



## Kiddy Up Ranch Therapeutic Riding and Learning

### Participant with Insurance Registration Information

Rider Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

[ ] Parents or [ ] Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Father / Guardian Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother / Guardian Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregiver Name & Phone number: \_\_\_\_\_

School or Institution presently attending: \_\_\_\_\_

#### **Photo Release**

I hereby consent to and authorize the use and reproduction by Kiddy Up Ranch and the City of Hudson of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Adult Signature: Parent or Legal Guardian for Minor Child)*

#### **RELEASE AND HOLD HARMLESS AGREEMENT**

**WARNING UNDER FLORIDA 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 FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, driving or being in close proximity to horses and other animals, among other risks, and further, that both horse and participant can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and working around horses at KIDDY UP RANCH. The Undersigned does hereby agree to hold harmless and indemnify TAMMY and DOUG SLIGER AND/OR THE OWNER OF ANY HORSE USED BY KIDDY UP RANCH and release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Kiddy Up Ranch, Hudson, FL.

Participant Signature \_\_\_\_\_

Parent Signature required if under 18: \_\_\_\_\_

# Kiddy Up Ranch Therapeutic Riding and Learning

## Participant Medical History and Doctor Release (Must be signed by Doctor)

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of [ ] Parent or [ ] Guardian \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Past/Potential Surgeries: \_\_\_\_\_  
Shunt Present: Y N Date of Last Revision: \_\_\_\_\_ Tetanus shot: Y/N: Date if Yes: \_\_\_\_\_  
Seizure Type: \_\_\_\_\_ Controlled: Y N Date of last seizure: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Special Precautions/Needs: \_\_\_\_\_  
Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N  
Braces/ Assistive Devices: \_\_\_\_\_  
**For those with Down Syndrome** AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + - Neurologic  
Symptoms of Atlanto Axial Instability: \_\_\_\_\_

**Please indicate current or past special needs in the following systems/areas, including surgeries.**

Areas	Yes	No	Comments	Area	Yes	No	Comments
Auditory				Muscular			
Visual				Balance			
Tactile Sensation				Orthopedic			
Speech				Allergies			
Cardiac				Learning Disability			
Circulatory				Cognitive			
Integumentary/Skin				Emotional			
Immunity				Psychological			
Pulmonary				Pain			
Neurologic				Other			

### Physician Verification Please PRINT your name, sign & date

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the PATH Intl. center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name: (please print) \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

# Kiddy Up Ranch Therapeutic Riding and Learning

## **Participant Release Form – please write clearly in ink.**

Participant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **UNCONDITIONAL GENERAL RELEASE**

**WARNING-UNDER FLORIDA 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 FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

I, \_\_\_\_\_, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student a program, event, or activity taking place under the sponsorship of or at the facilities of **Kiddy Up Ranch**, a Florida not for profit corporation ("Kiddy Up"), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Kiddy Up ("Activities"). I fully understand that my decision to be a Participant, or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities. In consideration of Participant's being allowed to participate in the Activities, on behalf of Participant, Participant's heirs, personal, or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Kiddy Up, the City of Hudson, and each of Kiddy Up and the City of Hudson owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively the "Releasees"), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releasees.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect. This Unconditional General Release shall be immediately effective upon its execution.

**I HAVE READ AND UNDERSTAND THIS DOCUMENT DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.**

Signature of [ ]Participant, [ ]Parent or [ ]Legal Guardian \_\_\_\_\_

Printed Name of [ ]Participant, [ ]Parent or [ ]Legal Guardian \_\_\_\_\_

## Kiddy Up Ranch Therapeutic Riding and Learning Participant Questionnaire

The following questionnaire is designed to give Kiddy Up Ranch Therapy and Learning Academy information pertaining to each participant's behavior and ability. This will help us prepare group lesson plans and assist you in attaining goals. Please complete the questionnaire in as much detail as possible using the back of the page or attaching an additional sheet if necessary.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Briefly describe his/her disability \_\_\_\_\_  
\_\_\_\_\_

2. What are the physical symptoms of the disability? \_\_\_\_\_  
\_\_\_\_\_

3. What goals do you hope he/she will achieve by participating in this program? \_\_\_\_\_  
\_\_\_\_\_

4. What other treatments or therapies has he/she undergone? Please specify when and for how long: \_\_\_\_\_  
\_\_\_\_\_

5. How would you describe his/her concentration, attention span and general awareness? \_\_\_\_\_  
\_\_\_\_\_

6. Would you characterize him/her as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted or extroverted? \_\_\_\_\_  
\_\_\_\_\_

7. How does he/she communicate? (Expressive and Receptive language) \_\_\_\_\_  
\_\_\_\_\_

8. Is there a history of incontinence? \_\_\_\_\_

9. What positive reinforcements does he/she respond to? \_\_\_\_\_  
\_\_\_\_\_

Please use the rest of this sheet / the reverse side to indicate any other areas of the potential rider's behavior and personality that will help us to best communicate, understand and work with him/her at Kiddy Up Ranch. \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

# Kiddy Up Ranch Therapeutic Riding and Learning Goal Sheet

Please assist us in helping you get the most out of your classes at Kiddy Up Ranch by filling out the following goal setting sheet together with your instructor from Kiddy Up Ranch. Thank you.

Rider name: \_\_\_\_\_

Parent/Primary caregiver name: \_\_\_\_\_

Email address: \_\_\_\_\_

Class day/time: \_\_\_\_\_

All goals are reflective of the current session. The categories are meant as a guideline and may not apply to all students.

Personal riding goals: \_\_\_\_\_

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Physical goals:

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Cognitive goals:

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Social goals:

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Long-term goal over the next year:

\_\_\_\_\_

Date:

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**Signature of Rider/Parent or Guardian**

Date:

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**Signature of Instructor**

**Kiddy Up Ranch**  
15232 Matis Road, Hudson, FL 34669  
**FOR STATISTICAL USE ONLY**

Completion of this form will assist Kiddy Up Ranch in tracking information needed to apply for grant funding for the program. The information received from this form will remain confidential. The information will not be kept with the rider application form, nor will it affect the decision for a participant to ride with Kiddy Up Ranch.

Participant's Name: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Race:  American Indian/ Alaskan  Asian / Pacific Islander  Black  Hispanic  
 White (non-Hispanic)  Other \_\_\_\_\_

Disability: \_\_\_\_\_

Annual Household Income (please check)

\$0-\$10,000  11- 20,000  21- 30,000  31- 50,000  50- 75,000  
 75,000+

Number in Family: \_\_\_\_\_

Number of Employed Family Members: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_