



## STUDENT APPLICATION FORM

This entire form must be completed and signed in order to be accepted.

EXCEPT for the photo release form (optional).

Please return form to Fire Horse Farm Therapeutic Equestrian Center, 5669 CR 401, Henderson, Texas 75654. If you have any questions please email us at [fire\\_horse\\_farm@yahoo.com](mailto:fire_horse_farm@yahoo.com) or call us at (903)-740-3473

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

School or other educational institution attending \_\_\_\_\_

Diagnosis \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

If under age 18, Name of Parent/Guardian \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital & Town Preferred \_\_\_\_\_

I am/My Child is: ambulatory non-ambulatory verbal non-verbal

I use/My Child uses: wheelchair crutches braces other

I/My Child: can cannot sit independently. mail:

I would like to apply for a scholarship: Yes No

In case of emergency, I give permission to Fire Horse Farm Therapeutic Equestrian Center to secure medical treatment including x-ray, surgery, hospitalization and medication.

Signature of student or guardian if under the age of 18 \_\_\_\_\_ Date \_\_\_\_\_

FIRE HORSE FARM THERAPEUTIC EQUESTRIAN CENTER

**Student Name** \_\_\_\_\_

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

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

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

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

**PAST/PROSPECTIVE SURGERIES:**

**GOALS (i.e. Why are you seeking participation in Fire Horse Farm's programs? What would you like to accomplish?)**

Signature of student or guardian if under the age of 18 \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT PHOTO RELEASE

For valuable consideration given, which is hereby acknowledged, the undersigned hereby grants to Fire Horse Farm Therapeutic Equestrian Center permission to take or have taken still and moving photographs and films including television pictures of (name) and consents and authorizes Fire Horse Farm, its advertising agencies, news media, and any other person interested in Fire Horse Farm and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional material, books and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signatures to this release other than the intention of Fire Horse Farm to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding Fire Horse Farm and its work..

Signature of student or guardian if under the age of 18 \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT LIABILITY RELEASE

I, undersigned, adult student, or parent or guardian of \_\_\_\_\_, a minor student, would like to participate at Fire Horse Farm Therapeutic Equestrian., (hereinafter referred to as Fire Horse Farm). I acknowledge the risks and potential for risks of horseback riding. I understand the various populations served by Fire Horse Farm and understand that teens participating in Fire Horse Farm 's Juvenile Intervention Program including adjudicated and/ or troubled teens may be acting as volunteers and may be on the Fire Horse Farm premises. I understand that I/my son/daughter/ ward, will be working with and around horses, as well as, riding horses of Fire Horse Farm; however, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I, the undersigned student and/or parent or guardian, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and forever release, acquit, discharge and hold harmless all claims for damages against Fire Horse Farm, its board of directors, trustees, agents, instructors, therapists, employees, representatives, successors, assigns, volunteers, owners of the property on which Fire Horse Farm operates, for any and all manner of claims, demands and damages of every kind or nature whatsoever, which student may now, or in the future have against Fire Horse Farm, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which Fire Horse Farm operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of Fire Horse Farm, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which Fire Horse Farm operates, successors or assigns.

I understand that under the *Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code)*, an 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.

Signature of student or guardian if under the age of 18 \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT EMERGENCY MEDICAL FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

If under age 18, Name of Parent/Guardian \_\_\_\_\_

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_

Attending Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

*In case of a medical emergency, the undersigned student authorizes Fire Horse Farm Therapeutic Equestrian Center to secure and retain such emergency medical assistance and transportation as they determine to be necessary and proper.*

*In case of medical emergency, the undersigned student authorizes Fire Horse Farm Therapeutic Equestrian Center to secure medical/ surgical treatment and/or hospitalization for the volunteer which they determine necessary or advisable, pending receipt of special consent from the undersigned from any licensed physician to provide including, but not limited to, anesthesia, x-ray, surgery, hospitalization and medication.*

*No person can be accepted for service until this form has been completed by the student, or parent or guardian and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Fire Horse Farm Therapeutic Equestrian Center.*

*I understand that NO LIABILITY can be accepted by any organization concerned with this service, including Fire Horse Farm Therapeutic Equestrian Center in the event of any accident which may occur.*

Student or legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Student's Name	Date of Birth	Age
Address	Height	Weight
Diagnosis	Date of Onset	
Medications		
Shunt Present	Date of last revision	
Tetanus Shot: Yes	No	Date of Shot
Seizure Type	Controlled	Date of last seizure

**\*\*For Persons with Down Syndrome:**

Cervical X-ray for Atlantoaxial Instability    Positive \_                  Negative \_                  Date of X-ray

Before being accepted as a student, it is essential that the questions are thoroughly and completely answered so that each student's abilities and limitations are given due consideration by Fire Horse Farm's trained Instructors, the student's Physician and Therapist.

Special Precautions \_\_\_\_\_

Specific body movements or positions NOT to be attempted

Specific body movements or positions desired \_\_\_\_\_

Please indicate if patient has a problem and/or surgeries in any of the following areas 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			
Mental Impairment			
Psychological Impairment			
Pain			
Other			

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of any effective equestrian/hippotherapy program. **THIS FORM MUST BE SIGNED BY ATTENDING PHYSICIAN. WE CANNOT ACCEPT A SIGNATURE STAMP OR THE SIGNATURE OF ANY THERAPIST, PHYSICIAN ASSISTANT OR A NURSE PRACTITIONER. THIS SIGNATURE MUST BE ORIGINAL, A FAX CANNOT BE ACCEPTED.**

Physicians Name Printed and Signature \_\_\_\_\_ Date \_\_\_\_\_

## Information for Physician

Please note that the following conditions may suggest precautions and/or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present and to what degree.

### Orthopedic

Atlantoaxial Instability- includeneurologic symptoms  
CoxaArthrosis  
Cranial Deficits  
Heterotopic Ossification/Myositis Ossificans  
Joint Subluxation/Dislocation  
Kyphosis  
Lordosis  
Osteogenesis Imperfecta  
Osteoporosis  
Pathologic Fractures  
Scoliosis  
Spinal Fusion/Fixation  
Spinal Instability/Abnormalities  
Spinal Orthoses  
Spinal Stabilization Devices - internal

### Neurologic

Hydrocephalus/Shunt  
Paralysis due to Spinal Cord Injury  
Seizure  
SpinaBifida/ChiarinMalformiation/TetheredCord/  
Hydromyelia Stroke

### Medical/Psychological

Allergies  
Animal Abuse  
Behavior Problems  
Blood Pressure Control  
Cancer  
Dangerous to self or others  
Diabetes  
Emotional Abuse  
Exacerbations of medical conditions  
Fire Settings  
Heart Conditions  
Hemophilia  
Medical Instability  
Migraines  
Peripheral Vascular Disease  
Physical Abuse  
Poor Endurance  
Respiratory Compromise  
Recent Surgeries  
Sexual Abuse  
Substance Abuse  
Thought Control Disorders  
Varicose Veins  
Weight Control Disorder

### Other

Age - under 4 years  
Indwelling Catheters  
Medications  
Skin Breakdown

# FIRE HORSE FARM THERAPEUTIC EQUESTRIAN CENTER

## HIGHLIGHTED POLICIES:

1. We strongly suggest teenagers be fourteen (14) years of age or older to volunteer.
2. A parent or designated guardian must be on the property at all times during the time a student is participating in a class time.
3. Fire Horse Farm serves children and adults who are challenged with:
  - a. cognitive disabilities
  - b. physical disabilities
  - c. abuse
  - d. alcohol and drug addictions
  - e. behavioral, delinquency
  - f. psychological issues
4. A student must sign several forms including; a general informational page, a physician's referral statement signed by the attending physician, an emergency medical form and liability release. A photo release is optional. These forms are updated annually.
5. A Fire Horse Farm volunteer must sign a registration form which includes; general information, a photo release, a confidentiality statement, a liability release and an emergency medical form. This form is updated annually.
6. As of September 1995, Texas enacted the following law:

*Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.*
7. Chewing gum is prohibited at the Fire Horse Farm facility.
8. Students are not allowed in the barn area unless an instructor is monitoring them.
9. For safety, no one is allowed on the ramps; to sit, play or climb. Please do not cut through the ramps to get to the horses.
10. Siblings must be monitored by a parent or designated adult at all times. Please no running or climbing on fences, carts or ramps. The picnic area may be used for outdoor play.
11. Ask an instructor prior to taking any pictures or video taping.
12. No dogs allowed off leash except resident dogs.
13. Family member, care giver; once the student has begun their class time, feel free to observe from the benches, lounge, picnic area or your car.
14. Students must wear long pants and closed toe and closed heel shoes for their class time. If a student comes to ride in shorts, a dress or sandals, they will spend their class time not riding but learning in other activities.
15. Volunteers must wear closed toe and closed heel shoes. Please wear appropriate clothing to work outside, refraining from wearing revealing clothing or jewelry except for a watch.
16. Fire Horse Farm 's phone is not to be abused, necessary calls may be made, remembering that Fire Horse Farm is a place of business, keeping the length of telephone calls short. Please do not make a long distance call.
17. PLEASE DO NOT feed any of the horses, dogs and/ or cats.
18. PLEASE DO NOT reach through any fences to pet the horses.

## GENERAL RULES:

1. Please do not bring your child if they have any colored discharge from their nose or heavy congestion. This will help insure the health of the instructors and other students.
2. Smoking is prohibited at the Fire Horse Farm facility.

---

I have read and understand what is written and agree to follow Fire Horse Farm 's policies and rules. I understand and am aware of the Texas Equine Liability Act. I understand and am aware of the various populations served by Fire Horse Farm and understand that adults and/or teens may be serving their court appointed community service hours.

Signature of student or guardian if under the age of 18 \_\_\_\_\_ Date \_\_\_\_\_