

**Physical Address:**

Attn:

Phoenix Equestrian Warriors-Rescue-Rehab & Restore Inc.

c/o Dawn Conley-Morelli

1676 County Route 57

Fulton, NY 13069

**Correspondance and Monetary Donations:**

Phoenix Equestrian Warriors-Rescue-Rehab & Restore Inc.

Attn: Dawn Conley-Morelli

8702 N. Entry Road

Baldwinsville, NY 13027

Tele: (315)766-6195 Fax: (315) 303-5892

**Veterans Adaptive Sports Therapeutic Riding Application**

Equine Therapy and Therapeutic Riding at Phoenix Equestrian Warriors-Rescue- Rehab & Restore, Inc. is designed to give participants a first-hand experience to learn how horses can help with the physical, cognitive, and emotional challenges. The program, designed for all levels of experience, will include a 2 hr. lesson, once a week, for 6 weeks. Trained volunteer support is provided to ensure the safety of all participants. Adaptive equipment allows those with mobility issues to be able to participate fully. In order for our horses to stay healthy and free of injuries we have a weight limit of 200 lbs. Participants who exceed the weight limit are encouraged to participate in the ground lessons where bonding, growth, understanding between the horse and participant can be just as rewarding.

Participants must be a disabled veteran or active duty service member, or diagnosed PTSD, and must be honorably discharged and eligible for VA benefits, for our **Federally Funded Programs**. We may require a copy of your DD214, or other proof of eligibility. Our programs are open to all Active and/or Veterans and their families.

**Schedule of Riding Lessons:**

**Individual Lessons and Equine Assisted Therapies may be arranged at Private times. Please call: (315)766-6195 or email – [pewrrr1@gmail.com](mailto:pewrrr1@gmail.com)**

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https://www.phoenixequestrianwarriors.org  
pewrrr1@gmail.com  
315-766-6729

**Veteran, Adaptive Sports Participant’s Application and Health History**

**General Information**

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

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

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

How did you hear about the program: \_\_\_\_\_

Referral source: \_\_\_\_\_

Phone: \_\_\_\_\_

**Health History**

Diagnosis: \_\_\_\_\_

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

On a scale of 1-10 (10 being the highest level). What is your daily level of functioning? \_\_\_\_\_

Have you ever thought of or attempted suicide? \_\_\_\_\_

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

	Y	N	Comments
Vision			
Hearing			
Sensations			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health/PTSD			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition/TBI			
Allergies			

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**Medications**(include prescription, over-the counter, name, dose and frequency):

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

**PHYSICAL FUNCTION** (ie.Mobility skills such as transfers, walking, wheelchair use, driving/bus riding.)

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**Psych/Social Function** (ie. Work/school including grade completed, leisure interests, relationship-family structure, support systems, companion animals, fears/concerns, please include any known triggers for PTSD episodes, etc)

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**Goals:** (ie. Why are you applying for participation? What would you like accomplish?)

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*Is there anything else you would like to share with us?*

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*I understand that funding for my participation at PEWRRR has been provided by a Veterans Affairs Assistive Sports Grant. I agree to notify PEWRRR if I am unable to attend my scheduled ride time. I understand that not showing up for a lesson without calling at least 24 hours in advance will be reported to the Veterans Affairs Dept. as required by the grant agreement. Privacy Policy: We will not share your information in any way unless you have requested in writing such disclosure.*

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

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**Photo Release**

**I**  **Do**

**Do Not**

Consent to and authorize the use and reproduction by PEWRRR (Phoenix Equestrian Warriors - Rescue - Rehab & Restore Inc ) Of any and all photographs 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, Parent or Legal Guardian**

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## Participant's Medical History & Physician's Statement

**(To Be completed by Physician or Staff)**

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

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

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_Y\_\_\_N Date of Last Seizure: \_\_\_\_\_

Shunt Present: \_\_\_Y\_\_\_N Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation \_\_\_Y\_\_\_N Assisted Ambulation \_\_\_Y\_\_\_N Wheelchair \_\_\_Y\_\_\_N

Braces/Assistive Devices: \_\_\_\_\_

*For those with Down Syndrome:* AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: \_\_\_Positive\_\_\_Negative

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

***Please indicate current or past special needs in the following systems/areas, including surgeries:***

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that PEWRRR will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ License/NPI Number: \_\_\_\_\_

## Horseback Riding Release of Liability and Indemnity Agreement

I, \_\_\_\_\_, hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in an activity of horseback riding with Phoenix Equestrian Warriors- Rescue-Rehab & Restore, Inc.

I fully understand that the activity of horseback riding, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved in my responsibility and I completely release Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc. and its agents from all liability for any and all injuries caused by my participation in the general activity of horseback riding.

**Please initial to show that you agree \_\_\_\_\_.**

I fully understand that an animal (horse) irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as wind, thunder, hail, lightening, or snow sliding off of the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc. and its agents from liability for any and all injuries to me from the general activity of horseback riding.

**Please initial to show that you agree \_\_\_\_\_.**

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as a canter (LOPE) OR AT A GALLOP. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I fully assume the responsibility for all of these dangers and risks, and completely release Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc. and its agents from all liability for any and all injuries to me from the dangers and risks as stated above. **Please initial to show that you agree \_\_\_\_\_.**

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horse and horseback riding. I completely release PEWRRR and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and/or horseback riding. **Please initial to show that you agree \_\_\_\_\_.**

I agree not to sue, claim against, attach the property of or prosecute PEWRRR, its officers, board members, affiliated organizations, agents and / or its employees for horseback riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause.

**Please initial to show that you agree \_\_\_\_\_.**

I agree to release the State of New York and all of its agencies, agents, contractors, servants and employees from liability for any acts of Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc causing injuries arising out on premises.

**Please initial to show that you agree \_\_\_\_\_.**

Operation, acts of independent contractors, products completion, or personal injuries sustained due to Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc.'s negligence in connection with providing services under this contract. **Please initial to show that you agree** \_\_\_\_\_.

I agree to defend, indemnify and hold harmless Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc.'s and all of its officers, board members, affiliated organizations, agents and employees for any injury or death caused by or resulting from my participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by their negligence or form any other cause.

**Please initial to show that you agree** \_\_\_\_\_.

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representative. **Please initial to show that you agree** \_\_\_\_\_.

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself of my own free will. **Please initial to show that you agree** \_\_\_\_\_.

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.**

Participants with an appointed guardian requires the signature of their legal guardian.

\_\_\_\_\_

Signature of legal guardian

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #

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**Participant’s Consent for Release of Information**

This form will only be used with the express permission of Rider or Guardian and is a requirement to be on file by PATH, INTL.

I hereby authorize: Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc. to release information from the records of: \_\_\_\_\_ (participant’s name) DOB: \_\_\_\_\_ .The information is to be released to:

\_\_\_\_\_  
(center or therapist’s name)

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- Medical history
- Physical therapy evaluation, assessment and program plan
- Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-behavioral management plan
- Other: \_\_\_\_\_

This release is valid for one year and can be revoked, in writing, at my request. You will always be notified before a request for information is provided to anyone.

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

Print Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Please send materials to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Participant     Staff     Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

# Safety Guidelines

**At Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc, we are concerned about your safety and the safety of our horses. Please remember that horses are prey animals, they can be unpredictable if put into a “fear for life” situation. You are responsible to keep yourself, your horse and others around you safe.**

1. Parking is only permitted in the designated parking lot; please do not park on the main roadway.
  2. Volunteers are required to sign in and OUT of Volunteer Log hour book provided in our tack room. Names tags must be worn while signed in for volunteering at Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc.
  3. Parents are responsible for the conduct of your children while on Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc property.
  4. Do not enter restricted areas. Restricted areas do have signs posted.
  5. Visitors should remain only in designated areas during lessons.
  6. Do not go into arena, stalls or round pens where horses are present unless an equine staff member has cleared you.
  7. No alcoholic beverages or smoking is permitted on premises.
  8. Wear boots or sturdy shoes with ample ankle support and low heel – no open toe shoes.
  9. Wear jeans or appropriate riding pants – no dresses or extremely short shorts allowed.
  10. Riders are required to wear an approved ASTM/SEI riding helmet at all times during lesson participation and riding of any equine. Volunteers are required to wear an approved ASTM/SEI riding helmet while riding any equine on the facility premises. If you do not have your own riding helmet, Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc will provide upon request.
  11. **Never feed the horses treats.** Some of our horses have special dietary needs and treats may cause illness.
  12. For our horses’ safety, a weight limit for participants is 200 lbs. If you have concerns with this please ask a member of the equine team for details. If the participant requires sidewalker help the weight limit is 190 lbs.
  13. Never stand directly in front of or behind a horse.
  14. Always be aware of your surroundings - Be aware of the people and animals around you.
  15. Always be aware of your safety in working with equine at all times (we will cover this during your first and all visits to Phoenix Equestrian Warriors-Rescue-Rehab & Restore, Inc).
  16. Always close a gate behind you (your horse will know the second you don’t and make his or her escape).
  17. Be aware of what you place in proximity to your horse or horse’s stall.
  18. If your horse is not tied – never let go of your lead rope or reins (also to be covered during lessons).
  19. Notify the staff immediately to any injury to yourself or your horse – no matter how small it may be.
  20. Always inspect your horse and equipment prior to any lesson and notify staff of any issues.
  21. Most of all – have fun but be responsible.
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SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

*SIGNATURE GUARDIAN (IF APPLICABLE), OR RIDER*