Stirrups 'n Strides Therapeutic Riding Center, Inc.
4246 West Highway 318
Citra, Florida 32113
Phone: 353.591.1042 Cell: 352.427.3569

Rider/Driver Application and Health History

(PLEASE PRINT) Current date:___________________

Participant's Name:____

Parent or Guardian: ____

Address: _______________________________**City:** ____________ **State:** ___ **Zip:** _________

Contact Name/Relationship (if not parent/guardian)**:** _________________________/________________

Phone #'s: Home: _______________ **Work:**______________ **Cell:**________________

Date of Birth: _____________ **Male/Female:** ____ **Age:** ____ **Weight:** ____ **Height:** ____

Participant's Disability: ____

Date of Onset: _________________________________

Physician's Name: ____________________________

Physician's Address: _________________________________ **Phone #:** _______________

Health Care Insurance Co.: ___________________________ **Policy #:** _______________

HEALTH HISTORY: ***Please indicate current or past problems in the following areas.***

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Pain			
Joint/Bone			
Muscular			
Thinking/Cognition			
Allergies			

What medications are you currently taking, including over the counter medications? ______________________________
____
____
____

Describe your abilities/difficulties in the following area (include assistance required or equipment needed)

FUNCTION (i.e. Mobility skills such as transfers, walking wheelchair use, driving/bus riding)
____
____
____

Person who is authorized to give temporary assistance or care in absence of parent or guardian:

NAME: ______________________________

PHONE # ____________________ **RELATIONSHIP** ______________________________

Describe any medical conditions requiring special precautions or treatment: **(A)** None __________________

(B) Please describe
____
____

In case of a **Medical Emergency**, the undersigned authorizes **Stirrups 'n Strides Therapeutic Riding Center, Inc.** to provide such medical assistance as they determine to be necessary.

In the event that the preferred physician (above) cannot be reached, the undersigned authorizes any medical, surgical care, and/or hospitalization for the participant, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

No rider or driver can be accepted for riding or driving instruction until this form has been completed by the Parent/Parents or Guardian/Guardians. If the rider or driver is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding/driving instruction will be under strict supervision and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations concerned, including **Stirrups 'n Strides Therapeutic Riding Center, Inc.**

Yes, I would like ____ to have riding/driving instruction, and I have discussed this with the doctor. I understand that **NO LIABILITY** can be accepted by any organization concerned with this instruction, including **Stirrups 'n Strides Therapeutic Riding Center, Inc.** in the event of any accident which may occur.

SIGNATURE OF CLIENT *IF LEGAL AGE* (18)______________________________

SIGNATURE OF PARENT OR GUARDIAN *IF UNDERAGE* ______________________________

FLORIDA DRIVER LICENSE OR FLORIDA I.D. NUMBER ______________________________

SWORN TO AND SUBSCRIBED BEFORE ME THIS ________**DAY OF** __________________, **20** ________

NOTARY PUBLIC ___________________________ **MY COMMISSION EXPIRES:**

Stirrups 'n Strides Therapeutic Riding Center, Inc.

Please read and sign both sections.

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PARENT – GUARDIAN LIABILITY RELEASE AGREEMENT

___________________________________**(Client's Name)** would like to participate in the **Stirrups 'n Strides Therapeutic Riding Center, Inc.** riding and/or driving program. 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 all claims for damages against **Stirrups 'n Strides Therapeutic Riding Center, Inc.** and its Board of Directors, personnel/volunteers, for any and all injuries and/or losses I / my son / my daughter / my ward may sustain while participating in riding or driving at **Stirrups 'n Strides Therapeutic Riding Center, Inc.**

Date: _______________ Signature:____
(Client, Parent or Guardian)

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PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by **Stirrups 'n Strides Therapeutic Riding Center, Inc.** 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 **Stirrups 'n Strides Therapeutic Riding Center, Inc.**

Date: _______________ Signature:____

(Client, Parent or Guardian)