R·E·A·C·H
THERAPEUTIC RIDING CENTER
Reach your potential!

GEN _____
PRRP _____
RISE _____
SMILE_____
WTU _____
WRC _____

DD214 or I.D. _____
Helmet Waiver _____
Med Release _____
Other Info _____

HORSES FOR WARRIORS

NEW PARTICIPANT REGISTRATION

Participant's Name: _____ Date: _____

Date of Birth: _____ Gender _____ Height: _____Weight: _____

Address: _____

City: _____State: _____ Zip: _____

Primary Phone: _____ Email: _____

Primary Disability _____ Secondary Disability _____

Are you currently serving or have previously served in the United States Military? _____

If yes, which branch? _____Rank _____ Active, Discharged or Retired? _____

****Please provide a copy of your DD214****
(See attached list of other acceptable forms Military ID if this is not available.)

PHOTO RELEASE

____ **I consent** to and authorize ____ I **do not** consent to nor do I authorize the use and reproduction by REACH of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature: _____Date _____

POLICY OF CONFIDENTIALITY

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of REACH Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: _____Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Participant's Name: _____

Please Print

In case of Emergency, contact: _____ Phone(s): _____

Physician's Name: _____

City: _____ Phone: _____

Please indicate any allergies: _____

Please indicate any medical issues that may effect your/your child's participation at REACH. _____

_____

Date of last Tetanus shot: _____

CONSENT PLAN I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at REACH, or while being on the property of REACH, I authorize REACH Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Consent Signature _____ Date: _____

~~~ OR ~~~

NON-CONSENT PLAN (Only for Persons 18 or Older)

I do not give consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at REACH, or while being on the property of REACH. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

Participant Signature: _____ Date: _____

Participant Name: _____

Please Print

LIABILITY RELEASE

That I, _____ the undersigned, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by REACH Therapeutic Riding Center (RTRC) and recognizing that horseback riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury or death. However, I feel that the possible benefits to myself, child or ward are greater than the risk assumed.

I hereby, intending to be legally bound, for myself and my child or ward, heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against RTRC, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of property on which RTRC operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of RTRC, its board of directors, trustees, agents, instructors, therapists, aids, employees, representatives, volunteers, owners of property on which RTRC operates, successors or assigns.

WARNING

I understand that under Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code), an 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, the undersigned, have read this waiver of liability in its entirety. I understand the terms of this release and have signed this release voluntarily and with full knowledge of the effects thereof.

Signature: _____ Date:_____

MEDICAL HISTORY

Client's Name: _____

Diagnosis:

Primary: _____

Secondary: _____

Other: _____

Past/Prospective Surgeries _____

_____

_____

Medications _____

_____ _____

Seizures: No ___ Yes ___ Type: _____Date of last seizure: _____

Shunts, Implants: _____

Mobility: Independent Ambulation: No ___ Yes ___ Assisting Devices: _____

_____

As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply including surgeries.

Area	No	Yes	Degree/ Comments
Allergies			
Auditory			
Visual			
Speech			
Tactile/Sensory			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Immunity			
Neurologic			
Muscular			
Orthopedic			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Behavior			
Rods, Implants, or Prostheses			
Other			

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Participant name: _____

I hereby grant permission to REACH Therapeutic Riding Center or its designee to release the following information defined below, only for the purposes or specifically described circumstances, to the following entity:

____ Doris Miller Department of
Veterans Affairs Medical Center
4800 Memorial Drive
Waco, TX 76711

____ Ft. Hood Warrior Transition Unit
Ft. Hood, TX 76544

I grant the right to release the following information:

____ Diagnosis
____ Number of sessions attended
____ Types of experiences, such as ground work, riding, or other activities
____ Progress forms, notes and evaluations
____ All of the above

Comments related to harming self or others will automatically be reported for the safety of the participant and others.

Your Rights: You may refuse to sign this form. You may cancel or revoke authorization by informing REACH Therapeutic Riding Center in writing, with a signature and date later than the date of this authorization. If you cancel your permission to allow the release of information about you, it will go into effect immediately. You have a right to receive a copy of this Authorization.

I hereby release REACH Therapeutic Riding Center or its designee from all legal responsibility or liability that may rise from the act I have authorized.

_____ _____
Participant's signature Date

Warrior Goal Survey & Experience Questionnaire

Name: _____ Date: _____

The primary benefits of working with horses include: improvement of social skills, psychological accomplishments, educational and cognitive advances, and overall improvement in physical strength.

Please check the following goals that you are personally interested in working on during your time at REACH.

____ Learn more about horses
____ Learn to ride
____ Reduce anxiety
____ Improve physical movement
____ Develop a new recreation/hobby
____ Improve relationships with others
____ Improve communication skills
____ Improve emotional regulation
____ Increase focus and concentration on a specific task
____ Increase comfort in situations that may be unpredictable
____ Improve balance
____ Improve confidence
____ Improve sensitivity
____ Improve trust in others
____ Improve relaxation
____ Increase comfort in social settings
____ Improve motor skills
____ Injury recovery
____ Improve memory

Please list other personal goals you may have: _____
_____

***Equine Background and Experience*:** On scale of 1 to 10 with "10" being a riding instructor and "0" being no experience around horses, where would you rate your current equine skill level? (Circle One)

0 1 2 3 4 5 6 7 8 9 10

No Experience Beginner Intermediate Highly Skilled

REACH CENTER AND BARN RULES

NOTE: Horses are prey animals.
They may instantly become unpredictable if scared or confused. Always use caution around all horses.

1. **Safety is always paramount in this barn!**
2. Park in the designated area in front of the building. Do not block another car.
3. Do not drive past REACH barn or Dining Hall into back of property.
4. Do not drive under the covered entrance of the barn.
5. Speed limit is 15 MPH. Please be considerate of riders in the arena as you drive in.
6. Use caution around horses. No running, screaming, or unruly behavior in the barn.
7. Stay out of barn aisles. Do not pet horses in their stalls.
8. Never stand directly in front of or behind a horse.
9. Do not go into pastures, paddocks, or round pens where horses are present.
10. Do not feed the horses treats by hand.
11. **Unsupervised children are not allowed at this facility at anytime. Please keep your children with you at all times.**
12. Treat all equipment with care. Return helmets, tack, grooming buckets, toys, cones, and tools to their proper place after use.
13. Dress appropriately: closed-toe shoes (preferably boots) and a helmet are required; long pants, preferred.
14. Helmets must be worn by all participants whether doing groundwork* or riding.
15. No animals other than horses are allowed on the premises of the barn.**
16. No bikes or skateboards allowed.
17. No alcoholic beverage or smoking allowed on premises.
18. Do not enter stalls with a horse until properly trained by REACH staff.
19. As of September, 1995, Texas enacted the following Law*: Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for the injury or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

***Helmet waiver can be signed for groundwork, but groundwork only. All mounted riders must wear helmets.**
****Service animals are welcome but must stay in the office and not in the barn**

I have read and understand what is written and agree to follow the rules and regulations set forth by REACH Therapeutic Riding Center. I understand and am aware of the Texas Equine Liability Act.

Name _____

Participant Signature: _____Date _____

HELMET WAIVER FOR GROUNDWORK

This form is optional and only needs to be signed if you do not wish to wear a helmet while participating in ground work with the horses.

REACH Therapeutic Riding Center policy requires **ALL RIDERS** to wear an SEI Certified ASTM Standard F 1163 or later approved Equestrian Helmet while riding a horse.

REACH Therapeutic Riding Center **strongly encourages** the use of an SEI Certified ASTM Standard F 1163 or later approved Equestrian Helmet for all ground work, **especially if you have had a traumatic brain injury, are prone to seizures, have balance issues of any kind, or have vision impairment.**

I agree that I have been fully warned and advised by REACH Therapeutic Riding Center that protective headgear which meets or exceeds the quality standards of the SEI Certified ASTM Standard F 1163 Equestrian Helmet should be worn while being near horses, and I do understand that the wearing of such headgear at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall or other occurrence. I have been offered a protective riding helmet which could prevent severe injury or death in the event of any accident. Against the advice of the owner/manager/employee, and the insurance company, I am refusing this critical safety precaution.

I understand that this waiver is strictly for working on the ground with the horses, and that ALL RIDERS must wear a helmet.

_____ _____

Print name Date

_____

Signature

PHYSICIAN ASSESSMENT & PERMISSION

~~To be completed by physician~~

This form is to assess the suitability of this individual to engage in equine assisted activities and therapies (EAAT). EAAT is any activity in which a horse is involved, which includes ground and mounted activities. EAAT has proven to be very effective for many individuals.

Client's Name: _____ Date of Birth:_____

Diagnosis:

Primary: _____ Date of Onset: _____

Secondary: _____ Date of Onset: _____

Other: _____ Date of Onset: _____

Past/Prospective Surgeries _____

_____

_____

Medications _____

_____ _____

Seizures: _____No _____ _____Yes Type: _____Date of last seizure: _____

Shunts, Implants: _____

Mobility: Independent Ambulation: ____ Yes _____No Assisting Devices: _____

_____ _____

In order to safely provide this service, REACH requests that you please note that the following conditions may suggest precautions and contraindications to equestrian activities. Therefore, when completing this form, please indicate whether these conditions are present, and to what degree.

Orthopedic
Atlantoaxial Instability - include neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic
Hydrocephalus/Shunt
Seizures
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Other
Indwelling Catheters/Medical Equipment
Medications - i.e. photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological
Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Client's name: _____

As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply including surgeries.

Area	No	Yes	Degree/ Comments
Auditory			
Visual			
Speech			
Tactile/Sensory			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Immunity			
Neurologic			
Muscular			
Orthopedic			
Bowel/Bladder			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Behavior			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equestrian activities. I understand that REACH Therapeutic Riding Center will weigh the medical information indicated above against any existing precautions and/or contraindications before accepting this person for therapeutic horseback riding lessons. Therefore, I refer this person to REACH for ongoing evaluation to determine eligibility for participation.

Name/Title:_____ MD, DO, NP, PA Other _____

Signature: _____ Date:_____

Address: _____

_____

Phone: _____ License/UPIN Number:_____

Types of acceptable forms of identification for eligibility to receive services are as follows:

- DD214, Certificate of Release or Discharge from Active Duty
- E-Benefits summary letter with character of service listed**
- Department of Veterans Affairs official letter with character of service listed
- Official VA disability letter with character of service listed
- Honorable discharge certificate
- NGB-22, National Guard Report of Separation and Record of Service
- NA Form 13038, Certification of Military Service
- Uniform Services Identification Card
- State of Texas Issued Driver's License with Veteran designation

Please bring one of these with you when you come to the barn and we will make a copy OR feel free to email a copy to veterans@reachtrc.org. Thank you!

*** Go to https://www.ebenefits.va.gov/ebenefits/homepage and sign in with your DOD login to print or email a letter. If you don't have a DOD login, it should have a place to register.*