



**Therapeutic Horsemanship of Hawaii
Rider Information Update**

Rider Name: _____

Parent Name(s): _____ Contact phone: _____

Email Address : _____

Rider age: _____

Rider height: _____ Weight : _____

Diagnosis (if any): _____

Recent changes (if any) _____

How did you hear about our program? (Referral, web search, Hawaii Parent?)

What types of activities would help this rider? (e.g. trunk muscle development, following directions, fine motor) _____

What things does the rider enjoy? (music, sports, etc) _____

Are there any things that THH staff should be aware of? (poor balance, changing medications, acting out, weak joints) _____

- I have reviewed the attached list of precautions and contraindications to riding. To the best of my knowledge my child has none of the conditions listed.

Parent signature _____ Date _____

- I have reviewed the attached list of precautions and contraindications to riding. I am submitting to THH the signed physician annual health history update.

Parent signature _____ Date _____

Precautions and Contraindications to horseback riding

Physician's clearance and other forms are available on the THH website at www.thhwaimanalo.org

Orthopedic

Atlantoaxial Instability - include neurologic symptoms

Coxarthrosis

Cranial Defects

Heterotopic Ossification/Myositis Ossificans

Joint subluxation/dislocation

Osteoporosis

Pathologic Fractures

RA, MS)

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chiari II Malformation/Tethered Coed/Hydromyelia

Other

Age - under 4 years

Indwelling Catheters/Medical Equipment

Medications - i.e. Photosensitivity

Poor Endurance

Skin Breakdown

Medical/Psychological

Allergies

Animal Abuse

Cardiac Condition

Physical/Sexual/Emotional Abuse

Blood Pressure Control

Dangerous to Self or Others

Exacerbations of Medical Conditions (i.e.

Fire Settings

Hemophilia

Medical Instability

Migraines

PVD

Respiratory Compromise

Recent Surgeries

Substance Abuse

Thought Control Disorders

Weight Control Disorder

THH Individual Billing Information Sheet	
Student(s) (full name(s))	
Bill to (full name)	
Street Address	
City, State, Zip	
Phone	
Email* PRINT CLEARLY	

Cancellation Policy

Horses are very expensive to feed, and we depend on income from lessons to keep the program going! In order to effectively manage paid staff and volunteer hours, THH must enforce the following cancellation policy:

- Cancellations made within 24 hours of the lesson start time will be billed the full rate for the lesson.
 - Exceptions are emergencies and sickness. If your child seems sick 24 hours in advance, we would appreciate a timely cancellation.
 - There is no charge when THH cancels lessons due to weather or other conditions.
- We have many children who would like to come and ride with us, and if we have advanced notice we can schedule them in place of canceled lessons.
- If you miss three lessons in a row, we reserve the right to schedule someone else at that time.

Thanks for your cooperation!!

I understand that I will be billed for services provided to the above student(s), and I agree to pay for these services.

(signature)

*Providing an email address allows THH to send your statements electronically. Your email address will be used solely to facilitate communications with THH. You will be able to view and pay your statements online by credit card at the website indicated on the statement. You will also be able to pay by mailing a check or by delivering payment in person to an instructor.



RELEASE AGREEMENT
THERAPEUTIC HORSEMANSHIP of HAWAII, INC.
AND CONTRIBUTORS

I, the undersigned, understand that Hawaii Law (Act 249, 1994 Hawaii Legislative Session, effective June 29, 1994) limits the civil liability of persons sponsoring equine (horse, pony, mule, donkey, or hinney) activities. I understand that there are inherent risks of injury, including death, when participating in an equine activity, which risks include but are not limited to (1) the propensity of an equine to behave in ways that may result in injury or death to persons on or around them, (2) the predictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or object animals, (3) hazards such as surface and sub-surface conditions, (4) collisions with other equine or objects, and (5) the potential negligence of another participant, such as failing to maintain control over the equine, or not acting within the participant's ability. Knowing and understanding the risks of participating in an equine activity; including injury and death to my person and damage to my personal property, I expressly choose to assume these risks. Further, on behalf of myself, my heirs, successors, representative, and assigns, I hereby unconditionally release any and all claims and causes of actions against equine activity sponsor Therapeutic Horsemanship of Hawaii and the Honolulu Polo Club, and its/their owners, shareholders, officers, directors, principals, employees, agents, representatives and any other personnel, for injury including death, and for any damage to personal property, which I may incur as a result of my participation in this equine activity. I, the undersigned, agree to indemnify the above-described equine activity sponsor (including its/their above-described persons and entities) from any and all claims and causes of action brought by or on behalf of said participant at any time.

DATE: _____

Rider Name: _____ SIGNATURE: _____
IF UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN

Parent Name: _____

PHOTO RELEASE

The undersigned hereby acknowledges and grants to Therapeutic Horsemanship of Hawaii, Inc. permission to take or have taken, still photographs, films including video pictures of himself/herself and consents and authorizes Therapeutic Horsemanship of Hawaii, Inc. its advertising agencies, news media, and any other persons interested in Therapeutic Horsemanship of Hawaii, Inc. and its work, to use and reproduce the photographs, films, and/or video to circulate and publicize the same by all means including the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional videos, books, and clinical materials.

With regards to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of Therapeutic Horsemanship of Hawaii, Inc. to use or allowed to be used such photographs, films, video or materials for the primary purpose of promoting and aiding Therapeutic Horsemanship of Hawaii, Inc. and its work.

DATE: _____ INITIAL: _____

CONFIDENTIALITY

I understand that any personal or identifying information that I learn about clients through my association with Therapeutic Horsemanship of Hawaii, Inc. will remain confidential. I agree to refrain from discussing such details as: clients' names, specific diagnosis, bizarre or unusual behavior, etc., with anyone outside the program or with another program member in a public circumstance where I might be overheard.

I understand the necessity of preserving our clients' privacy and anonymity and will abide by this agreement.

DATE: _____ INITIAL: _____