atlantoaxial Instability - include neurologic symptoms	Allergies
Coxa Arthrosis	Animal Abuse
Cranial Deficits	Physical/Sexual/Emotional Abuse
Heterotopic Ossification/Mvostitis Ossificans	Blood Pressure Control
Joint Subluxation/Dislocation	Dangerous to self or others
Osteoporosis	Exacerbation of medical conditions
Pathologic Fractures	Fire Settings
Spinal Fusion/Fixation	Heart Conditions
Spinal Instability/Abnormalities	Hemophilia
	Migraines
NEUROLOGIC	PYD
Hvdrocephalus/Shunt	Respiratory Compromise
Spina Bifida/Chiari II Malformation/Tethered Cord	Recent Surgeries
Hvdromvelia	Substance Abuse
	Thought Control Disorders
OTHER	Weight Control Disorder
Age - Under 3 years	PTSD
Indwelling Catheters	
Medications - i.e. photosensitivity	
Poor Endurance	
Skin Breakdown	

Pre Cautions:

Reviewed by WTRRA staff: _____
Date: _____

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Adult Participant Name: _____

Youth Participant Name: _____

AUTHORIZATION AND RELEASE FOR PARTICIPANT

I, _____

Acknowledge and I understand that there are many known and unknown dangers and/or risks associated with participating in these equine assisted program and therapies. However, I feel the possible benefits to me/or my child are greater than the assumed risks. I hereby, intend to be legally bound, for myself, heirs and assigns, executors or administrators waive and release forever all claims for damages against WTRRA, its Board of Directors, employees and volunteers for any and all injuries and or losses I may sustain while participating in WTRRA programs.

And I grant a general release, and I waive, remise and forever discharge and release WTRRA and any and all officers, employees, volunteers, agents, insurers and any other individuals or entities, from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of injuries or damages, physical or mental, sustained by acknowledge the risks and potential risks involved in equine activities.

I do authorize this child /adult _____ to participate in this program with full knowledge of the terms set forth below. I understand that the terms of this agreement are contractually and legally binding upon me and the person who I have authorized to participate in this program and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

For and in consideration of myself or my child being allowed to participate in the Whitewater Therapeutic and Recreational Riding Association (WTRRA) programs, and in recognition of the benefits from such programs, I do hereby release WTRRA and any and all officers, employees, volunteers, agents, insurers and any other individuals or entities, from any and all civil liability for any and all forms or injury which may arise as a result of his/her participation in such programs or in travelling back and forth to the facility.

Date: _____

Signature of Adult Participant:

Signature of Parent or Guardian

Witness

INTAKE NOTES:

Participant goals:

Parental preferences/concerns:

Previous experiences with horses.

Special Needs: ie: transportation, class and session times, legal issues, allergies,

Health and behavioral concerns not listed previously.

Fears obsessions, ways to calm,