



PARTICIPANT'S APPLICATION AND RELEASE FORM

Name of Applicant: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____ Employer/School: _____

Date of Birth: _____ Height: _____ Weight: _____ Gender: M F

How did you hear about the program? _____

Name(s) of Parent(s) or Guardian(s): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Information:

1. Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2. Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Medical Treatment:

CONSENT PLAN

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 T.H.E. FARM to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my records upon request to the provider of any such medical emergency treatment.

This authorization includes, without limitation, x-ray, surgery, hospitalization, medication and any treatment procedure deemed by a physician to be an appropriate means to attempt to save the Applicant's life. This provision will be invoked only if T.H.E. FARM is unable to reach the person(s) above.

Date: _____ Consent Signature: _____

Applicant (or Parent or Legal Guardian, if under 18 years)
Signed in presence of center staff

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 procedures to take place:

Date: _____ Non-Consent Signature: _____

Applicant (or Parent or Legal Guardian, if under 18 years)
Signed in presence of center staff

Photo Release:

I DO ___/DO NOT ___ consent to and authorize the use and reproduction by T.H.E. FARM of any and all photographs and any other audio/visual materials taken for promotional materials, educational activities, exhibitions or for any other use T.H.E. FARM deems to be of benefit to its program.

Date: _____ Consent Signature: _____

Applicant (or Parent or Legal Guardian, if under 18 years)

Confidentiality Agreement:

I understand that all information, written and verbal, about participants in T.H.E. FARM's lessons and programs and volunteers and personnel of T.H.E. FARM is strictly confidential and I agree not to share it with anyone without the express written consent of such participant, volunteer or personnel and his/her parent/guardian in the case of a minor.

Date: _____ Consent Signature: _____

Applicant (or Parent or Legal Guardian, if under 18 years)

Medical History:

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Hear			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

Date: _____ Signature: _____
Applicant (or Parent or Legal Guardian, if under 18 years)

INHERENT RISKS OF EQUINE ACTIVITIES AND RELEASE FROM LIABILITY

WARNING

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

_____ (Applicant's name) would like to participate in equine activities at T.H.E. FARM. I (or the Applicant's Parent(s)/Guardian(s)) acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities, the Applicant or the Applicant's Parent(s)/Guardian(s) acknowledge the risks and potential for risks of equestrian activities. Despite these inherent risks, the Applicant (or the Applicant's Parent(s)/Guardian(s)) feels that the possible benefits to himself/herself/his or her son/daughter/ward are greater than the risks assumed, and the Applicant (and the Applicant's Parent(s)/Guardian(s)) has chosen to participate in T.H.E. FARM's equestrian program (the "Activities") (and the Applicant's Parent(s)/Guardian(s) have agreed to allow the Applicant to engage in the Activities). The Applicant (and the Applicant's Parent(s)/Guardian(s)) agree that he or she shall not hold T.H.E. FARM liable for any injury to or death of the Applicant (or the Applicant's Parent(s)/Guardian(s)) resulting from or related to his or her involvement in equine activities and/or the Activities. The Applicant (and the Applicant's Parent(s)/Guardian(s)) intending to be legally bound hereby remise, release and forever discharge T.H.E. FARM, its officers, directors, employees, independent contractors, assigns, members, insurers, instructors, therapists, aides, participants, agents, representatives and any others acting on T.H.E. FARM's benefit, for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of the Applicant (or the Applicant's Parent(s)/Guardian(s)) caused by or in any manner related to equine activities and/or the Activities or while participating in T.H.E. FARM's equestrian program. Moreover, I understand that T.H.E. FARM is an equine activity sponsor, as M.G.L. ch 128, section 2D defines that term and that T.H.E. FARM shall not be liable for any injury or death that results from the inherent risks of equine activities, and I shall not make any claim on my own or the Applicant's behalf against T.H.E. FARM. The Applicant (and Applicant's Parent(s)/Guardian(s)) hereby acknowledges that he or she has been warned about the risks related to equine activities and the Activities. The Applicant (and the Applicant's Parent(s)/Guardian(s)) has had the opportunity to ask questions of T.H.E. FARM and is satisfied that he or she understands the risks involved in equine activities and the Activities. By his or her execution of this Release Form, the Applicant (and the Applicant's Parent(s)/Guardian(s)) agrees to be bound by and comply with the terms hereof and acknowledges that he or she wishes to engage in equine activities despite the risks and potential dangers involved. The Applicant (and the Applicant's Parent(s)/Guardian(s)) has not relied on any representations, statements or warranties of T.H.E. FARM other than those specifically set forth herein.

Date: _____ Consent Signature: _____
Applicant (or Parent or Legal Guardian, if under 18 years)