



# Sundance Circle Hippotherapy

## General Information

Name of Participant: \_\_\_\_\_

D.O.B \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

(Address, street, Apt No)

\_\_\_\_\_  
(City, State, ZIP code)

Name of Parent/Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

(Address, street, Apt No)

\_\_\_\_\_  
(City, State, ZIP code)

Mobile Phone: \_\_\_\_\_

Home Phone (if not applicable, put N/A): \_\_\_\_\_

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

How did you hear about the program: \_\_\_\_\_

\_\_\_\_\_

## Health History

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

**MEDICATIONS** (include over the counter):

**PHYSICAL FUNCTION** (e.g. mobility skills such as transfers, walking, wheelchair use):

**PSYCHOSOCIAL FUNCTION** (e.g. work/school, leisure interests, relationships, concerns, fears:

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## Photograph & Filming Release

(check as appropriate)

I do

I do not

Consent to and authorize the use and reproduction by Sundance Circle Hippotherapy of any and all photographs and other audiovisual materials taken of me for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legal Guardian Signature (if under 18)

DATE:

### In Case of Emergency, Please Contact:

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

Phone no:

Secondary contact phone no:

Preferred Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

In case of emergency, I hereby give my consent to any emergency facility and physician to administer necessary medical treatment including x-ray, surgery, hospitalization and medication. I also give consent to transport by ambulance if the situation warrants it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legal Guardian Signature (if under 18)

DATE:

\_\_\_\_\_



## **IT IS AGREED AS FOLLOWS:**

I understand that although I am signing this document today, I intend for this document to be valid and binding now and at all times in the future when I engage in any or all of The Activities at any location.

1. Awareness/Assumption of Risks. I understand that anyone riding, driving, handling, working with, or even near an equine at any location can suffer bodily and other injuries. Among other things, equines are unpredictable by nature. For example, when frightened, angry, or under stress, the natural instincts of an equine are to jump forward or sideways, back up quickly, or run away from real or perceived danger by trotting or galloping. Equines also have the ability to kick, buck, rear up, spin around, strike, or bite. I know that equines can do these and other things without warning. I also understand that all equines, even if they have no history of hurting anyone, are powerful and have the potential to be dangerous to people, equines, and other animals.
  2. I also understand that riding, driving, handling, working with, or even being near an equine can expose me to numerous hazards, which could include, for example: the propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them; the unpredictability of an equine's reaction to sounds, sudden movements, and unfamiliar objects, persons, or other animals; certain hazards such as surface or subsurface conditions on the land where The Activities take place; and/or collisions with other equines, animals, or objects. I understand that these risks and dangers that are inherent in The Activities can occur with or without negligence on part of Stable, and I expressly agree to assume these risks. I understand these risks and dangers that are inherent in equine-related activities, and I agree to assume all of them. I also understand that these are just some of the risks, and I agree to assume others that are not mentioned in this document. I am NOT relying on Stable to list all possible equine-related risks in this document or any time, now or in the future.
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### 3. WAIVER, HOLD HARMLESS, AND LIABILITY RELEASE

As lawful consideration for being allowed to engage in any or all of The Activities, now and in the future and at any location, I (on behalf of myself and my spouse, parents, heirs, representatives, assigns, minor child/ren or legal wards) agree to each of the following:

(a) Stable and his/her/its/their respective officers, directors, members, managers, employees, agents, heirs, family members, assigns, representatives, affiliated persons, and others acting on their behalf (hereafter referred to collectively as "The Released Parties") shall not be liable for any losses, injuries, or damages that I (which includes the signer and signer's minor child/children or legal wards) may sustain as a result of engaging in any of The Activities at any time or at any location; (b) I agree to assume the risks that are described above and to assume full responsibility for any and all bodily injuries or damages that I may sustain when engaging The Activities at any location; and (c) I/we fully and forever release, waive, and discharge all claims, demands, damages, legal actions, causes of action, or rights of action (present or future) against The Released Parties whether the claims are known, unknown, anticipated or unanticipated, and whether caused by their ordinary negligence, a violation of the Washington Equine Activity Liability Act, or other legal liability resulting from or arising out of my/our engaging in The Activities at any time and at any location. The term "damages" means, for example, medical expenses any and all claims or losses because of bodily injuries, mental/emotional injuries, or property damages, death, expenses, and/or personal property damages. This document is intended to apply and be binding regardless of whether I/we am/are riding, driving, handling, or near equines. However, we are not releasing The Released Parties from loss, injury, or damage that is directly caused by gross negligence or willful and wanton misconduct, or reckless conduct on part of Stable or the Released Parties.

### 4. INDEMNITY AGREEMENT

To the greatest extent permitted by law, I also agree to indemnify and hold harmless The Released Parties against any and all claims, demands, actions, liabilities, losses, or suits that are brought against The Released Parties (or either of them) which are in any way connected with my/our participation in any of the Activities at any time and at any location, including claims that allege acts or omissions of The Released Parties that are negligent or in violation of a state Equine Activity Liability Act. This indemnification shall also include reimbursement of reasonable attorney fees incurred by Stable or by others on its behalf.

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5. ALSO, I REPRESENT (please check and initial each box below):

- \_\_\_\_\_ I AM AT OR OVER 18 YEARS OF AGE;
- \_\_\_\_\_ I AM OF SOUND MIND AND AM NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS THAT AFFECT MY ABILITY TO READ AND UNDERSTAND THIS DOCUMENT;
- \_\_\_\_\_ I HAVE READ, UNDERSTOOD, AND ACCEPTED THE TERMS OF THIS ENTIRE DOCUMENT (ALL THREE PAGES);
- \_\_\_\_\_ I INTEND FOR THIS DOCUMENT TO BE VALID AND BINDING TODAY AND AT ALL TIMES IN THE FUTURE;
- \_\_\_\_\_ I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY AND I AM WAIVING ANY RIGHT I MAY HAVE TO BRING A LEGAL ACTION TO ASSERT A CLAIM AGAINST THE RELEASED PARTIES, INCLUDING A CLAIM FOR THEIR NEGLIGENCE; AND ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE.

SIGNATURE:

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DATE:

SIGNATURE OF ANY OTHER CONTRACTING PARTY (Other Parent/Guardian):

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DATE:

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Adaptive Riding Lessons are Charged at \$105 per session. Payment is due at time of service.