⚜ HIGH HORSE HILL ⚜

Therapeutic Horsemanship for All Ages

FARM RETREAT AT HIGH HORSE HILL

MEDICAL RELEASE FORM

(the form has 2 pages)

The two-page form must be completed for EACH participant.
Feel free to copy this set if needed.

Forms for all participants MUST be

RECEIVED by Cancer Connection

TWO WEEKS AHEAD OF ANY SCHEDULED VISIT

FORMS MAY BE FAXED TO 413-280-0223

Release forms are effective for one year
from the date of physician signature unless there is a change in health status, including a new or additional diagnosis or additional surgery.
If this occurs, a new Medical Release Form must be submitted.

QUESTIONS? CALL 413-586-1642

Thank you!

Physical Address: 139 Arthur Pease Road, Middlefield, MA 01243 413-961-9311
Mailing Address: 139 Arthur Pease Road, Chester, MA 01011 KateyGrey@HighHorseHill.com

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Participant Registration Form
for CANCER CONNECTION FARM RETREAT

Parts A, B, and Doctor's Permission/Instructions Form must be completed for EACH participant

A. RELEASE *(REQUIRED)*: _____,
(participant) would like to participate in High Horse Hill Therapeutic Horsemanship. I recognize the inherent risk of injury in horseback riding generally and in learning to ride in particular, and working around horses. Under Massachusetts law, an equine professional is not liable for any injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D, of the General laws. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executor or administrator, waive and release forever all claims for damages against High Horse Hill, its Instructors, Therapists, Aides, and Volunteers for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in High Horse Hill Therapeutic Horsemanship.

Signature: _____ **Date:** _____
(Participant or Parent/Guardian)

B. MEDICAL AUTHORIZATION *(REQUIRED)*: Participant's name: _____
In the event of emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being at High Horse Hill Therapeutic Horsemanship, I authorize High Horse Hill Therapeutic Horsemanship to:

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

This authorization includes X-rays, surgery, hospitalization, medication, and any treatment procedure deemed life-saving by the physician. The provision will be invoked only if the person below is unable to be reached.

Signature: _____**Date:**_____
(Participant or Parent/Guardian)

IF I CANNOT BE REACHED:

CONTACT: _____ Phone: _____
CONTACT: _____ Phone: _____
Participant's Physician: _____ Phone: _____
Medical Insurance Company: _____
Policy number: _____ Preferred Medical Facility: _____
Other Specific Conditions: _____

C. PHOTO RELEASE *(OPTIONAL)*: Participant's name: _____
I hereby consent to and authorize the use of a reproduction by High Horse Hill of any and all photographs and other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
(Participant or Parent/Guardian)

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Doctor's Permission/Instructions Form
for CANCER CONNECTION FARM RETREAT

Dear Health Care Provider,

Your patient: _____, DOB: _____
is interested in participating in supervised equine activities. In order to safely provide this service, our center requires that you complete this form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present and to what degree.

PHYSICIAN RELEASE/MEDICAL HISTORY

Participant Name: _____
Diagnosis: _____
Weight: _____**Height:** _____ **Date of last Tetanus shot:** _____
Medications: _____
_____

MOBILITY:
Independent _____ Crutches _____ Walker _____ Braces _____ Wheelchair_____

PLEASE INDICATE IF PATIENT HAS A LIMITATION AND/OR SURGERIES IN ANY OF THE FOLLOWING AREAS BY CHECKING. IF CHECKED, PLEASE COMMENT USING THE BACK OF FORM IF NECESSARY.

Allergies: ____ Cardiac:____ Cognitive:____ Neurologic:____ Orthopedic: ____ Seizures:____
Psychological/Emotional:____
Other: _____
Atlantoaxial Instability: ____
Indwelling catheters/Medical Equipment: ____
Skin Breakdown: ____
Recent Surgeries: ____
Medication Photosensitivity: ____

PLEASE INDICATE ANY SPECIAL PRECAUTIONS: _____
_____
_____

In my opinion this patient can participate in supervised equestrian activities. In conjunction with these activities I concur in the referral of the patient to a physical/occupational therapist or other health care professional for evaluation of abilities/limitations in performing exercises and implementing an effective equestrian program as necessary.

Physician Name (please print):_____

Address_____

Physician Signature_____ Date: _____

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Barn Safety Rules for Participants, Family, and Friends

- Listen to the instructor(s) and follow directions.
- Wear appropriate clothing: long pants, shirts with sleeves, closed-toe shoes or boots, preferably with a heel. Warm clothing in cold weather.
- Always wear a helmet when handling a horse and when riding unless approved by instructor.
- **NOTE: CANCER CONNECTION FARM RETREAT PROGRAMS DO NOT INCLUDE RIDING**
- Respect all persons, animals, and property.
- Use polite language at all time - the horses know English.
- Do not stand behind a horse. If you must go from one side of the horse to the other, either go in front or place your hand on horse as you go behind.
- Feed treats to horses only with permission and under supervision AND NEVER BY HAND or the horses will think that your fingers are carrots.
- Pet horses only with permission and under supervision.
- Gum chewing is not allowed and is a safety hazard around horses.
- No running or shouting. It scares the horses.
- No smoking.
- Stay with instructor, volunteer, or parent/guardian at all times.

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