

New Client Registration (Return to office staff)

Date Received _____

STUDENT NAME _____ M ___ F ___

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

PARENTS/GUARDIAN NAME (IF APPLICABLE) _____

ADDRESS _____

CITY _____ ZIP _____

CONTACT: HOME _____ WORK _____

CELL _____ EMAIL _____

REFERRAL SOURCE _____

DIAGNOSIS/ES: _____

DATE OF ONSET _____

EFFECT(S) OF _____

DIAGNOSIS/ES _____

SPECIAL ASSISTANCE NEEDED TO SIT, STAND, MOVE, OR COMMUNICATE: _____

GENERAL BEHAVIOR:

Class Type Preference (Please Circle) 1. Private Lesson 3. Semi-Private Lesson

4. Adaptive Riding 5. Ground Lesson

Days/Times that do not work for you:

Responsibility for Payment. I hereby acknowledge that I am ultimately responsible for all charges applied to my account. I further acknowledge that I have read and understand the Payment Policy Notice (separate form) as well as all additional policies and procedures.

Guardian/Parent

Signature: _____ Date: _____



HEART OF A WARRIOR FARM

6545 Beecher Road • Granville, Ohio 43023
heartofawarriorfarm@gmail.com • 614.604. 4565 • 614.507.2435

- Participant
- Staff
- Volunteer

Authorization for Emergency Medical Treatment Form

Name: _____ DOB: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

Date of last Tetanus shot: _____ Date of last TB test: _____

Are you positive for any infectious diseases or are you "colonized" for any antibiotic resistant bacterium fungus? Yes No Unsure

If yes, what? _____

If yes, what precautions must you and our staff/volunteers take to prevent contamination? _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 Heart of A Warrior Farm to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the emergency medical 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(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian (signed in the presence of Heart of A Warrior 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 medical treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent, or Legal Guardian (signed in the presence of Heart of A Warrior staff)



RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration of participating in equestrian activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence **Heart of A Warrior Farm** and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that equestrian activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage. Risks include, but are not limited to, injuries caused by contact with horses, such as being bitten by, kicked by or stepped on by horses, medical conditions resulting from physical activity, and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document, and should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature _____ Print Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor, or are in any way connected with such participation by minor.

Parent or Guardian Signature _____ Date _____

Print Name _____



Heart of A Warrior Farm

Lesson Cancellation Policy

Cancellations: They happen, and we all have to do them from time to time. In order to help us to be able to better facilitate the programs at the farm we have to institute a lesson cancellation policy here at the farm. We understand that emergencies happen and cannot be avoided. What we are asking is that if you must cancel a lesson that you supply the barn with at least a 24-hour notice. Notification of a cancellation should be done either via a text message or a Facebook message. In the event that less than a 24-hour notice is given for cancellation then we are going to have to ask for your cancelled lesson to be paid for upon your return to your next lesson. We will make exceptions on a case-by-case base given the circumstances and upon the barn owners approval.

When a lesson is cancelled last minute: We as a barn already have your instructor on site and volunteers ready to assist with the lesson. The instructors still have to be compensated for their time being on the property and ready to give your lesson. Please be respectful of this when you have to make a cancellation.

Late arrivals: If you arrive late to your scheduled lesson, your lesson will end at the regularly scheduled time. Students who arrive more than 15 minutes late will be unable to ride as this is disruptive to the other class participants. A short grooming session may take place in event of late arrival only if there are enough volunteers available to assist with this. A short lesson due to being late does not reduce the lesson fee's.

Weather Cancellations: Our lessons are held rain, shine or snow. Lessons may be cancelled in severe weather conditions. In the event lessons are cancelled this will be posted on the farms Facebook page. If your lesson is cancelled due to inclement weather, we will attempt to contact you before the lesson at the number you have provided. Please make sure the barn has your most current contact information. Reminder that weather conditions at your house may be different than at the barn.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Heart of A Warrior Farm.

Client Name: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____

Farm Copy



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Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____

Client Copy