



Equine Assisted Activities and Therapies

CLIENT INFORMATION

Name: _____ Email: _____
Address: _____
Phones – Home: _____ Work: _____ Cell: _____
DOB: _____ Age: _____ Gender: M F
Employer/School: _____ Phone: _____
Address: _____

Parent/Legal Guardian: _____
Address (if different than above): _____
Phones (if different than above): Home: _____ Work: _____ Cell: _____

How did you hear about our program? _____

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

PHYSICAL FUNCTION (*i.e.*, mobility skills such as transfers, walking, wheelchair use):

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

MEDICATIONS (include prescription, over-the-counter: name, dose & frequency):

OTHER INFORMATION:

ALLERGIES: (*i.e.* seasonal allergies, insect stings, horses/hay, *etc.*)

DATE: _____ SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (If under 18): _____



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Name: _____ DOB: _____

Address: _____

Phone(s) Home: _____ Work: _____ Cell: _____

Physician: _____ Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy # _____

Current Medications: _____

Allergies to Medications: _____

IN THE EVENT OF AN EMERGENCY, CONTACT:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In case emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize the program 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 emergency treatment.

CONSENT PLAN:

This authorization includes x-ray(s), 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 (are) unable to be reached.

Signature: _____ Date: _____

Participant (if over 18) or Parent or Legal Guardian

NON-CONSENT PLAN:

I *do not* give consent for emergency medical aid/treatment 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 aid/treatment is required, I wish the following procedures to take place:

Signature: _____ Date: _____

Participant (if over 18) or Parent or Legal Guardian



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RELEASE, WAIVER & INDEMNITY AGREEMENT

It is recognized that any horse-related activity entails risk. While the Bridle Paths organization and Mr. and Mrs. Robert and Patricia Meurer and Stone Horse Farm, LLC (collectively, the Meurers) will endeavor to provide safe conditions on the Meurers' property, they cannot guarantee that they can eliminate all risk. The Meurers grant riders, volunteers, instructors, and others participating in or observing the program permission to enter the premises of the Meurers at 43247 Spinks Ferry Road, Leesburg, VA 20176.

The undersigned (hereinafter referred to as "Participant"), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to enter upon the premises referenced by address above and known as the property belonging to the Meurers, and/or to use horses and/or facilities either owned or controlled by Bridle Paths and/or to receive training or instruction from the agents or volunteers of Bridle Paths, and being fully aware of the risk of injury and dangers inherent in entering upon said premises and/or the riding and handling of horses, hereby elects voluntarily to enter upon said premises and/or to participate in said activities, and does hereby willingly enter into this Release, Waiver and Indemnity Agreement.

Therefore, in consideration of being permitted to enter upon the premises known as the Meurers' property and/or receive instruction or assistance from the agents or volunteers of Bridle Paths, Participant assumes all risks of loss, damage, or injury that might be sustained by any or each of the undersigned or any property of any or each of the undersigned while participating in or observing the equine-assisted activities and therapies program or en route to or from these premises. Participant knowingly and expressly waives Participant's rights to sue Bridle Paths and its volunteers, agents, successors, heirs, and assigns; and the Meurers and their agents, successors, heirs and assigns, for any injury, death, loss, or damage caused to Participant or to Participant's property, and Participant agrees to assume all risks inherent in riding or otherwise coming in contact with horses, including, without limitation, the risks of injury, death, loss, or damage to Participant or to Participant's property. Participant acknowledges that Participant has been given notice of the risks inherent in and intrinsic dangers of equine activities, including (i) the propensity of an equine to behave in dangerous ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to Such things as Sounds, sudden movement, unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collision with other animals or objects; and (v) the potential of Participant acting in a negligent manner that may contribute to injury to Participant or others, such as failing to maintain control over the equine or not acting within Participant's ability, and Participant expressly agrees to assume all such risks and waives all rights to sue for injuries caused by such risks. This waiver and express assumption of risks shall specifically apply to Participant and to any and all minor children and/or wards of Participant, in accordance with the terms of Va., code Ann. S3.1-796.132B and shall be construed to comply with all exculpatory terms of the Virginia Equine Activity Liability Act, Va., Code Ann. S§3.1-796.130 et seg. (Chapter 27.5, Code of Va. (1950)). Further, this release shall be binding upon the distributees, heirs, executors, administrators, and guardians of each of the undersigned.

If Participant is a minor or otherwise under a legal disability, this agreement shall be signed by Participant's parent or legal guardian. By signing, the parent or legal guardian agrees: (i) to waive the parent's, guardian's and Participant's rights to sue the parties named in the immediate preceding paragraph; (ii) to assume, on behalf of the parent, guardian, and Participant, the risks set forth in the immediately preceding paragraph, in addition to

all other risks of riding or otherwise coming into contact with horses, and (iii) to indemnify and hold harmless Bridle Paths and its volunteers, agents, successors, heirs, and assigns; and the Meurers and their agents, successors, heirs, and assigns, from any and all costs of defending such claims, including attorneys'

RELEASE, WAIVER & INDEMNITY AGREEMENT

The undersigned (hereinafter referred to as "Rider"), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to enter upon the premises known as "STONE~HORSE Farm", and/or to use or come into contact with horses and/or facilities either owned or controlled by STONE~HORSE Farm, LLC, (hereinafter "STONE~HORSE FARM"), and/or to receive assistance of any kind from the agents or employees of STONE~HORSE FARM, and being fully aware of the risk of injury and dangers inherent in entering upon said premises and/or the riding or handling of horses, hereby elects voluntarily to enter upon said premises and/or to participate in said activities, and does hereby willingly enter into this Release, Waiver & Indemnity Agreement.

THEREFORE, IN CONSIDERATION OF BEING PERMITTED TO ENTER UPON THE PREMISES KNOWN AS STONE~HORSE FARM AND/OR TO USE OR COME INTO CONTACT WITH HORSES OWNED OR CONTROLLED BY STONE~HORSE FARM AND/OR TO RECEIVE ASSISTANCE OF ANY KIND FROM THE AGENTS OR EMPLOYEES OF STONE~HORSE FARM, RIDER KNOWINGLY AND EXPRESSLY WAIVES RIDER'S RIGHTS TO SUE STONE~HORSE FARM, LLC, ITS MEMBERS, MANAGERS, EMPLOYEES, AGENTS, SUCCESSORS, HEIRS, AND ASSIGNS, FOR ANY INJURY, DEATH, LOSS, OR DAMAGE CAUSED TO RIDER OR TO RIDER'S PROPERTY, AND RIDER AGREES TO ASSUME ALL RISKS INHERENT IN RIDING OR OTHERWISE COMING IN CONTACT WITH HORSES, INCLUDING, WITHOUT LIMITATION, THE RISKS OF INJURY, DEATH, LOSS, OR DAMAGE TO RIDER OR TO RIDER'S PROPERTY. RIDER ACKNOWLEDGES THAT RIDER HAS BEEN GIVEN NOTICE OF THE RISKS INHERENT IN AND INTRINSIC DANGERS OF EQUINE ACTIVITIES, INCLUDING (i) THE PROPENSITY OF AN EQUINE TO BEHAVE IN DANGEROUS WAYS WHICH MAY RESULT IN INJURY, HARM, OR DEATH TO PERSONS ON OR AROUND THEM; (ii) THE UNPREDICTABILITY OF AN EQUINE'S REACTION TO SUCH THINGS AS SOUNDS, SUDDEN MOVEMENT, UNFAMILIAR OBJECTS, PERSONS, OR OTHER ANIMALS; (iii) CERTAIN HAZARDS SUCH AS SURFACE AND SUBSURFACE CONDITIONS; (iv) COLLISIONS WITH OTHER ANIMALS OR OBJECTS; AND (v) THE POTENTIAL OF A PARTICIPANT ACTING IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO INJURY TO THE PARTICIPANT OR OTHERS, SUCH AS FAILING TO MAINTAIN CONTROL OVER THE EQUINE OR NOT ACTING WITHIN THE PARTICIPANT'S ABILITY, AND RIDER EXPRESSLY AGREES TO ASSUME ALL SUCH RISKS AND WAIVES ALL RIGHTS TO SUE FOR INJURIES CAUSED BY SUCH RISKS. THIS WAIVER AND EXPRESS ASSUMPTION OF RISKS SHALL SPECIFICALLY APPLY TO RIDER AND TO ANY AND ALL MINOR CHILDREN AND/OR WARDS OF RIDER, IN ACCORDANCE WITH THE TERMS OF THE VIRGINIA EQUINE ACTIVITY LIABILITY ACT AND SHALL BE CONSTRUED TO COMPLY WITH ALL EXCULPATORY TERMS THEREOF, VA. CODE §§3.2-6200 et seq.

IF RIDER IS A MINOR OR OTHERWISE UNDER A LEGAL DISABILITY, THIS AGREEMENT SHALL BE SIGNED BY RIDER'S PARENT OR LEGAL GUARDIAN. BY SIGNING, THE PARENT OR LEGAL GUARDIAN AGREES (i) TO WAIVE THE PARENT'S, GUARDIAN'S, AND RIDER'S RIGHTS TO SUE THE PARTIES NAMED IN THE IMMEDIATELY PRECEDING PARAGRAPH; (ii) TO ASSUME, ON BEHALF OF THE PARENT, GUARDIAN, AND RIDER, THE RISKS SET FORTH IN THE IMMEDIATELY PRECEDING PARAGRAPH, IN ADDITION TO ALL OTHER RISKS OF RIDING OR OTHERWISE COMING INTO CONTACT WITH HORSES; AND (iii) TO INDEMNIFY AND HOLD HARMLESS STONE~HORSE FARM, LLC, ITS MEMBERS, MANAGERS, EMPLOYEES, AGENTS, SUCCESSORS, HEIRS, AND ASSIGNS FROM ANY LOSS, CLAIM, SUIT, OR JUDGMENT RESULTING FROM ANY INJURY, DEATH, LOSS OR DAMAGE

SUSTAINED OR CLAIMED BY RIDER (OR RIDER'S PERSONAL REPRESENTATIVE), AND FURTHER TO INDEMNIFY STONE~HORSE FARM, LLC, ITS MEMBERS, MANAGERS, EMPLOYEES, AGENTS, SUCCESSORS, HEIRS, AND ASSIGNS FROM ANY AND ALL COSTS OF DEFENDING SUCH CLAIMS, INCLUDING ATTORNEYS' FEES.

It is expressly agreed by Rider and any parent or guardian whose signature appears on this document that this Release, Waiver and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, and that STONE~HORSE Farm, LLC is covered by the provisions of that Act. This Release, Waiver and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

Rider has been advised to wear protective headgear and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses, and expressly assumes the risk of injury resulting from failure to do so and/or from selecting headgear or footwear which does not adequately protect against injury.

CAUTION: READ BEFORE SIGNING

Rider/Client Signature	Printed Name	Date
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Signature of Parent or Guardian*	Printed Name	Date
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*PARENT OR GUARDIAN MUST SIGN IN ADDITION TO RIDER/CLIENT UNDER EIGHTEEN YEARS OF AGE.