



SPIRIT

OPEN EQUESTRIAN PROGRAM INC.

Participant Program Registration Form

Name of participant _____
Address _____ City _____ Zip _____

Phone contact(s) Home _____ Work _____ Cell _____
Email _____

Parent/Guardian Name and Address (if is aplicable or different of above)

Diagnosis: _____

Age _____ Weight _____ Height _____

Class:

1. Educational&developmental program (Natural horsemanship, equestrian skills, dressage)
2. Therapeutic riding program (for riders with disabilities - achieving therapeutic benefits)
3. Para equestrian program (Para dressage competition program)
4. Speical Olympic program (Special Olympic program)

How did you learn about SPIRIT Open Equestrian Program?

Signature of Participant _____

Date _____

Signature of First Parent _____

Date _____

Signature of Second Parent _____

Date _____

Signature of Agent for Parent(s) or Guardian _____

Date _____

I am authorized by the Parents of _____ to sign this document.
My relationship to the parents is _____



SPIRIT

OPEN EQUESTRIAN PROGRAM INC.

Authorization for Emergency Medical Treatment Form

Name:	DOB:	Phone:
Address:		
E-mail :		
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: _____

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 Davorka Suvak, or any her helper 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) above is unable to be reached.

Date: _____ Consent: _____ Signature: _____

Rider, Parent or Legal Guardian

Signed in presence instructor

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: _____

Rider, Parent or Legal Guardian

Signed in presence of instructor



SPIRIT

OPEN EQUESTRIAN PROGRAM INC.

Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement

CAUTION: READ BEFORE SIGNING

State of Virginia Equine Liability Form
Rev 2004

NOTICE: Please read this document before signing. Signing this document affirms that you have read it and understand it in its entirety

The Equine Activity Liability laws of the State of Virginia, VA. Code Ann. § 3.1-796.130, state among its statutory provisions that , "NOTICE: Intrinsic dangers in equine activities, include (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability." No participant nor any participant's parent, guardian, or representative shall have or make any claim against or recover from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the intrinsic dangers of equine activities

I/We, the undersigned, as Parent/Parents/Guardian/Guardians of:

_____, a minor, for and in consideration of the agreement of the Spirit Open Equestrian Program Inc., to provide riding instruction to said minor, do/does hereby forever release, acquit, discharge, and hold harmless the Spirit Open Equestrian Program Inc. , it officers, directors, board members, agents, owners, employees, representatives, successors, and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now or in the future have against Spirit Open Equestrian Program Inc., its officers, directors, board members, agents, owners, employees, representatives, successors, or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person of said minor, and the treatment thereof, as a result or, or in any way growing out of the acts of the Spirit Open Equestrian Program Inc., its officers, directors, board members, agents, owners, employees, representatives, successors, or assigns, including but not limited to their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

I acknowledge and understand the risks and potential risks of horseback riding including, but not limited to: 1) The propensity of an equine to behave in dangerous ways which may result in injury or death to the participant or damage to property; 2) The inability to predict an equine's reaction to sound, movement, objects, persons or animals; 3) Hazards of surface or subsurface conditions whether known or unknown. However, I feel the possible benefits to myself/minor child are greater than the risks assumed.

Dated this _____ day of _____, 20_____.

Signature: _____
(Parent or Legal Guardian)

Signature: _____
(Parent or Legal Guardian)

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (“this Agreement”) is hereby given by the undersigned to Spirit Open equestrian Program, as equine activity sponsor and/or equine activity professional (the “sponsor/professional”) and to the sponsor/professional as agent for and for the benefit of each owner of land upon which an equine activity to which this Agreement relates is conducted (“Owner”) and each partner, officer, agent, employee, director, shareholder, subscriber, member, heir, personal representative, successor and assign of the sponsor/professional” or “owner” as their relationship may determine) provides as follows:

In consideration for the opportunities for the opportunities provided by the sponsor/professional and each owner to the undersigned “participant” (including any minor participant for whom he signs this Agreement) for the enjoyment of equine activities as a participant, the undersigned “participant” (including any minor participant for whom he signs this Agreement) hereby agrees as follows:

1. This Agreement is given in part under the Virginia Equine Activity Liability Act (Code of Virginia 3.1-796.130 et seq.) as it may now provide or be hereafter amended (the “Act”). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the sponsor/professional the fullest protection of a release, waiver of right to sue and assumption of all risks, which is afforded to the sponsor/professional by the Act and by general law.
2. All pronouns shall be construed to include the masculine, feminine or neuter as well as the plural or singular, as may be appropriate to facilitate the construction of this Agreement in the light of the facts presented.
3. The participant hereby acknowledges that he has full and complete notice and understanding of the Act and of all the risks inherent in equine activities which may cause, contribute to or result in the death or personal injury of the participant or damage to the participant’s property (the “Risks”), including, but not limited to: (i) the propensity of an equine to behave in dangerous ways or to trip and/or fall; (ii) the inability of anyone whomsoever to predict or foresee an equine’s reaction to excitement, weather conditions, sound, movements, objects, persons, animals, reptiles, birds or insects, and the effects of such reaction; (iii) the hazards of surface or subsurface conditions, including but not limited to objects or conditions on, under or protruding from the surface, both latent and patent; (iv) the hazards which rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches and other debris and obstacles, and any equine activity in connection therewith, may foreseeably or unforeseeably present; (v) the dangers and risks of tack or harness slipping or breaking for whatever reason; (vi) the dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity; (vii) the risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason; (viii) the dangers of being struck by an equine, by a rider or by a hound; (ix) any negligent act or omission by the sponsor/professional or any owner which causes or results in the death or personal injury of the participant or damage to the participant’s property; and all other risks associated with horse back riding, ground work and all related activities.
4. The participant hereby RELEASES and WAIVES all rights which he may have or hereafter against the sponsor/professional and each owner for death, personal injury or property damage which is in any way associated with the Risks; he does hereby WAIVE his right to sue or bring any action against the sponsor/professional or any owner in connection therewith; he agrees to INDEMNIFY and DEFEND the sponsor/professional and each owner from and to HOLD the sponsor/professional and each owner HARMLESS against any such suit or action; and he hereby expressly ASSUMES ALL RISKS AND DANGERS of death, personal injury and property damage which are in any way associated with the Risks enumerated in paragraph 3, above.
5. The participant hereby authorizes and consents to any emergency, medical care that may at the time appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of an equine activity.

6. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the participant until expressly revoked by the participant in a written notice personally delivered to the sponsor/professional.
7. To the extent possible, this Agreement shall be construed in such a manner as will render it, and each provision of it, fully enforceable; but if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect.
8. If this Agreement is executed by the undersigned participant for an on behalf of a minor participant named below; the undersigned participant hereby warrants and represents that he is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor participant, his heirs, personal representatives, successors and assigns; and the undersigned participant further agrees that this Agreement shall also be as fully binding on the undersigned participant as if it were entered solely on his own behalf.
9. This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the participant.
10. I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE RELEASE, WAIVER OR RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH, AND I HAVE NOT RELIED UPON THE SPONSOR/PROFESSIONAL OR ANY OWNER FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUINE RELATED ACTIVITIES.

PARTICIPANT NAME: _____
(Please PRINT)
ADDRESS: _____

PARTICIPANT SIGNATURE: _____

GUARDIAN SIGNATURE:
(If 18 or Younger) _____

DATE: _____ TELEPHONE: _____



SPiRiT

OPEN EQUESTRIAN PROGRAM INC.
(for classes 2,3,4)

Date: _____

Dear Physician:

Your patient, _____ (participant's name) is interested in participating in supervised equestrian 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 therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic Medical/Psychological
Atlantoaxial Instability – include neurological symptoms Allergies
Coxa Arthrosis Animal Abuse
Cranial Deficits Physical/Sexual/Emotional Abuse
Heterotopic Ossification/Myositis Ossificans Blood Pressure Control
Joint subluxation/dislocation Dangerous to self or others
Osteoporosis Exacerbations of medical conditions
Pathologic Fractures Fire Settings
Spinal Fusion/Fixation Heart Conditions
Spinal Instability/Abnormalities Hemophilia
Medical Instability
Neurologic
Migraines
Hydrocephalus/Shunt PVD
Seizure Respiratory Compromise
Spina Bifida/Chiari II malformation/Tethered Cord/ Recent Surgeries
Hydromyelia Substance Abuse
Thought Control Disorders
Other
Weight Control Disorder
Age – usually under 4 years
Indwelling Catheters
Medications, i.e., photosensitivity
Poor Endurance
Skin Breakdown

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact me as it is indicated below.

Sincerely,
Davorka Suvak
Program Director
703-600-9667
spiritoep@gmail.com

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

Participant:		DOB:	
Height:	Weight:	Diagnosis	
Address:			
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, Diets/Needs:			
May participate in all activities ? Y N			
May participate except for:			
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: Y N		

This participant is up-to-date on all the following routine childhood immunization :

	Y N	Date:
Measles		
Rubella		
Tetanus		
Pertussis		
Polio		
Diphtheria		
Other:		

Please indicate current or past difficulties 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 Disability
Cognitive
Emotional/Psychological
Pain
Other

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities.

Expected benefits of equine asisted program:

However, I understand that the medical information above will be taken against the existing precautions and contraindications. I concur with a referral of the patient to a licensed/credentialed health professional (e.g., PT, OT, Speech, Psychologist, etc) in the implementations of an effective equestrian program.

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



SPIRIT

OPEN EQUESTRIAN PROGRAM INC.

PHOTO RELEASE

I hereby grant Spirit Open Equestrian Program permission to interview me and/or to use my likeness in photograph(s) /video in any and all of its publications and in any and all other media, whether now known or hereafter existing. I will make no monetary or other claim against Spirit OEP or its staff for the use of the interview and/or the photograph(s)/video.

This is a total release in perpetuity to any right, title or interest.

Name (print full name) _____

Signature _____

Relation to subject (if subject is a minor) _____

Address _____

City, State, Zip code _____

Telephone _____