



Participants First Name: _____ Middle I. _____ Last Name: _____
Street address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell: (____) _____
E-mail: _____ Date of Birth: _____
Parent(s)/ Legal Guardian Name: _____
Employer: _____ Work Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____

HEALTH HISTORY

Physicians Name: _____ Medical Facility: _____
Phone: _____ Health Ins. Company: _____

Policy # _____

Allergies: _____

Medication: _____

Health History (Fitness, Respiratory, bone & Joint function, recent surgery): _____

Photo Release (please check): I do () or I do not () Consent to and authorize the use and reproduction by HORSEPOWER Inc. 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: _____
(Parent or Legal guardian if Student is under the age of 18)

Emergency Treatment Release Form

Consent Plan and Agreement

___ In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize HORSEPOWER Inc. to 1: Secure and retain medical treatment and transportation as needed and 2: Release records upon request to the authorized individual or agency involved in the medical emergency treatment. 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) below is/are unable to be reached.

Consent Signature: _____ Date: _____
(If Student is under age of 18 years old this must be signed by a legal guardian)

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.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Liability Release

_____ (Client's Name) would like to participate in the HORSEPOWER Inc., program. I acknowledge the risks and potential for risk of Horseback Riding. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for me, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against HORSEPOWER Inc., its Board of Directors, instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward while participating in HORSEPOWER Inc.

Consent Signature: _____ Date: _____
(If Student is under age of 18 years old this must be signed by a legal guardian)

In the event of an emergency, please contact:

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____



HORSEPOWER Inc
RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I hereby agree to indemnify and hold harmless and release Horsepower Inc., its officers, members, agents and volunteers from any and all liability for injury, damages or harm that may occur to me, my representatives, heirs, dependents, guests, or to the equine I am using, or to the property owned or used by me. Further, I represent that I understand the hazardous nature of using equines, including pleasure riding, in which injury can occur to equine and rider due to vehicles, natural and man-made obstacles or materials, other equines, dogs, storms, uneven terrain, stress, and other hazards.

I further understand that I am not riding as an employee but as a volunteer and on my own time. I am covered under my personal insurance and not under workers compensation or HORSEPOWER's insurance.

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 Definition of inherent risks of equine activities: those dangers or conditions that are an integral part of engaging in an equine activity, including any of the following:

- a. The possibility of an equine behaving in ways that may result in injury, harm or death to person(s) on or around them.
- b. The unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, person(s), or other animals.

Participant's Name (Please Print)

Participant's Signature

Date

Parent/Guardian's Name (Please Print) Parent/Guardian's Signature
If participant under age of 18 yrs old

Date