



# PARTICIPANT APPLICATION

Hope Haven Therapeutic Riding Centre

## General Contact Information

### Participant Name \*

First Name      Last Name

### Date of Birth \*



Month    Day    Year

### Phone Number (if >18)

Area Code    Phone Number

### 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 Code      Phone Number

## Primary Contact Email \*

example@example.com

## Secondary Contact Parent/Guardian

First Name      Last Name

## Secondary Contact Phone

Area Code      Phone Number

## Secondary Contact Email

example@example.com

## Support Worker Contact (if applicable)

First Name      Last Name

## Support Worker Phone

Area Code      Phone Number

## Support Worker Email

example@example.com

**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**

Example: ADHD, Down Syndrome, ASD, Spina Bifida, MS

**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**

## **Seizures: last occurrence, type of seizure, relevant medications**

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

- Physiotherapy
- Occupational Therapy
- Speech Language Pathology
- Psychologist or Social Worker
- Behavioural Therapist
- Support Worker
- Educational Assisstant

**Health Card Number**

## Confidentiality and Information Release

I recognize that my role as a participant with Hope Haven Therapeutic Riding Centre will entitle me to certain information about other participants which should be treated as confidential. All information given to me by a parent/instructor/volunteer in relation to another participant will be discussed only with the personnel of Hope Haven and at no time will I discuss this information with any other individual. I recognize that all material and papers pertaining to a participant's care are legal documents, and that all information contained therein is confidential. If at any time there is a concern about the collection, use or disclosure of my personal information I may contact Hope Haven's privacy officer.

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 participant. In recognition of this, I hereby authorize Hope Haven Therapeutic Riding Centre to release to its instructors and volunteers such information from these forms as may be necessary to conduct safe and beneficial programming. I recognize that all volunteers and staff have signed an oath of confidentiality.

## Photo/Social Media Release

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

YES

NO

## **Acknowledgment of Risk & Release of Liability**

**Every individual must read and understand the following information before participating in equine activities.**

To: **Hope Haven Therapeutic Riding Centre and Family Camp Inc**, their directors, employees, volunteers, business operators, and site property owners (all of them collectively called the HOST).

1. **I Understand** there are inherent **DANGERS, HAZARDS** and **RISKS**, (collectively called RISKS) associated with Equine Activities and injuries resulting from these "RISKS" are a common occurrence.

2. **I Acknowledge** that the Inherent "**RISKS**" of Equine Activities mean those DANGEROUS conditions which are an integral part of Equine Activities, **including but not limited to:**

The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.

The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.

The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

3. **I Freely Accept and Fully Assume All Responsibility** for the Inherent "**RISKS**" and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.

4. **I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.

5. In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my "**Legal Representatives**") agree

**To Waive All Claims that I might have against the "HOST";** and

**To Release the "HOST" from Any and All Liability** for any loss, damages, injury, or expense that I or my "Legal Representatives" might suffer as a result of my Participation due to any cause whatsoever **including any negligence on the part of the "HOST";** and

**To HOLD HARMLESS AND INDEMNIFY THE "HOST"** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

**In signing this form I understand all of the points above and I waive certain legal rights I or my "Legal Representatives" might have against the "HOST".**

## Date

Month Day Year

## Name

First Name Last Name

## Address

Street Address

City Province

Postal Code Country

**I have read and agree to Hope Haven's POLICIES which are outlined on our Policy page at [www.hopehavencentre.org](http://www.hopehavencentre.org). \***

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!