



## **Thinking Equine Assisted Activities are for you or someone you know?**

To be sure that this is a good fit for everyone involved, and to get each client scheduled in a space that best works for them, ECL has a five step intake process.

**1. GIVE US A CALL AT 517-755-2175 or send us an email**

We'll chat with you about the specifics of the potential student/situation and figure out if there's a fit in our program that would be best.

**2. FILL OUT CLIENT PAPERWORK**

Client paperwork **MUST BE COMPLETED PRIOR TO SIGNING UP FOR A RIDING SESSION.**

Participant packets can be requested and returned to email [ecl@lansingschools.net](mailto:ecl@lansingschools.net)

**5. SIGN UP FOR A RIDING SESSION**

We will work with you to determine the best fit available on our schedule, for your needs and walk you through the sign up process. We will do our best to find something that works!

**We look forward to seeing you at the barn!**



## PARTICIPANT APPLICATION

**Riding Program:**    Beekman Student    Community Rider    Therapy    Non-Therapy

### GENERAL INFORMATION:

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Gender: M  F       Height: \_\_\_\_\_      Weight: \_\_\_\_\_ \*175 lb limit

Parent/Legal Guardian: \_\_\_\_\_

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

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

Phone: Primary: \_\_\_\_\_ Other: \_\_\_\_\_

School/Program: \_\_\_\_\_

Person/Party responsible for payment: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

Billing address/Phone# (if different from above): \_\_\_\_\_

### GOALS

What would you like to accomplish in our program? \_\_\_\_\_

Additional information that would be helpful in class selection and lesson planning:

Please list any accommodations/concerns the instructors should be aware of:

Has the participant had any prior experience with horseback riding? Yes  No

Other comments or information we should know: \_\_\_\_\_

**Warning: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**



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## LIABILITY RELEASE FORM

I agree to the following agreement with the Equine Center for Learning (ECL) and the Lansing School District, a Michigan non-profit Organization, (hereafter referred to as "Center"), as a condition for allowing me, and the persons identified below, to enter the Center's premises and surrounding land, to be near horses, participate in equine-assisted activities, ride the horses, work near the horses, participate in hay rides, handle horses, use equipment, work with staff and volunteers, and/or receive instruction or guidance in riding, grooming, or handling the horses (these activities will hereafter be referred to in this document as "The Activities").

Participant's Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (In addition to parent/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

### IT IS HEREBY AGREED AS FOLLOWS:

I/we are aware and acknowledge the inherent dangers, hazards and risks, associated with equine activities. I/we understand that the inherent risks of the equine activities mean those dangerous conditions which are an integral part of the equine activities, include but not limited to:

1. The propensity of any equine to behave in ways that may result in injury, harm or even death to persons on or around them and/or damage to property in their vicinity.
2. The unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects persons or other animals.
3. The equine's response to certain hazards such as surface and sub-surface objects.
4. Collisions with other equines, animals, people and objects.

The potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as falling to maintain control over the equine or to act within his/her ability. I/we assume these risks and accept the consequences involved in the participation of the participant registered on this form. I/we will consult with the instructor of the Equine Center for Learning (ECL) for advice in circumstances where safe practices are in doubt.

**Warning: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**

I/we have read and fully understand the content of this release of liability and agree to comply with the intent to hold harmless or to indemnify the Equine Center for Learning (ECL), the Lansing School District, its' staff, volunteers or any other individuals and/or organizations involved, from any liability or injury that may result from participation in this program.

I/we understand that the Equine Center for Learning (ECL), always recommends that I/we seek the advice of a physician, as many of The Activities pose special physical risks to the participant and even to the volunteer. I/we acknowledge that it is my/our responsibility to make the Equine Center for Learning (ECL), aware of any conditions that may affect my ability to handle, ride and /or be near an equine.

I/we have received information on the signs, symptoms and consequences of concussions in accordance with Public Acts 342 and 343 of 2012. By signing below, I acknowledge that I have read, fully understand, and agree to be bound by the provision of this release.

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**Signature of parent/guardian/participant of legal age**

**Date**



### Authorization for Medical Treatment

\_\_\_I, give my consent, in case of a medical emergency, to authorize the Equine Center for Learning staff to provide such medical assistance as they determine necessary. I authorize any licensed physician and/or medical facility to provide medical, surgical care and/or hospitalization for the participant, including anesthetic, which medical professionals determine to be necessary or advisable, pending receipt of a specific consent from me.

\_\_\_I, do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being present on the property of the agency (ECL). In the event of an emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Participant (or in event participant is a minor), parent/guardian

\_\_\_\_\_  
Emergency Contact person Relationship to participant

\_\_\_\_\_  
Phone Number Signature

### PHOTO AND VIDEO RELEASE

I/we authorize the appropriate use of any photographs, audio or video footage that may capture the image of the participant. These photos may be taken during an event or a class that the participant has enrolled in. Photos or videos may be used on the ECL website, public media, newspapers or magazines.

\_\_\_\_\_  
Signature of parent/guardian/participant of legal age Date

Participation cannot occur until this form has been completed and signed. If the participant is of legal age (18), he or she may complete this form, if he/she is legally competent to do so. Riding instruction will be under strict supervision, and every effort will be made to avoid any accident. **Warning: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**



Does the student...	YES	NO	Comments
Have a history of seizures?			
Follow simple directions?			
Have speech or language difficulties?			
Have a fear of animals/horses?			
Walk independently?			
Have limited range of motion?			
Have decreased strength/endurance?			
Have poor balance (sitting/standing)?			
Have problems with gross motor skills?			
Have problems with fine motor skills?			
Have altered sensation (please specify)?			
Have heart/circulation problems?			
Have digestion/elimination problems?			
Have bone/joint problems?			
Have allergies or breathing problems?			
Have emotional/behavioral problems?			

Please mark any of the following that have been a recent or past issue and provide specific comments where applicable. These items will not be used to prevent anyone from participating; rather, they are to assist us in best meeting your needs.

- Mental health therapy\_\_\_\_\_
- Legal problems\_\_\_\_\_
- Grief/Loss\_\_\_\_\_
- Trauma\_\_\_\_\_
- Special assistance at school\_\_\_\_\_
- Substance abuse\_\_\_\_\_
- Family problems\_\_\_\_\_

Special assistance required (ECL cannot provide all of these, but it helps us to plan classes/lessons)

- Sign interpretation\_\_\_\_\_
- Service dog assistance\_\_\_\_\_
- Wheelchair assist/transfer\_\_\_\_\_
- Visual assistance/aids\_\_\_\_\_
- Emotional/mental helper\_\_\_\_\_

Instructor Notes: _____ _____ _____
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