



TAKING THE REINS REGISTRATION 2021

Hello!

Included with this letter you will find the forms required for the participation in Autumn Trails Stable’s (ATS) Taking the Reins program in 2021. ALL completed required forms and payment for AT LEAST the first lesson (\$40) **MUST** be received by the office **NO LATER THAN 2 WEEKS PRIOR TO THE START OF THE SESSION – unless you are given another date.** (If ALL forms and/or payment are not received, the student will NOT be able to participate in that session.) Payment in advance will hold a student’s place in the session. In addition to these forms, we will also need the Payment Agreement form as well. Invoices will be sent out at the earliest possible date following receipt of all required paperwork.

IMPORTANT INFORMATION FOR 2021:

- We will be offering the following discounts which CANNOT be stacked (does NOT apply to pilot program discount):
 - 10% sibling discount
 - 10% military discount
- If paying for an entire session, we will be accepting credit card payment. However, there will be a 5% fee for using this method.
- Parents/guardians and siblings must wait in the car during the sessions.
- EVERYONE will be REQUIRED to wear masks at this time when social distancing is not possible.
- Students with inappropriate clothing and shoes (including crocs, sandals, open-toed or open-heeled shoes), or students arriving more than 15 minutes late for activities will not be able to join their class. Fees will not be refunded/credited.
- Dogs are NOT permitted on the premises.

Please contact us at info@autumntrailsstable.com or (937) 536-9912 if you have any questions or concerns. We want every student to have the opportunity to participate so we may be able to work with you on any concerns you have. Thank you!

I have read, understand and agree to the above information:

Adult Participant Signature _____ **Date** _____
Parent/Guardian/Caregiver _____ **Date** _____

Angela Stan, Executive Director
Angel Fogle, Program Coordinator
E-mail: info@autumntrailsstable.com
Phone: (937) 536-9912



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Student Name _____ **Age** _____

Parent/Guardian _____

Address _____

City/State _____ **Zip** _____

Email _____

Home Phone _____ **Cell Phone** _____

BEST PHONE NUMBER IN CASE OF EMERGENCY OR CANCELLATION _____

In case of cancellation, please TEXT me.

Completed student registrations are processed in the order in which they are received, with priority scheduling given to those who pay in advance. Payment at the time of registration will hold a student's place in the upcoming session. We fulfill scheduling requests whenever possible.

I am interested in receiving more information about the following:

- Therapeutic Riding
- Volunteering
- Odyssey: Equine Services for Veterans & First Responders
- Joining a committee and/or our Board of Directors



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RIDER HEALTH HISTORY (To be updated annually)

GENERAL INFORMATION

Participant _____

Parent/Guardian _____

Address _____

County _____ Participant Occupation/School and level _____

Phone _____ Cell Phone _____

Email _____

DOB _____ Height _____ Gender M F

Nationality/Race _____

HEALTH HISTORY (attach additional sheet if necessary)

Diagnosis/Disability _____

Date of Onset _____

Current therapies _____

Current Medications _____

Psycho-social function (interests, family structure, support system, etc.) _____

Past Health History _____

Recent Changes in Health History _____

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HEALTH HISTORY (page 2)

Precautions/Restrictions

Special assistance required (ATS may not be able to provide these, but it helps us plan classes)

YES NO

- Sign Interpretation
 Service dog assistance
 Wheelchair assist/transfer
 Visual assistance/aids
 Emotional/mental helper

Has the student had prior experience with therapeutic riding? YES NO

If so, when and where? _____

Does the student...	Yes	No	Comments
Have a history of seizures?			
Follow simple directions?			
Have speech or language difficulties?			
Have communication difficulties?			
Walk independently?			
Have limited range of motion?			
Have decreased strength/ endurance?			
Have poor balance (sitting/standing)?			
Have problems with gross motor skills?			
Have problems with fine motor skills?			
Have poor balance (sitting/standing)?			
Have heart/circulation problems?			
Have digestion/elimination problems?			
Have bone/joint problems?			
Have allergies or breathing problems?			
Have emotional/behavioral problems?			
Have a fear of animals/horses?			
Have altered sensation? (specify)			

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HEALTH HISTORY (page 3)

IEP's

Does the student have an IEP?

No Yes

*If yes, please submit a copy of the IEP to assist ATS in creating appropriate goals.

GOALS

What job and life skills would the participant like to improve or develop in our program?

ADDITIONAL COMMENTS

What challenges is the participant currently experiencing?

Why do you think this program is a good fit for the participant?

Please email any questions to info@autumntailsstable.com

Adult Participant Signature

Date

Signature of Parent/Guardian

Date



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EMERGENCY MEDICAL CONSENT/NON-CONSENT

Name _____
Last First Middle

Parent/Guardian/Caregiver _____
(if under 18) Last First Middle

Address _____ City _____ Zip _____

Phone Home _____ Cell _____ Work _____

Emergency Contact

In case of emergency notify _____ Phone _____
Name/Relationship

_____ Phone _____
Name/Relationship

Physician _____ Phone _____

Preferred Medical Facility _____

Describe any medical condition requiring special precautions or treatment, any medications & dosage _____

Please list all known allergies _____

Insurance Carrier _____ Policy Number _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of medical emergency or necessity, Participant/Parent/Guardian authorizes ATS to seek or provide for Participant such medical assistance as may be necessary or advisable and further authorizes ATS to seek the assistance of any physician to medical facility to provide any medical/surgical care, including, but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medical facility deems or determines to be necessary or advisable, pending receipt by the physician or medical facility of any other consent to treatment from or on behalf of Participant. Participant/ Parent/ Guardian understands that NO LIABILITY can be accepted by any of the organizations concerned, including ATS, in the event such accident may occur. In the event any provision of this form is determined to be unenforceable, all other provisions shall remain in full force and effect.

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 center, I authorize Autumn Trails Stable 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.

Adult Participant Signature _____ Date _____

Parent/Guardian/Caregiver _____ Date _____

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

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 center. In the event emergency treatment/aid is required, I wish the following procedures to take place.

Non-Consent Signature _____ Date _____



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PHOTO RELEASE

I DO

I DO NOT

consent to and authorize the use and reproduction by ATS of any and all photographs and any audio-visual materials taken of _____ me/my son/my daughter/my ward for promotional material, educational activities, exhibitions and digital displays or for any other use for the benefit of the program. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of ATS to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting ATS and its work. ATS will strive to keep individuals' identities secure while using photos in newspapers, informational materials, website, Facebook, and other media materials.

Adult Participant Signature _____ **Date** _____

Signature of Parent/Guardian/Caregiver _____ **Date** _____

I represent to ATS that I am the parent/guardian/caregiver of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Photo Release. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

SOCIAL MEDIA POLICY

In the area of social media (print, broadcast, digital and online), the following guidelines apply in the use of social media for our participants:

1. Should you decide to create a personal blog or website, be sure to provide a clear disclaimer that the views expressed in the blog are the author's alone and do not represent the views Autumn Trails Stable
2. All information published on any participant's blog should comply with ATS' confidentiality policy. This also applies to comments posted on other social networking sites, blogs and forums.
3. Your online presence can reflect on ATS. Be aware that your comments, posts or actions captured via digital or film images can affect the image of ATS.
4. Do not use any ATS logos or trademarks without written consent.

I hereby confirm that I have read and understand the Social Media policy of Autumn Trails Stable

Adult Participant Signature _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

I represent to ATS that I am the parent/guardian/caregiver of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Confidentiality Contract. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.



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Statement of Understanding, Authorization Release and Indemnity

_____ (Participant’s Name) would like to participate at Autumn Trails Stable. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever any potential claims for damages against Autumn Trails Stable. In return for the opportunity to participate in the ATS program, I hereby forever release, acquit and discharge ATS and its officers, directors, trustees, agents, employees, representatives, volunteers, affiliates, successors and assigns (collectively the “Released and Indemnified Parties”) from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the released and Indemnified Parties and that arise in whole or in part as a result of my involvement with ATS. I also understand and agree that ATS assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney’s fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a unenforceable, all other provisions shall remain in full force and effect.

Adult Participant Signature _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

OHIO STATEMENT OF INHERENT RISKS

Inherent risk of an “equine activity” means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

- A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- B. The unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- C. Hazards, including, but not limited to, surface or subsurface conditions;
- D. Collision with another equine, another animal, a person, or an object;
- E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Adult Participant Signature _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.



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COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

I, _____, am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Autumn Trails Stable, Inc.; attending an event; and/or receiving face-to-face services from Autumn Trails Stable, Inc. during the time of a pandemic outbreak and going forward.

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Autumn Trails Stable, Inc. and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Autumn Trails Stable, Inc.; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic.

Autumn Trails Stable, Inc. will engage in regular cleaning and sanitizing of the facility, horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Autumn Trails Stable, Inc.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____