



PARTICIPANT APPLICATION

Hope Haven Therapeutic Riding and Wellness Centre

General Contact Information

Participant Name

Date of Birth

First Name Last Name

Phone Number (if >18)

Area Phone Number
Code

Email (if >18)

example@example.com

Address

Street Address

Street Address Line 2

City Province

Postal Code

Primary Contact Parent/Guardian

First Name Last Name

**Primary Contact
Phone**

Area Phone Number
Code

Primary Contact Email

example@example.com

Secondary Contact Parent/Guardian

First Name Last Name

**Secondary Contact
Phone**

Area Phone Number
Code

Secondary Contact Email

example@example.com

Support Worker Contact (if applicable)

First Name Last Name

**Support Worker
Phone**

Support Worker Email

Area Phone Number example@example.com
Code

Please indicate which contact will be accompanying participant to Hope Haven (if required).

Which contact will be handling the billing.

Learning More About You

Height

Weight (180lbs weight restriction for riders)

Please list any medical diagnoses

Please describe any PHYSICAL challenges

Physical challenge = difficulties with mobility, strength, range of motion, endurance, coordination, vision

Please describe any COGNITIVE challenges

Cognitive challenge = difficulties with mental activities such as learning, memory, understanding, attention, appropriate language use

Please describe any EMOTIONAL challenges

Emotional challenge = difficulty managing change, anxiety, depression, self esteem and worth, empathy towards others, daily motivation

Current Medications

Allergies

Please check any services that are being or have been accessed:

Health Card Number

Physiotherapy

Occupational Therapy

Speech Language Pathology

Psychologist or Social Worker

Behavioural Therapist

Support Worker

Educational Assistant

Confidentiality and Information Release

I recognize that my role as a rider with Hope Haven Therapeutic Riding and Wellness Centre will entitle me to certain information about other riders which should be treated as confidential. All information given to me by a parent/instructor/rider in relation to a rider will be discussed only with the personnel of Hope Haven Therapeutic Riding and Wellness Centre. At no time will I discuss any information about riders with other parents or any other individuals. I recognize that all material and papers pertaining to the rider's care are legal documents, and that all information contained therein is confidential.

In order for everyone on the Hope Have team to create an empowering, fun and supportive environment it is important for all volunteers and staff to understand the needs of the rider. In recognition of this, I hereby authorize Hope Haven Therapeutic Riding and Wellness Centre to release to its instructors and volunteers such information from these forms as may be necessary to conduct a safe and beneficial riding program. I recognize that all volunteers and staff have signed an oath of confidentiality.

Parent/Guardian Signature (or participant if >18)

Photo/Social Media Release

YES - I hereby authorize Hope Haven Therapeutic Riding and Wellness Centre to use and reproduce any photographs and/or any other audio-visual materials taken of me for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program. This may also include publishing on social media platforms such as Facebook, Twitter, YouTube, Pinterest.

NO - Please do not use or reproduce any photographs and/or any other audio-visual materials taken of me for promotional printed material, educational activities, exhibitions or for use on social media platforms.

Waiver, Release, and Indemnity

Hope Haven Therapeutic Riding and Family Camp Inc. ("the operator") prides itself on offering high-quality, safe facilities and materials for its events and activities. Despite our best efforts, there are inherent risks in participating in the various events, training, and trail riding activities that we offer on our 140 acre site.

For this reason, the operator and its members, officers, directors, agents, trainers, staff, volunteers, affiliates and their respective heirs, executors, estate trustees, administrators, successors, assigns, agents, officers and representatives require that volunteers and participants (and their parents if under 18 years of age) assume full responsibility for any loss, injury, or damage which might be sustained while participating or volunteering in such activities. The undersigned person(s) therefore agrees to the following paragraphs.

The undersigned remises, releases, and forever discharges the operator, the property owner, and any lessees of and from all manner of actions, causes of action, suits, claims, and demands of whatsoever nature or kind which they ever had, now have or which they may have in the future by reason of the death or injury, damage, or loss to the undersigned arising from or in any way attributable to the undersigned's taking part in the operator's activities.

The undersigned indemnifies and saves harmless the operator, the property owner, and any lessees against and from all actions, causes of action, damages, suits, claims, and demands of whatsoever nature or kind (including legal costs incurred in respect thereto) which the operator may sustain or incur by reason of being engaged in, or participating in, directly or indirectly, activities sponsored by, supported by the operator.

The undersigned acknowledges having been advised of all the above, and understands that by signing this agreement certain legal rights which the undersigned may have against the operator, the property owner, and any lessees will be waived. The undersigned is fully satisfied that he or she understands same.

The terms "operator", "property owner", and "lessees" as used herein include the operator, the property owner and any lessees and their respective members, officers, directors, agents, and various activity organizers, trainers, staff, volunteers, affiliates and each of their respective heirs, executors, estate trustees, administrators, successors, assigns, agents, officers, and representatives.

The terms herein shall be binding upon the undersigned as well as their respective heirs, executors, estate trustees, administrators, successors and assigns. This agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.

IN WITNESS WHEREOF the parties have set their hand and seals this on:

Date

Name		Address	
_____	_____	_____	
First Name	Last Name	Street Address	
		_____	_____
		City	Province
		_____	_____
		Postal Code	Country

Parent/Guardian Signature (or participant if >18)

Witness Signature

I have read and agree to Hope Haven's POLICIES which are outlined on the website.

Agree

Thank you for completing your Participant Application for Hope Haven. As soon as we receive and process your application we will be in touch! Please don't forget to have your **Professional Referral Form** completed as well.