



Front Range Exceptional Equestrians

P.O. Box 272452 Ft. Collins, CO 80527-2452

Phone (970)221-0646

www.RideWithFREE.org

Rider's Application & Health History

CLIENT'S Name Date of Birth Height Weight Today's Date

Whom should we contact for scheduling classes? _____
Contact Name

Contact Mailing Address—Street, City, State, Zip+4 **Contact Phone**
Parent/Guardian Address and Phone (if minor) _____

E-Mail address _____

If applicable -Caregiver name, address, phone, email _____

School or Group Home placement Physician Name/Phone

Please list type of therapy the client is currently receiving with Therapist Name/Phone:

How did you hear about our program? _____

Are you a returning rider that has participated in our program previously? _____

Diagnosis _____ Current Medications: _____

To help us place the client in an appropriate class, and work effectively with him/her, please check any of the following that describes the client:

Communication Ability: ___ Uses language normally ___ Uses Sign Language/finger spelling
___ Understands spoken language ___ Uses nonverbal communication ___ Hearing Impaired
___ Client's speech is difficult to understand ___ Responds slowly to verbal communication
___ Client's speech is usually understood ___ Does not respond to verbal communication

Communication aids used by client are: _____

Physical Skills: ___ Sits independently ___ Uses hands well ___ Transfers independently
___ Walks independently ___ Uses hands fairly well ___ Stands with help
___ Stronger Left/ Right side ___ Does not use hands ___ Cannot stand/ walk

Mobility aids used by client are: _____

Social Skills: Does client typically cope well with new people and new situations? YES NO
Has the client ever participated in therapeutic riding classes before? If so, where? _____

Does the client exhibit any behaviors which may affect his/her ability to benefit from our program or to work with an Instructor or volunteers in a group setting? Please explain. _____

Does the client have any fears we should know about (animals, heights, falling)? _____

Health History: Please indicate if the client has any current or past problems in the following areas. Please explain any Yes answers.

Health Area	Yes	NO	Comments
Heart/Circulation			
Breathing			
Asthma			
Chronic Pain			
Skin Ulcers			
Vision			
Bone/Joint			
Allergies			
Behavior			

Does the client have any other medical conditions we should be aware of?

To the best of my knowledge, I confirm that the information I have provided is true and correct at this time.

_____ **Date** _____
Client, Parent, or Legal Guardian

PHOTO RELEASE

I **DO/ DO NOT** (circle one) consent to and authorize the use and reproduction by Front Range Exceptional Equestrians of any and all photographs and other audiovisual materials taken of me/ my child/ my ward for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the Front Range Exceptional Equestrians program.

_____ **Date** _____
Client, Parent, or Legal Guardian

Everyone must complete and sign these releases before participating in our program. If you are under 18 a parent or guardian must sign.

EMERGENCY TREATMENT INFORMATION

Rider Name _____ Parent/Guardian Name (if minor) _____

Address _____

Phone (Day) _____ Evening _____

Whom shall we call in case of emergency during time at Front Range Exceptional Equestrians:

Name _____ Phone _____

Second contact person:

Name _____ Phone _____

LIABILITY RELEASE

WARNING: Under Colorado law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119 Colorado Revised Statutes.

_____ (Name) requests participation in the Front Range Exceptional Equestrians therapeutic riding program. I acknowledge the risks and potential risks of injury during horseback riding therapy and working with horses. However, I feel that the possible benefit to myself/ my child/ my ward warrants assumption of these risks. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executors and administrators, waive and release forever all claims for damages against Front Range Exceptional Equestrians, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Horse Owners, Property Owners, and/or Employees for any and all injuries and/or losses that I/ my child/ my ward may sustain while participating in Front Range Exceptional Equestrians therapeutic riding program.

Signature of person releasing liability

Date

Print Name

Relationship to client

REMEMBER

HAVE YOU COMPLETED THE FOLLOWING?

Rider's Medical History/ Physician's Consent (form is signed by Physician)	YES	NO
Client Application/Health History (form is signed and dated)	YES	NO
Emergency Treatment Release	YES	NO
Liability Release (form is signed and dated)	YES	NO
Photo Release (form is signed and dated)	YES	NO
Areas of Learning/ Goal Sheet	YES	NO
Class Preference Form	YES	NO

WHEN ALL FORMS ARE SIGNED AND COMPLETED PLEASE RETURN TO:

**Front Range Exceptional Equestrians
PO BOX 272452
Fort Collins, CO 80527-2452**

**YOU WILL BE NOTIFIED WHEN YOU ARE PLACED IN A CLASS
THANK YOU**