



Participant's Application and Health History

General Information

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ E-mail: _____ Alternative #: _____

Employer/School: _____

Address: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Phone: _____

Why are you applying for participation? What would you like to accomplish? How did you find out about us? _____

MEDICATIONS (include prescription, over-the-counter; name)

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/ concerns, etc.)

LIKES/DISLIKES (i.e. Sports, games, reinforcements)

Liability Release

I / my child / my ward / would like to participate in the Moving Forward Ranch, Inc. Program. I acknowledge the risks and hazardous nature of horse activities and horseback riding. However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Moving Forward Ranch, Inc., its Board of Directors, instructors, therapists, aides, volunteers, horse owners, and/or employees, stable property owners for and all injuries and/or losses that I / my child / my ward may sustain while traveling to or from, or participating in and Moving Forward Ranch, Inc. activities.

Wisconsin State Statutes Sec. 95.481

Notice: A person who is engaged for compensation in the rental of equines of equine equipment or tack in the instruction of a person in riding or driving of an equine or in being a passenger upon an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481(1)(e) of the Wisconsin State Statutes.

Signature: _____ Date: _____

Client, Parent or Legal Guardian

Signed in the presence of center staff

Photo Release

I DO

I DO NOT

Consent to and authorize the use and reproduction by Moving Forward Ranch, Inc. of any and all photographs and any other audio/visual materials taken of me / my child / my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, Parent or Legal Guardian

Signed in the presence of center staff

Rider's Authorization/Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of agency, I authorize Moving Forward Ranch, Inc. to:

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

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Ins. Company: _____ Policy #: _____

Allergies to Medication: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
(signed in presence of center staff)

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

In the event emergency treatment/aid is required, I wish the following procedure to take place.

Date: _____ Non-Consent Signature: _____

Client, Parent, or Legal Guardian
Signed in presence of center staff

