



Horse Power for Life

Enriching the lives of families living with cancer

A member of PANO, Pennsylvania Association of Nonprofit Organizations

PROGRAM REGISTRATION FORM TO BE COMPLETED BY ALL PARTICIPANTS; Cancer Patients, Survivors and Family Members

DATE:
NAME:
ADDRESS:
CITY: STATE: ZIPCODE:
HOME PHONE: WORK PHONE: CELL PHONE:
EMAIL:
MALE/FEMALE (circle) DATE OF BIRTH: / / HEIGHT: WEIGHT*: *Weight limit is 180 pounds. Anyone exceeding this limit may groom and work with horses on the ground only.
CANCER PATIENT _____ SURVIVOR _____ FAMILY MEMBER _____ RELATIONSHIP _____
HORSE RIDING EXPERIENCE (circle): NONE BEEN ON TRAIL RIDES 1-2 YEARS OVER 2 YEARS
AVAILABILITY TO TAKE LESSONS DAYS/TIMES:
INTERSTED IN (please check): <input type="checkbox"/> GROOMING & WORKING WITH HORSE ON THE GROUND ONLY <input type="checkbox"/> GROOMING, GROUNDWORK & RIDING
DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM DOING ANY OF THE FOLLOWING: <input type="checkbox"/> GROOMING A HORSE <input type="checkbox"/> LEADING A HORSE <input type="checkbox"/> WALKING ALONG SIDE OF A HORSE <input type="checkbox"/> JOGGING BESIDE A HORSE <input type="checkbox"/> RIDING A HORSE
PLEASE EXPLAIN:
VISUAL/HEARING LIMITATIONS:
SIGNATURE DATE

By signing this page you are agreeing that all of the above information is correct. Incorrect information may jeopardize the safety of the student, horses and others. Your signature also authorizes Horse Power for Life to use photos that may be taken during your lessons to be displayed on the website site, newsletter, and etc. for promotional purposes.



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Student Name _____ Date of Birth _____ / _____ / _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact in the event that I cannot be reached:

Primary Contact _____ Phone _____

Secondary Contact _____ Phone _____

Type of Cancer (of Patient/Survivor) _____

Current Physician _____ Phone _____

Preferred Medical Facility/Hospital _____ Phone _____

Health Insurance Provider _____ ID # _____

Allergies _____

Current Medications Being Taken and Side Effects _____

CONSENT PLAN

In the event where emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property where services take place, I authorize HORSE POWER FOR LIFE to:

1. Secure and retain medical treatment and transportation if needed.
2. Release student 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 listed above is unable to be reached.

CONSENT SIGNATURE (Parent or guardian must sign if under 18)

DATE

NON-CONSENT PLAN

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services, or while being on the property where services take place during the HORSE POWER FOR LIFE program. In the event emergency treatment is required, I wish the following procedures to take place:

CONSENT SIGNATURE (Parent or guardian must sign if under 18)

DATE



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HORSE POWER FOR LIFE PHYSICIAN'S CONSENT

NOTE: This form is to be completed by the Physician for the Cancer Patient or Survivor ONLY. Family members may skip this page.

Patient /Survivor's Name _____

Address _____ Phone _____

Horse Power for Life Horsemanship Program Description:

Horse Power for Life is a non-profit organization that provides a free horsemanship and riding program as a therapeutic resource to cancer Patients and Survivors of all ages and their families.

Patient/Survivor ("Student") is eligible for up to 16/90 minute sessions. Scheduling is flexible and can be adapted to the student's schedule and current medical condition. Students are not obligated to complete the entire program within a specific time span and may complete it at some future date.

The student will groom horses, halter and tack up horses, lead a horse on the ground at the walk and trot and ride the horse at the walk and trot. While mounted, the student is required to wear a certified riding helmet/hard hat which is provided by Horse Power for Life. Students have the option to learn advanced ground techniques if they choose not to ride. Programs will be customized for each student depending on age, level of horse knowledge, comfort around horses, health and physical ability.

Restrictions _____

Physician Name _____

Physician's Address _____

Phone _____

Physician Signature _____ Date _____



HORSEBACK RIDING/TRAINING AGREEMENT AND LIABILITY RELEASE FORM

FOR INDIVIDUALS PARTICIPATING IN THE HORSE POWER FOR LIFE HORSMANSHIP PROGRAM AND TAKING INSTRUCTION FROM Becca Smith

“WARNING”

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY

You assume the risk of equine activities pursuant to Pennsylvania Law- Act 93 of 2005.

PLEASE READ CAREFULLY BEFORE SIGNING

A. REGISTRATION OF STUDENTS AND AGREEMENT PURPOSE: I, the following listed individual hereinafter known as “the RIDER”, and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in the HORSE POWER FOR LIFE HORSEMANSHIP PROGRAM under the direction of Becca Smith and that this RIDER will work with/ride a horse that is part of the HORSE POWER FOR LIFE PROGRAM under the direction of Becca Smith, today and on all future dates.

RIDER NAME (Please print)

AGE (if under 18)

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B. AGREEMENT SCOPE, TERRITORY AND DEFINITIONS. This agreement shall be legally binding upon me the registered STUDENT, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of the physical location of the riding lesson. Any disputes by the RIDER shall be litigated in venue shall be the county of the physical location of the riding lesson. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term “HORSE” herein shall refer to all equine species. The term “HORSEBACK RIDING” or “RIDING” herein shall refer to riding or otherwise handling of horses, ponies, mules or donkeys, whether from the ground or mounted. The term “RIDER” shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms “I”, “ME”, “MY” shall herein refer to the above registered RIDER and the parents or legal guardians thereof if a minor. The term “RELEASEES” shall herein refer to HORSE POWER FOR LIFE, Becca Smith, HORSE POWER FOR LIFE’S operators, officers, board members, horse owners, managers, facility owners, and all employees and volunteers of the HORSE POWER FOR LIFE program.



C. ACTIVITY RISK CLASSIFICATION I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at United States hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

D. NATURE OF RIDING HORSES I UNDERSTAND THAT: No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a riders fall from horse to ground, it will generally be at a distance of from 3½ to 5½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit with of movement with another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions and/or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from perceived danger.

E. RIDER RESPONSIBILITY I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the RIDER is in primary control of the horse. The RIDER'S safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. The RIDER shall be responsible for his/her own safety, and that of an unborn child, if the rider is pregnant. Pregnant women should ride a horse only under the advice and consent of their physician.

F. CONDITIONS OF NATURE I UNDERSTAND THAT: RELEASEES are NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on an out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural, and man-made changes in landscape.

G. PROTECTIVE HEADGEAR WARNING I AGREE THAT: I for myself and on behalf of my child and/or legal ward have been fully warned and advised by RELEASEES that protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, will be purchased by HORSE POWER FOR LIFE and worn while riding and being near horses and I do understand that the wearing of such headgear at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as a result of a fall and other occurrences.

H. ACCIDENT/MEDICAL AND PERSONAL LIABILITY INSURANCE I AGREE THAT: Should medical treatment be required, I and/or my own accident/medical insurance and shall pay for all such incurred expenses.



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I. Medical insurance: _____ Policy number: _____

J. LIABILITY RELEASE I AGREE THAT: In consideration of REALEASEES by allowing my participation in this activity, under the terms set forth herein, I, the RIDER, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives, or assigns, do agree to hold harmless, release, and discharge REALEASEES of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to RELEASEES ordinary negligence. I do further agree that except in the event of RELEASEES gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against RELEASEES as stated above in this clause, for any economic, and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of RELEASEES, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of RELEASEES.

K. I verify that no representations or inducements have been made to me to sign this Release. I further expressly agree that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the state in which I participate in activities conducted by the RELEASES and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

L. I further understand that REALEASEES do not accept any responsibility for accidents, damage, injury, or illness to the riders, employees, or spectators, or any other person in connection with the riding or handling of horses, in any way on the property or at horse shows during the HORSE POWER FOR LIFE program.

All Riders and Parents of Legal Guardians must sign below after reading this entire document:

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ ALL CONTENTS AND DO FULLY UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

STUDENT'S NAME (please print)

SIGNATURE OF STUDENT

SIGNATURE OF PARENT/LEGAL GUARDIAN (If rider is under 18years of age)



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PARTICIPANT QUESTIONNAIRE

Please provide the following additional information about your cancer situation.

PARTICIPANT NAME: _____

Are you a Cancer Patient, Survivor or Family Member?

If you are a family member, what is your relationship to the Patient or Survivor?

What type of Cancer?

Date of diagnosis?

If you are currently in cancer treatment or have received treatment in the past, what hospital or cancer center provided your treatment?

**Have you lost a family member to cancer? What is your relationship to this person? Date of Loss?
Type of Cancer?**

How did you hear about Horse Power for Life?

Any further details you wish to provide to assist our instructors and staff?