



KEENAN HILL FARM AND ASHEVILLE EQUINE THERAPY
PARTICIPANT APPLICATION AND HEALTH HISTORY

GENERAL INFORMATION

Participant _____
Disability(if any) _____ Date of Onset _____
DOB _____ Age _____ Height _____
Weight _____
Male _____ Female _____ Non-binary _____
Address _____
Phone _____ Alternative Phone# _____
Parent/Legal Guardian _____ Phone # _____
Address (if different from above) _____
Email _____

HEALTH HISTORY

Please indicate current or past issues in the following areas:

	<u>Y</u>	<u>N</u>	<u>COMMENTS</u>
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Tetanus Shot	Yes _____	No _____	Date _____

What medications is the participant currently taking, including over-the-counter medication?

Describe the participant's abilities/difficulties in the following areas (include assistance required or equipment needed).

FUNCTION (ie Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

SOCIAL (ie work/school including grade completed, leisure interests, companion animals, fears/concerns, etc)

GOALS (ie Reasons for participation? What do you/they want to accomplish?).

No one can be accepted for participation in equestrian activities until all forms have been completed by the participant 18 years or older, parent or legal guardian. Equestrian activities will be under supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations or individuals concerned including Keenan Hill Farm and Asheville Equine Therapy and its representatives.

I would like _____ to participate in equestrian activities and I have discussed this with the participant's physician. I understand that NO LIABILITY can be accepted by any of the organizations concerned with this participation, including Keenan Hill Farm and Asheville Equine Therapy and its representatives.

Signature _____ **Date** _____

WARNING: UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY 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 STATUTES.



KEENAN HILL FARM AND ASHEVILLE EQUINE THERAPY

Participant/Parent/Guardian Liability/Photo

Release/Disclaimer

The undersigned, as participant/parent(s)/guardian(s) of _____, the participant, for and in consideration of the agreement of Keenan Hill Farm and Asheville Equine Therapy to provide equestrian activities to said participant, does hereby forever release, acquit, discharge and hold harmless Keenan Hill Farm and Asheville Equine Therapy, its officers, trustees, agents, employees, representatives, volunteers, successors, assigns and leasers of the facilities where Keenan Hill Farm and Asheville Equine Therapy operates, for all manner of claims, demands and damages of every kind and nature whatsoever which the undersigned of said minor/participant may now or in the future have against Keenan Hill Farm and Asheville Equine Therapy, its officers, trustees, agents, employees, representatives, volunteers, successors, assigns, and leasers of the facilities where Keenan Hill Farm and Asheville Equine Therapy operates on account of any personal injuries, physical or mental condition, known or unknown, to the person of said participant, and the treatment thereof, as a result of, or in any way growing out of the acts of Keenan Hill Farm and Asheville Equine Therapy, its officers, trustees, agents, employees, representatives, volunteers, successors, assigns, and leasers of the facilities where Keenan Hill Farm and Asheville Equine Therapy operates including but not limited to their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

SIGNATURE _____ **DATE** _____

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PHOTO RELEASE

I _____DO

I _____DO NOT

Consent to and authorize the use and reproduction by Keenan Hill Farm and Asheville Equine Therapy and its representatives 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 Keenan Hill Farm and Asheville Equine Therapy.

SIGNATURE _____ **DATE** _____

Asheville Equine Therapy Inc. Disclaimer:

We at Asheville Equine Therapy are dedicated to enhancing the quality of life for all, including those with disabilities, special needs, PTSD and trauma through equine-assisted services. Asheville Equine Therapy instructors are PATH INTL. Certified Instructors (Professional Association of Therapeutic Horsemanship International), ARCH (Arenas For Change) and/or EAGALA Certified (Equine Assisted Growth and Learning Association).

Asheville Equine Therapy Instructors help facilitate the bond between equine and human. Classes/lessons/sessions can help to build confidence, gain compassion, learn social skills, self-efficiency, communication, trust, perspective, impulse control, learn boundaries and so much more.

NOT ALL Asheville Equine Therapy Instructors are licensed medical professionals in the mental health field.

Participant/Parent/Guardian Signature

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KEENAN HILL FARM AND ASHEVILLE EQUINE THERAPY
AUTHORIZATION FOR EMERGENCY MEDICAL
TREATMENT FORM

____ Participant ____ STAFF ____ VOLUNTEER

Name _____

Address _____

Phone # _____ Date of Birth _____

Email _____

Health Insurance Company _____ Policy # _____

Allergies to Medications _____

In the event of an emergency, contact:

Name _____ Relation _____ Phone # _____

In the event of emergency medical aid and/or treatment is required due to injury during the process of receiving or assisting in services, or while being on the property of the agency, I authorize Keenan Hill Farm and Asheville Equine Therapy to:

1. Secure and maintain medical treatment and transportation if needed.
2. Release participant 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.

CONSENT SIGNATURE _____ **DATE** _____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment and/or aid in the case of injury during the process of receiving or assisting in 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: _____

SIGNATURE _____ **DATE** _____



Asheville Equine Therapy Inc. and Keenan Hill Farm
Contraindications to Adaptive Horsemanship & Riding
For medical safety, persons in the following categories
may **NOT BE PERMITTED to participate in equine**
assisted services or ride, in accordance with
guidelines established by PATH INTL. (Professional
Association of Therapeutic Horsemanship
International)

1. Children under the age of three (3) and/or wear a diaper.
2. Weight: maximum weight is two hundred pounds (200 lbs). Stability issues among the physically disabled will be considered in addition to weight. Students must be able to maintain sitting balance for riding.
3. Drug or substance abuse.
4. Moderate agitation with severe confusion, aggressive or self-abusive behavior.
5. History of animal abuse.
6. History of fire setting.
7. Students with Down Syndrome MUST have an exam for neurologic symptoms of Atlantoaxial Instability.
8. Unstable spine.
9. Lack of neck control.
10. Moderate to severe osteoporosis.
11. Uncontrolled seizures within the last 12 months (seizures accompanied by uncontrollable motor activity).
12. Acute stages of arthritis.
13. Open pressure sores or open wounds.
14. Structural scoliosis greater than 30 degrees. Excessive hyphosis or lordosis, hemi-vertebrae. Exceptions are sometimes made if the patient rides with a supportive spinal brace or rigid body jacket.
15. Hemophilia.
16. Hip Subluxation and or dislocation.
17. Coxa Arthrosis (degeneration of the hip).
18. Spondylolisthesis.
19. Acute herniated disk.
20. Spinal fusion within one year post surgery, includes Harrington rods.
21. Juvenile Kyphosis (Scheurman) in the acute stage.
22. Patient on medication that affects the coagulation of blood.
23. CVA caused by aneurysm with spontaneous bleeding if not surgically removed; or presence of other aneurysms; CVA from angioma of brain if not totally surgically removed, or a known embolus or thrombus.

- 24. Heterotropic ossification in the hip resulting in inadequate range of motion.
- 25. Osteogenesis Imperfecta.
- 26. Hydrocephalus or cranial deficits if a helmet cannot offer complete protection.
- 27. Tethered Cord, Hydromyelia or development of Chiari II malformation symptoms associated with Spina Bifida.
- 28. Spinal cord injury above T-6.
- 29. Poor endurance if fatigue persists well after a riding session and impairs function.
- 30. Uncontrolled diabetes or medically unstable conditions associated with diabetes.
- 31. Peripheral Vascular Disease (PVD) if indication of skin damage due to riding.
- 32. Severe Varicose Veins.
- 33. Uncontrolled hypertension.
- 34. Serious heart condition.
- 35. Disorders in exacerbation.
- 36. Persons with an indwelling catheter.
- 37. Persons with a shunt.
- 38. Post surgery riding only:
 - A. Status-post tendon lengthening 8 to 10 weeks.
 - B. Status-post fracture/osteotomy 6 to 8 weeks.
 - C. Status-post rhizotomy 3 to 12 months.

_____ I have read the above list and maintain that this patient **DOES NOT** currently have any disorder that is a contraindication to adaptive horseback riding.

_____ I have read the above list and maintain that this patient **DOES** currently have one or more disorders that is a contraindication to adaptive horseback riding.

PLEASE CIRCLE ALL THAT APPLY.

PARTICIPANT'S NAME _____

PHYSICIAN'S NAME _____ DATE _____

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S NPI # _____

*** I, as Participant/Parent/Guardian of _____, hereby

certify that none of the above pertains to _____.

Participant/Parent/Guardian Signature _____