
Registration Form

General Participant Information

Name: _____ DOB: _____

Guardian Name: _____ Relationship to Participant: _____

Are you a Veteran? _____ Branch of Military: _____

Phone: _____ Email: _____

☐ Yes, you may text me appt reminders & notifications ☐ No, I do not wish to receive text notifications

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contacts

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Medical Information

Gender: ☐ Male ☐ Female ☐ Other _____

Height: _____ Weight: _____

Tetanus Shot: ☐ No ☐ Yes, Date: _____

Medications & Side Effects (Please list names and side effects that may affect time with the horses, such as, whether the medication impacts balance, sensitivity to sunlight, etc.)

Please check off any health issues that may limit activity, explain below:

	✓	Comment:
Learning Challenges		
Mental Health Disorder		
Auditory		
Tactile		
Visual		
Speech		
Cardiac		
Neurological		
Allergies/ Asthma		Allergens? Epi Pen?
Muscular		
Recent Surgeries		
Other		

In Case of EMERGENCY RELEASE:

In the event emergency medical aid/treatment is required due to illness or injury while participating, I authorize Equi Evolution LLC 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. This authorization includes x-rays, surgery, hospitalization, medication and any treatment deemed "lifesaving" by the physician. This provision will only be invoked if the parent/guardian or emergency contact person listed cannot be reached.

I have read the above release, and permit Equi Evolution LLC to act as stated above in an emergency and to contact the documented emergency contacts.

Disclaimer: Equi Evolution services are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat, or cure any mental health or medical conditions. Equi Evolution LLC is not acting as a mental health counselor or a medical professional.

_____ Signed	_____ Printed Name	_____ Date
_____ Parent/Guardian Signature (If Minor)	_____ Printed Name	_____ Date

Participant Goals

Name: _____

How did you hear about us? _____

What are your expectations from this program? What do you hope to accomplish/learn?

What is your experience/background with horses?

What are your biggest concerns?

What are you most excited about?

Other Comments or Information you would like us to be aware of:

Safety Policies

Horses are incredibly intelligent and insightful animals, making them an invaluable part of our learning process. However, they are also prey animals which means they have an innate “fight or flight” instinct. This quick reaction time, along with their large size, makes it imperative that you understand and follow all safety rules. We reserve the right to discontinue service to any participant who is unwilling to adhere to the following guidelines.

- Rambunctious behavior can be disruptive to others and frighten the horses. No running, yelling, or rough housing allowed.
- Due to the incredibly high amount of flammable material at the farm, there is absolutely NO SMOKING allowed on the property.
- Please do not climb on any of the fencing or gates.
- Children under the age of 13 must be supervised by an adult at all times.
- While we do have lots of animals here at the farm, this is their home and they are not always comfortable with strange dogs on the property. Please do not bring your pets.
- Horses will bump you and may even step on your feet. Closed shoes are required. Boots or sneakers please.
- Always follow facilitator’s instructions as closely as possible to avoid placing yourself in a dangerous situation.
- Horses have almost 360° vision, except for 2 blind spots directly in front of and directly behind them. If they are startled, they will kick out to protect themselves. Do not stand directly behind any of the horses.
- Like people, horses have specific dietary needs. Do not offer them treats unless prompted to do so by your facilitator.
- If you will be riding during your session, ASTM/SEI certified helmet must be worn at all times while mounted on a horse.
- Horses are escape artists—let’s keep them all on the property. Always keep gates closed and latched. When you go through them, close them. If you find them open, close them.
- There are many people and animals working, living, and interacting here. Please use extreme caution and drive slowly when entering and leaving the facility.
- This list is not exhaustive, please keep this in a safe place and remember to review these rules each time you come to the barn to ensure your safety and the safety of those around you.

Safety Agreement & Liability Waiver

I have received and reviewed a copy of the safety policies utilized by Equi Evolution LLC and I agree to adhere to these policies at all times while I am on the property and/or participating in any program henceforth.

WARNING

Under Massachusetts law, 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, pursuant to section 2D of chapter 128 of the General Laws.

WARNING OF INHERENT RISKS: Equine Activity is inherently dangerous and I understand: a) the propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them; b) the unpredictability of the animal's reaction to outside stimulation such as sounds, sudden movement, and unfamiliar objects, persons, or other animals; c) the possibility of collisions with other animals or objects; d) or the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. I further understand that serious accidents occasionally occur from participation in equestrian activities, and that participants occasionally sustain mortal or serious personal injuries and/or property damage, as a consequence thereof. I am aware that an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity and that no participant nor participant's representative may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity per Massachusetts state law as stated above. Knowing these risks, I hereby agree to assume these risks and to release and hold harmless all of the persons or entities mentioned above. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, executors, and assigns. I understand that this is a legal document. I have read and understood this release and understand all its terms. I execute it voluntarily and with full knowledge of its meaning and significance. I hereby assume all of the risks associated with equine related activities. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN EQUI EVOLUTION LLC AND ME.

I HAVE READ AND UNDERSTAND THE ABOVE:

Signed

Printed Name

Date

Parent/Guardian Signature (If Minor)

Printed Name

Date

Photo Release

(Check One of the below options)

☐ **YES**, I hereby consent to and authorize the use and reproduction of any and all photographs and any other audiovisual materials taken of me/my child/my ward by Equi Evolution LLC for promotional printed material, educational activities, exhibitions, social media & website design, or for any other use for the benefit of the program.

☐ **NO**, I do not consent to the use and reproduction of any photographs and/or other audiovisual materials taken of me/my child/my ward by Equi Evolution LLC for promotional printed material, educational activities, exhibitions, social media & website design, or for any other use for the benefit of the program.

Signed

Printed Name

Date

Parent/Guardian Signature (If Minor)

Printed Name

Date

Cancellation Policy

Please provide at least **24-hour notice** when cancelling or changing an appointment. If you fail to cancel before 24-hour notice or do not show for your appointment, the following policies apply:

- First offense: You may reschedule your appointment without penalty.
- Second offense: You will be charged for the missed session.
- Third offense: May result in termination from the Equi Evolution.

Weather Cancellation:

In the event of extreme weather conditions Equi Evolution reserves the right to cancel your appointment for the safety of the horses and participants. We do not offer a refund for a weather cancellation; however, we will reschedule your appointment for the next best available time.

I HAVE READ AND AGREE TO THE ABOVE CANCELLATION POLICY:

Signed

Date