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## 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 YOUR ASSESSMENT.**

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

**3. SCHEDULE AN ASSESSMENT**

Assessments are scheduled and are conducted by our instructors. These appointments help us determine how we can make your experience at ECL most beneficial and are designed to give everyone a good idea of what to expect on their first day at the barn. We introduce you to the facility, the program process; determine which horse is appropriate, and what level of support is needed.

**4. ATTEND YOUR ASSESSMENT**

Please let us know if you are unable to attend your scheduled assessment with our instructors.

**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. This often happens prior to leaving your assessment. 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.**



## 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.

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

**Date**





**HEALTH INFORMATION (PHYSICIANS SIGNATURE REQUIRED FOR ALL STUDENTS WITH DISABILITIES)**

First Name & Initial		Last Name		Email address		Date of Birth (mm/dd/yy)	
Address				Phone Number		Gender M F	
City, State, Zip Code				Health Insurance Company		Policy Number	
Parent/Guardian First Name		Parent/Guardian Last Name		Name of Insurance Policy Holder			
Parent/Guardian Address if different than above				Policy Holder's Employer			
City, State, Zip Code				Name of Emergency Contact other than Parent/Guardian			
Parent/Guardian Phone #		Participant Diagnosis/Disability		Phone Number of Emergency Contact			

Please check Yes or No to the following:  
YES NO

	Heart disease/Defect/High Blood Pressure
	Fainting/heatstroke/exhaustion
	Seizures: Frequency _____
	Diabetes: Type I or II
	Concussion/Serious Head Injury
	Visual Impairment
	Hearing Impairment
	Special Diet
	Asthma or Exercise Induced Wheezing
	Tendency to Bleed
	Emotional/Psychiatric/Behavioral Problems
	Immunizations are up to date
	Impairment requiring specialized equipment
	Shunts/Rods
	Urination/Bowel Problems
	Tactile Sensitivities
	Joint Replacement
	Communication Issues
	Major Surgery or Serious Illness
	Allergies
	Balance or Muscle Tone Issues
	Down Syndrome, please list the date of the 1st AtlantoDens Interval X-ray: _____ Result: _____
	Takes Medications

For any "YES" responses, please explain here.

**MEDICAL CERTIFICATION SECTION**  
To be completed by examiner

Skin	Head	Eyes	Ears
Nose	Mouth/Throat	Neck	Lungs
Heart	Abdomen	Extremities	Other
Height	Weight	Blood Pressure	

List concerns/conditions that Beekman Therapeutic Riding Center should be aware of for this Participant:

I have examined the individual named in this application and reviewed the health information provided, and I certify that there is no medical evidence available to me which would preclude this person from participation in an equine activity program under appropriate supervision.

Signature of Examiner	Title
Printed Name	Date
Address	Phone

Note to Examiner: if the participant has Downs Syndrome it is required that a full radiological exam be conducted which certifies the absence of atlantoaxial instability before they may participate in equine activities. Please note the date of the x-ray and those finding's here.

List medications here. If more than 4, attach a separate sheet.

Medication Name	Dosage	Time Taken	Date Prescribed



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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