



# 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: \_\_\_\_\_

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Please return this application to: 17217 92<sup>nd</sup> ST. E. Sumner, WA. 98390 or email to  
[kate@sundancehippotherapy.com](mailto:kate@sundancehippotherapy.com)  
Adaptive Riding Lessons are Charged at \$105 per session. Payment is due at time of service.

## 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)

PRINT NAME HERE:

DATE:

### In Case of Emergency, Please Contact:

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

Best contact 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)

PRINT NAME HERE:

DATE:

\_\_\_\_\_  
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**WAIVER, AGREEMENT, LIABILITY RELEASE, AND PROMISE NOT TO SUE - Washington**

PLEASE READ CAREFULLY BEFORE SIGNING

I agree to this agreement with Sundance Circle Hippotherapy and Van Ogle Farm, LLC who is a LLC (hereafter referred to as "Stable") as a condition for his/her/its/their allowing me and the persons identified below (if any), to do any or all of the following at any time and at any location: enter Stable’s premises, land, facilities, barns, arenas, paddocks, pastures, and surrounding land; be near horses, ponies, mules, or donkeys (hereafter, "equines"), work with, handle, ride, drive, and/or receive instruction or guidance related to riding, driving, handling and/or working with equines. (All of these activities, individually and collectively, will be referred to as "The Activities" throughout this document.)

NAME (Please print clearly):

\_\_\_\_\_

PRINT NAME HERE:

DATE:

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

\_\_\_\_\_

PRINT NAME HERE:

DATE:

To the fullest extent allowed by law, I also make this agreement on behalf of the following who is/are my child/children or legal ward(s):

- 1.   AGE:      Date of Birth:
- 2.   AGE:      Date of Birth:

All parts of this document apply to me and each of the children or legal wards listed above. [We will collectively call ourselves "I," "me," or "my" throughout this document.]

\_\_\_\_\_  
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## **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.

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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PRINT NAME HERE:

DATE:

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

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PRINT NAME HERE:

DATE:

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# Sundance Circle

17217 92nd St E  
Sumner, WA 98390  
253-863-0654

## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

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### Please complete the information below:

I \_\_\_\_\_ authorize Sundance Circle to charge my credit card  
(full name)

indicated below for \$\_\_\_\_\_ on the \_\_\_\_\_ of each \_\_\_\_\_ for payment of my  
(day/date) (week/month)

Horse rental until \_\_\_\_\_.

Patient's name: \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Credit Card

Visa	MasterCard	Amex	Discover
Cardholder Name _____			
Account Number _____			
Exp. Date ____/____			
CVV2 _____			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Sundance Circle in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a week-end or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Sundance Circle may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$5 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.