Sarasota Manatee Association for Riding Therapy, Inc.

4640 CR 675 E, Bradenton, FL 34211-9600
941-322-2000
www.smartriders.org
www.facebook.com/smartriders

This form MUST be signed and dated by a MD, DO, NP, PA or other Medical Professional in the designated area at the bottom of this page!

Participant's Medical History and Physician's Statement

Participant: _____ DOB: ___ / ___ / _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: ___ / ___ / _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Yes No Date of Last Seizure: ___ / ___ / _____

Shunt Present: Yes No Date of last revision: ___ / ___ / _____

Special Precautions / Needs: _____

_____

Mobility: Independent Ambulation: Yes No Assisted Ambulation: Yes No Wheelchair: Yes No

Braces / Assistive Devices: _____

For those with Down syndrome: AtlantoDens Interval X-Rays Date: __ / __ / ___ Result: Positive Negative

Neurologic Symptoms of Atlanto Axial Instability: _____

Please indicate difficulties, medical conditions and/or surgeries in any of the following areas below by checking Yes or No. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary / Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional / Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies including riding and/or carriage driving. I understand that SMART will weigh the medical information given against the existing precautions and contraindications

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____ / _____ / _____

Clearly Print Name & Title: _____ License/UPIN Number _____

Address: _____

Phone: (_____) _____ - _____ Please Indicate: MD DO NP PA Other_____

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Participant's Application and Health History

Participant's Name: _____

DOB: ___ / ___ / _____ Age: _____ Height: _____ Weight: _____ Male / Female

Address: _____

Phone: _____ Alternate Number: _____ E-Mail Address: _____

Employer/School: _____

Address: _____ Phone: _____

Parent/Legal Guardian: _____ Phone: _____

Address (if different from above): _____

Care Giver: _____ Phone: _____

Referral Source: _____

How did you hear about the program? _____

What medications are you currently taking, including over-the-counter medications? _____

_____

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

Function: (i.e., mobility skills such as transfers, walking, wheelchair use) _____

_____

Social: (i.e., work/school included grade completed, leisure interests, relationships, family Structure, support system, companion animals, fears/concerns, etc.) _____

_____

_____

Goals: (i.e. Why are you applying for participation? What would you like to accomplish?)

_____

_____

_____

_____

Photo Release

I _____ Do I _____ Do Not

Consent to and authorize the use and reproduction by SMART (Sarasota Manatee Association for Riding Therapy) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Parent / Legal Guardian/Participant if over 18

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RELEASE AND ASSUMPTION OF RISK AGREEMENT

I agree to the following Release and Assumption of Risk Agreement with SARASOTA MANATEE ASSOCIATION FOR RIDING THERAPY, INC., a Florida nonprofit corporation (hereafter referred to as "SMART") as a condition for allowing me and/or my child /legal ward identified below to enter SMART's premises, surrounding land, and other program locations, be near horses, participate in equine-assisted activities, work near horses, handle horses, use equipment, work with staff and/or volunteers, and/or receive instruction or guidance while riding, driving, grooming, and/or handling horses. This is not meant to be a complete list of all activities and will be referred to in this document as "The Activities".

IT IS HEREBY AGREED AS FOLLOWS:

1. I have voluntarily requested, for myself and/or for my child/legal ward identified below, to engage in any and/or all of The Activities, now and/or in the future.
2. **Risks**. I understand that anyone engaging in The Activities can suffer bodily injuries, property damage and other injuries including death. Participation in The Activities involves certain inherent risks and, regardless of the care that is taken, it is impossible to ensure the safety of the participant. *I understand the risks/dangers inherent in The Activities, and I agree to assume them. I am not relying on SMART to list all possible risks for me and/or my child/legal ward.*
3. **Waiver and Liability Release:** As consideration for SMART allowing me and/or my child/legal ward to engage in The Activities at any time and/or at any location, I do hereby voluntarily assume all risks of loss, damage and personal bodily injury including death that may be sustained which may hereinafter occur on account of, or in any way arising from, entry upon the premises or participation in The Activities on or off the premises. I, for my heirs, administrators, personal representatives, and/or assigns, release and discharge SMART, all SMART employees, assistants, directors, volunteers, instructors, officers and owners of horses from any and all claims, demands, damages, actions, omissions, suits, or causes of action (present or future).
4. **Indemnification:** I also understand and agree to indemnify and hold harmless SMART and all persons or entities working on behalf of or affiliated with SMART against any and all further claims or damages, cost or expenses incurred by SMART and/or their employees as a result of an accident, injury or property loss which may occur while I, and/or my child/legal ward are on or off the premises or engaged in The Activities connected with SMART which may result from negligence of the undersigned or the negligence of SMART, employees, volunteers, instructors, agents, third parties and/or any combination thereof of SMART. The indemnification shall include reimbursement of SMART'S attorney fees.
5. **ASTM/SEI Headgear:** SMART will provide me and/or my child/legal ward with an equestrian safety helmet that is ASTM standard and SEI-certified for use when riding or driving horses. I understand that SMART, its employees, assistants, directors, volunteers, instructors, officers, owners of horses and/or agents cannot guarantee the suitability of any helmet provided.
6. **Health and Disabilities:** I understand that SMART always recommends that I seek the advice of a physician if I and/or my child/legal ward are injured. I also understand that many of The Activities pose special physical risks to the participant.
7. Should I breach this Release (or any part of it) I agree to pay the attorney's fees and court costs related to such breach incurred by SMART and/or persons directly affiliated with SMART. It is also mutually agreed that any disputes arising under this Release, and/or any activities that are undertaken pursuant to this document, shall be litigated in a court of proper jurisdiction located in or nearest to Manatee County, Florida.

I understand that when signed, this Agreement is intended to be legal, valid and binding at all times, now and in the future, when SMART permits me and/or my child/legal ward to engage in any and/or all of The Activities either on the SMART premises and/or other designated program locations.

WARNING: ***Under Florida Law, an equine activity sponsor or 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.***

NAME OF PARTICIPANT _____

SIGNATURE OF PARTICIPANT if 18 or older _____ **DATE** _____

v

Address of Participant: _____

Phone: (Home)_____ (Cell / other)_____Email:_____

I hereby certify that I am authorized to sign this Release and Assumption of Risk Agreement on behalf of the Participant.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____DATE _____

Print name of Parent or Legal Guardian: _____ _____

Address _____

Phone: (Home)_____ (Cell / other)_____Email:_____

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Authorization for Emergency Medical Treatment

CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury while participating in the Sarasota Manatee Association for Riding Therapy, Inc. (SMART) program: I authorize SMART to secure and retain medical treatment and transportation if needed. This authorization includes but is not limited to x-ray, surgery, hospitalization, medication and any treatment deemed "life-saving" by the physician. In addition, I authorized SMART to release my records to any individual involved in medical treatment and/or transportation I might need. This provision will be invoked only if the emergency contact person(s) listed below is/are unable to be reached.

Date: _____ Participant's Name (print) _____ DOB: _____

Home Phone Number: (___) _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

In case of emergency, contact:

Name: _____ Relationship: _____ Phone Number(s): (___) _____

Name: _____ Relationship: _____ Phone Number(s): (___) _____

Physician's Name: _____ Phone Number: (___) _____

Preferred Medical Facility: _____

Allergies to Medications: _____

Current Medications: _____

_____

Health Insurance Company: _____ Policy Number: _____

Consent Authorized Signature: _____ Date: _____

(Parent / Legal Guardian/Participant if over 18)

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment in the case of illness or injury while participating in the SMART program. In the event of emergency treatment aid is required, I wish the following procedures to take place: (list procedures)_____

_____

Date: _____ Participant's Name (print): _____

Parent or Legal Guardian will remain on site at all times during equine assisted activities.

Non-Consent Authorized Signature: _____Date:_____
(Parent / Legal Guardian / Participant if over 18)

Acknowledgement and Consent to Release Records to Manatee County Government

This form should be completed only for Participants residing in Manatee County under the age of 18 years old.

Name of Participant: _____

I hereby acknowledge and consent to release to Manatee County Government's Representative the Agency records of my child or legal ward from Sarasota Manatee Association for Riding Therapy, Inc. (SMART). These records relating to the program or delivery of services may be required by the County for purposes of monitoring and evaluating services.

I also understand that to the extent records are provided to the County, same shall become public records under Chapter 119, Florida Statutes and may be subject to any applicable state or federal exemptions and be inspected or copied by third persons.

_____ _____

Signature of Parent or Legal Guardian Date

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Participant Information

Participant's Name: _____

Describe briefly what you think this participant's strengths and talents are:

Describe briefly what you think this participant's weaknesses are:

Check those that accurately describe the participant:

Best Teaching Strategy

_____ Auditory
_____ Visual
_____ Kinesthetic
_____ Visual-Kinesthetic
_____ Auditory-Visual
_____ Auditory-Visual-Kinesthetic

Laterality

_____ Is able to differentiate between his/her left hand
_____ Is able to differentiate between his/her right hand
_____ Appears to use both right and left sides equally

Motor Coordination and Body Image

_____ Has tightly muscled body
_____ Has low muscle tone
_____ Has average muscle tone
_____ Is coordinated and plays in many sports well
_____ Has difficulty playing some sports
_____ Does not like to be touched
_____ Does not seem to be aware of his/her body in space
_____ Pays attention to body cues, knows when hungry, tired and takes care of bodily needs
_____ Is skin sensitive and complains at times that clothing is too rough or hurts
_____ Compulsively overeats
_____ Stumbles and trips, runs into things or knocks things over often

Social and Emotional Adjustment

_____ Appears to be appropriately independent, self-reliant, and mature for age
_____ Appears to have a positive self-image
_____ Can be very hard on him or herself
_____ Whines, complains and generally manipulates
_____ Is able to get along with others
_____ Is direct and can ask for what he/she needs and wants
_____ Performance is uneven and marked good and bad days
_____ Tires easily
_____ Is argumentative and oppositional at times
_____ Wants to please
_____ Has anxiety exhibited by stomach aches, headaches or other physical symptoms
_____ Shows anxiety by chewing on clothing, toys or own body

Observed Behaviors

_____ Distracted by internal stimuli
_____ Distracted by external stimuli
_____ Needs constant reminders to stay on task
_____ Needs occasional reminders to stay on task
_____ Is easily bored
_____ Needs several minutes to process information before acting
_____ Needs repetition in order to internalize feedback or instruction
_____ Once something is learned an remember to correct his/herself
_____ Gives up when frustrated
_____ Is determined and keeps trying

Do you have any other comments that would help us better understand the participant?

Signature: _____ Date:_____

Relationship to participant: _____

SMART RULES

These rules are designed to ensure the safety of all humans and equines at SMART.

1. No abusive, threatening, or violent behavior will be tolerated on the premises.
2. Illegal drug and alcohol use is prohibited.
3. NO smoking in or around the stable grounds. Smoking is permitted only in the privacy of your vehicle in the parking lot. *Please do not leave your cigarette butts in the grass or on the premises!*
4. All visits to the SMART facility must be supervised by a staff member.
5. During lesson times, all participants and other children must be supervised by their Parents or Care Providers until they are attended to by SMART Staff. No running or screaming is allowed in the stables or around the horses. Participants are not allowed to play on the ramp, mounting blocks, gates and fences.
6. Parents / Care Providers / Siblings and Friends must remain in the designated waiting areas (Pavilion and grassy area surrounding it, Admin House and Porch, Parking Lot) during their participant's lesson unless accompanied or approved by staff. If parent or guardian must leave premises during lessons, they must notify the instructor in charge and leave a cell phone number for immediate contact in case of emergency.
7. The mounting ramp and mounting block are only to be used for mounting and dismounting participants. Only instructors and trained staff will assist with the mounting and dismounting of participants.
8. Please do not handle, feed or pet horses in their stalls or in their paddocks unless supervised or approved by a staff member.
9. No one may enter a stall, paddock or arena containing horses unless accompanied or approved by a staff member.
10. No one may ride a horse unless supervised by a SMART Instructor. All program participants who ride or drive must have an annually completed Application and Release packet on file.
11. All riders must wear an ASTM-approved helmet while mounted on horses and use safety stirrups. We recommend that all riders wear hard-soled shoes with heels.
12. All drivers must wear an ASTM approved helmet while driving in cart or carriage.
13. All SMART volunteers must have a completed, signed and dated Volunteer Application on file and must complete a volunteer orientation course.
14. SMART is a Cell Phone Free Zone for all volunteers working in and around the barn and horses, leading horses, sidewalking with or assisting students or participating in any lesson activities. Please leave your cell phones in your car, or turn them off and store in the Ready Room cabinet. Cell phones may *only* be used when on break and in the Cell Phone Usage Area (Pavilion.)
15. All accidents, injuries or hazardous conditions must be reported to a staff member immediately.
16. In case of emergency, please follow the directions given by the Instructor(s) and Staff in charge.
17. **No dogs or pets belonging to volunteers, participants or visitors are allowed on the property!**
18. **Please obey all signage.**

WARNING: ***Under Florida Law, an equine activity sponsor or 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 have read and understand all of the rules above and agree to abide by them.

_____ _____

Signature Date