



## Participant's Application & Health History

### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Legal Guardian (if participant under 18): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_

Caregivers (if different from above): \_\_\_\_\_

Emergency Contact(s) and Phone: \_\_\_\_\_

How did you hear about the program (circle)? Internet search Link to THH website

Hawaii Parent Magazine Search on PATH Intl Website

Friend or acquaintance

Other: \_\_\_\_\_

### HEALTH HISTORY

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			

Thinking/Cognition			
Allergies			

**MEDICATIONS** (include prescription and over-the-counter; name, dose and frequency) \_\_\_\_\_

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

**PHYSICAL FUNCTION** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding) \_

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

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**GOALS** (i.e. why would you like to participate? What would you like to accomplish?) \_\_\_\_\_

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I certify the above information is correct to the best of my knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client (or Parent or Legal Guardian if client is under 18)

**PHOTO RELEASE**

- I  DO
- DO NOT

consent to and authorize the use and reproduction by Therapeutic Horsemanship of Hawaii of any and all photographs, videos and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client (or Parent or Legal Guardian if client is under 18)

**CONFIDENTIALITY POLICY**

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, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client (or Parent or Legal Guardian if client is under 18)



## RELEASE AGREEMENT

### THERAPEUTIC HORSEMANSHIP of HAWAII, INC. AND CONTRIBUTORS

I, the undersigned, understand that Hawaii Law (Hawaii Revised Statutes Chapter 663B) limits the civil liability of persons sponsoring equine 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, landlords, 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 printed name: \_\_\_\_\_

Is rider under 18 years of age?     Yes    No

IF RIDER IS UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN BELOW

Rider or parent/guardian SIGNATURE: \_\_\_\_\_

Parent/guardian printed name (if rider is under 18): \_\_\_\_\_



## THH Billing Information Sheet

**Payment is due at time of lesson – you will not be billed**

Student(s) (first and last name(s))	
Bill to (full name)	
Street Address	
City, State, Zip	
Phone	
Email (please print clearly)	

### Cancellation Policy

Horses are very expensive to maintain, and we depend on income from our 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 less than 24 prior to the lesson start time will be billed for the full rate of the lesson**
  - There are exceptions to this policy on an individual basis for sudden illness or emergencies. Please call as soon as practical in these cases.
  - There is no charge when THH cancels lessons due to weather or other conditions.
- We have a waiting list, and if we have advance notice we can schedule other riders in place of canceled lessons.
- If you miss three lessons in a row, we reserve the right to schedule someone else at that time.

**Thank you for your cooperation!**

I understand that I will pay for any services provided to the above student(s), and I agree to pay for these services, including cancellations made less than 24 hours in advance. I understand that if I do not pay for lessons in a timely manner my ride time may be cancelled.

(signature)

### Payment is due at time of lesson

THH can accept cash or checks at the barn or payment online in the “Shop/Pay for Lessons” section of our website. We are not able to provide billing services.