Liability Agreement

Participant Name:	
DOB:	
Address:	
Cell Phone:	

A Parent or Guardian is required for all Participants under the age of 18

As the Participant's Parent or Guardian, I enter into this Liability Release Agreement ("Release") on my own behalf and on behalf of the above-listed Participant, who is my child or court-appointed legal ward (collectively "Participant").

Parent/Guardian Name:	
DOB:	
Address:	
Cell Phone:	

IT IS HEREBY AGREED AS FOLLOWS: I, as the Participant and/or Parent or Guardian acting on behalf of the Participant, agree to the terms set forth in this Release in favor of SUMMIT EQUESTRIAN CENTER INC., hereafter referred to as "SEC," an Indiana Nonprofit Corporation. I understand that I am entering into this Release as a condition for allowing Participants listed above access to SEC premises and surrounding land located at 10808 La Cabreah Lane, Fort Wayne, IN 46845.

I understand that Participant will be engaging in equine-assisted activities, including but not limited to being near horses and/or other animals, working with horses, handling horses, using SEC equipment, working with other participants, staff, volunteers, board members, and receiving instruction and guidance in riding, grooming, and handling of horses. These activities will hereafter be referred to as "The Activities."

I have requested Participant to engage in any or all of The Activities, now and/or in the future. All parts of this Release shall apply to the Participant, Parent and Guardian, and shall also apply to children and legal wards that accompany the Guardian onto the SEC premises. This Release is intended to be valid and binding at all times now and in the future when SEC permits me (directly or indirectly) to engage in any or all of The Activities.

INDIANA EQUINE ACTIVITY LIABILITY ACT
Indiana Code 34-31-5-1 et seq.
WARNING

Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. It is mutually understood and agreed that the waiver and liability release set forth in this document constitute a waiver of liability beyond the provisions of the Indiana Equine Activity Liability Act, 34-31-5-1 et seq.

INHERENT RISKS: I understand that anyone engaging in The Activities can suffer bodily and other injuries, including death. Participation in The Activities involves certain inherent risks, and regardless of the care taken, it is impossible to ensure the safety of Participant. I understand the risks/dangers inherent in The Activities, and I agree to assume them. I am not relying on SEC to list all possible risks for me.

WAIVER & LIABILITY RELEASE: As consideration for SEC allowing Participants to engage in The Activities at any time and at any location, I, on behalf of myself and my child or ward, agree to assume full responsibility for any and all bodily injuries, losses, or damages that I, or my child/ward, may sustain. I, on behalf of myself and my child or ward, my heirs, administrators, personal representatives, or assigns, release and discharge SEC, and their employees, assistants, directors, volunteers, landowners, sponsors and horse owners from any and all claims, damages, actions, omissions, suits, or causes of action (present or future).

GOVERNING LAW, JURISDICTION, TIME AND LIABILITY LIMITS, ATTORNEYS' FEES, JURY WAIVER: This Release shall be construed and enforced in accordance with the laws of the State of Indiana. All disputes relating to the interpretation and enforcement of this Release shall be resolved by the state court in Allen County, Indiana, and I submit to the jurisdiction and venue of the Court for such purpose. I agree that this Release does not expire, that any claims for my or my minor's bodily injuries, losses, or damages must be brought within one (1) year of the date occurred, and any surviving claim for personal property loss or damage is limited to $250.00. I agree to reimburse SEC, and its employees, assistants, directors, volunteers, landowners, sponsors and horse owners for any attorneys' fees and costs incurred in enforcing this Release or defending or pursuing any claims relating to Participant. Participant agrees to waive trial by jury in any action with SEC and the parties listed above in this paragraph.

SEVERABILITY, MODIFICATION: If any provision of this Release is deemed invalid or unenforceable, the remaining provisions shall be valid and enforceable to the fullest extent of the law. The Release cannot be modified.

INDEMNIFICATION: Participants hereby agree to indemnify and hold harmless SEC, and persons, board members, volunteers, employees, sponsors and/or entities working on behalf of or affiliated with SEC against all damages sustained or suffered by any participants, parents, guardians, visitors/attendees, third parties associated with Participants, parents and/or guardians. The indemnification shall include reimbursement of SEC's attorney fees.

SAFETY EQUIPMENT & HEADGEAR: Participants will be provided with an ASTM Standardized and SEI Certified Equestrian helmet for use when riding and be available during unmounted activities at the discretion of the instructor. I understand that neither SEC, its assistants, nor agents can guarantee the suitability of any helmet provided.

HEALTH AND DISABILITIES: I understand that SEC always recommends that I seek the advice of a physician, and many of The Activities pose special physical risks to the participant and even to the volunteer. I want SEC to be aware of the following physical conditions I have that may affect my ability to handle, ride, and/or be near an equine: I will provide documentation to SEC with details of any relevant health or disability information.

CERTIFICATION: I certify to reading this entire Release, understand it is required to participate in The Activities, know there are other facilities to choose from, and I voluntarily intends on my own behalf, and on behalf of my minor Participant, spouse, parents, family members, heirs, agents, trustees, beneficiaries, guests, visitors, representatives, successors, and assigns, to be bound by the terms and conditions contained herein.

Participant Signature:		**Date:**
Parent or Guardian Signature:		**Date:**

Veteran Intake Forms

PERSONAL INFORMATION

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Gender:** □ **Male** □ **Female** □ **Prefer Not to Say**

Street: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Preferred Method of Contact: □ **Call** □ **Text** □ **Email** **Height:** _____ **Weight:** _____

Cell Phone: _____ - _____ - _____ **T-Shirt Size:** □ Adult □ Child
□ S □ M □ L □ XL □2X □ 3X

Email: _____

MILITARY SERVICE HISTORY

Branch of Service:

□ **Army** □ **Marine Corps** □ **Navy** □ **Air Force** □ **Coast Guard** □ **Space Force**

Military Service Era (please check all that apply)**:**

□ **Korean** □ **Vietnam** □ **Cold War** □ **Desert Storm** □ **OEF** □ **OIF** □ **OND** □ **OIR** □ **Peacetime**

Time Served: Year_____ to _____

EMERGENCY CONTACT INFORMATION

PRIMARY:

First Name: _____ **Last Name:** _____

Cell Phone: _____ - _____ - _____ **Relationship:** _____

SECONDARY:

First Name: _____ **Last Name:** _____

Cell Phone: _____ - _____ - _____ **Relationship:** _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the event medical aid/treatment/care is required due to illness or injury while participating at Summit Equestrian Center, I authorize Summit Equestrian Center to secure and/or administer the following:

- *Basic First Aid, CPR, and/or AED treatment*
- *Any necessary medical aid/treatment/care and medical transportation is needed (i.e. an ambulance)*

□ YES - I understand and agree that under no circumstances shall any and all members of Summit Equestrian Center community be liable for any illness or injury resulting from or in connection with the provision of medical aid/treatment/care to the above-named participant. I authorize emergency medical treatment as specified in the above document.

Signature: _____ ***Date:*** _____

SUMMIT EQUESTRIAN CENTER

MEDICAL HISTORY

TO BE COMPLETED BY PARTICIPANT

Primary Diagnosis (choose all that apply): □ Anxiety □ Depression □ Military Sexual Trauma □ Post-Traumatic Stress □ Spinal Cord Injury □ Substance Use □ Traumatic Brain Injury □ Autism □ Epilepsy □ Scoliosis □ Seizure Disorder □ Other (list here):_____

Please indicate if the participant has or has had a history of the following secondary problems by checking yes or no. If yes, please include information pertaining to the concern:

CONCERN	YES	NO	HISTORY/DESCRIBE
Allergies			
Asthma/COPD			
Auditory Impairment/Aid			
Cardiac Concerns			
Circulatory Concerns			
Diabetes			
Learning Disability			
Mental Impairment			
Muscular Concerns			
Neurological Impairment			
Ossification			
Osteoporosis			
Pain			
Psychological Impairment			
Pulmonary			
Skeletal Concerns			
Speech Impairment			
Substance Use Dependency			
Visual Impairment			
Other			

Communication/Mobility/Assistance Devices (check all that apply)

□ Independent Ambulation □ Ambulatory Assisted □ Non-Ambulatory □ Service Dog
□ Verbal □ Verbal Assisted □ Cane/Walking Stick □ Walker
□ Hearing Assisted/Loss □ Deaf □ Wheelchair □ Crutches
□ Seeing with assistance □ Blind □ Braces

□ Upper Extremity Prosthesis: □ Right/ □ Above Elbow or □ Below Elbow □ Left/ □ Above Elbow or □ Below Elbow
□ Lower Extremity Prosthesis: □ Right/ □ Above Knee or □ Below Knee □ Left/ □ Above Knee or □ Below Knee

NOTE: In the event that participant experiences anything that could or did affect the individual's physical, mental, medical condition, or behavior, safely – Summit Equestrian Center will require an updated medical history and medication authorization form completed from physician. Failure to report changes in medical condition may result in suspension of services until new medical authorization has been approved or dismissal from the program.

MEDICAL AUTHORIZATIONS TO BE COMPLETED BY MEDICAL PERSONNEL INCLUDED AT END OF PAPERWORK AND IS REQUIRED FOR ALLMOUNTED ACTIVITY.

ELIGIBILITY & ACCESS TO SERVICES:

o Current or prior service to a branch of the U.S. military welcome to participate regardless of service era or disability status. Summit Equestrian Center reserves the right to request proof of service from a branch of the U.S. Military.

o May participate in 2 regularly scheduled 1-hour lessons per week.

o Adhere to and follow progression of Summit Equestrian Center's Veteran Program Flowchart.

o Participants are expected to attend every regularly scheduled lesson. A regular schedule is the same day and time for a session block. If you need to alter the schedule once a session block has begun, please know that mid-session changes may not be accommodated.

o If a participant is 15+ minutes late for a scheduled lesson, they forfeit their scheduled lesson, regardless of if staff is notified of expected tardiness.

□ YES - I understand and agree

ATTENDANCE/CANCELLATION:

o Summit Equestrian Center requires a 75% attendance rate for scheduled lessons within the previous 3-month period from the time the cancellation occurs. Cancellations occurring 3x in a 3-month period will result in an automatic loss of the current standing appointment/lesson time and participants will be placed on the wait list.

o A 48-hour notice to Summit Equestrian Center office is required to cancel your scheduled time.

o Failure to notify Summit Equestrian Center of cancellations, a minimum of 48 hours in advance of the scheduled session or if a no call/ no show occurs, it will result in forfeiting the next lesson scheduled (groundwork or riding).

o If a participant has 2 no call/no shows, in a 1-year timeframe, this will also result in the automatic loss of the current standing appointment/lesson time and participant will be placed on the wait list.

o Notifications of weather closures will be sent via Remind.

o *Exceptions can be made for emergency situations – documentation of such may be requested.*

□ YES - I understand and agree

WEIGHT POLICY

Equine-assisted services on horseback are not appropriate for all persons and on occasion Summit Equestrian Center must decline services for those when equine-assisted services on horseback are contraindications. Groundwork, however, may be appropriate. As Summit Equestrian Center seeks a Premier Accredited center, we must follow PATH Intl. guidelines. *According to PATH Intl. guidelines, equine-assisted services are contraindicated:*

- If the staff is unable to safely manage the Veteran in any situation, including an emergency dismount.
- If the safety or comfort of the horse is compromised during mounted activities.

It is at the discretion of the Summit Equestrian Center staff to determine if weight at any time is a contraindication for any reason and equine-assisted services cannot be permitted.

□ YES - I understand and agree

MEDICAL ADMINISTRATION

- Be advised that certain medications cause side effects contraindicated to equine-assisted services.
- Summit Equestrian Center reserves the right to cancel or suspend any activity if side-effects from medication are adverse to the health and safety of any and all members of Summit Equestrian Center community.

□ YES - I understand and agree

CONSENT FOR USE OF IMAGE, NAME, AND INFORMATION

I hereby acknowledge media images, video, photography and/or recordings (photographs, videotapes, slides and audio recordings) may be made of the Summit Equestrian Center community while at Summit Equestrian Center or at Summit Equestrian Center events. Summit Equestrian Center may use these for media images, video, photography and/or recordings for educational purposes, media purposes, research purposes and for the purpose of training other professionals to better understand special needs and treatment tools used at Summit Equestrian Center. I understand reasonable confidentiality procedures will be followed in the use of these media images, video, photography and/or recordings.

□ YES - I consent □ NO - I do not consent

SOCIAL MEDIA POLICY

Summit Equestrian Center community is not to identify or reference any and all members of Summit Equestrian Center community without written permission from Summit Equestrian Center. Noncompliance could result in dismissal, as any Summit Equestrian Center content created requires program permission, shared content by our pages does not require approval. Any reference to Summit Equestrian Center shall be respectful and non-disparaging.

□ YES - I understand and agree

STATEMENT OF UNDERSTANDING

Any and all members of Summit Equestrian Center community agree to complete and update annually all necessary paperwork and keep Summit Equestrian Center informed of any changes in status (i.e., new physicians, emergency contacts, etc.); act responsibly and know that any and all members of Summit Equestrian Center community is representing Summit Equestrian Center in the community at all times; disclose any conflict of interest with Summit Equestrian Center existing in past, present, or which becomes known during activities and services; not enter into any contracts on behalf of the agency or undertake projects (including media coverage, letters, and/or any printed materials) without authorization by Summit Equestrian Center. Summit Equestrian Center reserves the right to dismiss any and all members of Summit Equestrian Center community at any time for any reason so determined on behalf of the organization.

□ YES - I understand and agree

DRUG / ALCOHOL POLICY

Summit Equestrian Center has a zero-tolerance policy. Summit Equestrian Center is committed to providing a safe, drug-free working environment for its community and to protecting its business from unnecessary financial loss due to drug and alcohol use among its staff, participants, and volunteers. Therefore, it is a serious violation of Summit Equestrian Center policies for any and all members of Summit Equestrian Center community to engage in any of the following and is subject to dismissal from Summit Equestrian Center:

1. Be under the influence of alcohol or illegal drugs.
2. Possess, use, sell or offer to sell or distribute alcoholic beverages or illegal drugs.
3. Misuse, abuse, or excessively use any drug or alcohol whether legal or illegal.

□ YES - I understand and agree

GUIDELINES & RULES

1. SUMMIT EQUESTRIAN CENTER MUST BE NOTIFIED, IN WRITING, AND WILL REQUIRE AN UPDATED MEDICAL AUTHORIZATION PRIOR TO RETURNING TO SESSION:

- Suffer a seizure requiring medical attention or hospitalization.
- Experience anything which could or did affect physical, mental, medical condition, behavior, safety, or any other function while at session.
- Become hospitalized for any reason.
- Have had a change in medications, allergies, or any other medical surgeries.
- Have recent surgery, seizure, major illness, or fracture.
- Have had a change in condition that could affect future activity.

□ YES - I understand and agree

2.GENERAL RULES, BEHAVIOR, & CONDUCT:

Summit Equestrian Center requires the following rules to be observed. Failure to follow may result in an immediate suspension or dismissal from participating in services.

- DO NOT feed any animals.
- DO NOT climb on fences.
- DO NOT wander about the property or other barns.
- DO NOT leave any gates open.
- Do not enter the office without staff permission.
- No soliciting on premises.
- Be respectful of others.
- All dialogue is to be clean and must not defame, abuse, harass, stalk, threaten, or violate the privacy of others.
- The possession of firearms is prohibited on Summit Equestrian Center property.
- Use of tobacco products is prohibited outside of designated use of areas on Summit Equestrian Center property.
- No violence, including harassment, will be tolerated. Hazing of any kind is prohibited. Bullying, including verbal, physical, and cyber bullying are prohibited.
- The inappropriate use of cameras, imaging, and digital devices is prohibited in areas where privacy is expected by participants.
- Misuse or damage of Summit Equestrian Center property is prohibited.
- No theft of property will be tolerated and would be cause for dismissal.

If any of the above guidelines or rules are not followed, individuals may be dismissed from Summit Equestrian Center. Summit Equestrian Center reserves the right to discharge an individual at any time for any reason that Summit Equestrian Center deems appropriate or necessary. Summit Equestrian Center reserves the right to change these guidelines and rules at any time.

□ YES - I understand and agree

3. VISITORS:

We encourage people to visit Summit Equestrian Center as it is a great way to see if people would like to be involved in any capacity with our program.

- Due to safety concerns, all visitors must be **scheduled** and **supervised** at all times while on Summit Equestrian Center property.
- All visitors and children on Summit Equestrian Center premises must have executed on their behalf, a Summit Equestrian Center's Liability Release Agreement, and any other forms requested by Summit Equestrian Center.

□ YES - I understand and agree

4. CONTACTING SUMMIT EQUESTRIAN CENTER EMPLOYEES:

- Communication with Summit Equestrian Center staff members is to only be completed via Remind, the office telephone 260.619.2700 or corresponding via Summit Equestrian Center's email.

□ YES - I understand and agree

5. DISMISSAL/DISCHARGE:

Individuals may be discharged for any one of the following reasons:

- Failure to abide by the outlined General Rules, Behavior, & Conduct.
- Failure to notify Summit Equestrian Center of any changes in medical condition.
- Failure to adhere to PATH Intl. Standards and or Summit Equestrian Center's Confidentiality Policy
- Summit Equestrian Center reserves the right to discharge individuals at any time and for any reason it deems appropriate or necessary.
- Medical conditions:
  - Strong and uncontrolled seizure disorders.
  - Uncontrolled behavior, loud outbursts, and/or unmanageability.
  - Open sores or problems with skin breakdown.
  - Serious heart condition or compromised cardiovascular system.
  - Unstable spine limited spinal mobility, fused spine.
  - Hip subluxation/dislocation.
  - Recent surgery, seizure, hospitalization, major illness, or fracture.
  - Obesity.
  - Acute Arthritis.
  - Dislocated lenses.
  - Severe allergies.
- Abusive or contraindicative behavior, speaking negatively or acting negatively towards any representative of any and all members of Summit Equestrian Center community.

□ YES - I understand and agree

6. SUGGESTED APPAREL:

We encourage individuals to dress for the weather. Layered clothing that you are not afraid to get dirty is suggested. **Closed toe shoes are required.** The following are not permitted:

- Torn, ripped or frayed clothing
- Bare midriff or off-the-shoulder clothing
- Tight, transparent or revealing clothing
- Spaghetti straps or strapless tops
- Open toed shoes or sandals (not permitted in the barn or around the horses)
- Shorts that are not at least knee-length
- Clothing that has an inappropriate message

□ YES - I understand and agree

7. SERVICE DOG REQUIREMENTS:

- Service dogs specifically trained to aid a person with a disability, as defined by the Americans with Disabilities Act, are welcome on Summit Equestrian Center property and events.
  - Service dogs must be obedient with minimal corrections needed.
  - Service dogs must be in working uniform with leashes while on property.
  - Handlers must provide necessary needs for service dogs while on property, including food and water source, proper disposal of fecal waste, and care plan in place for while handler receiving therapy.
  - In the event that a service dog is behaving in a manner that is disruptive to the environment and the handler does not
  - take effective action to correct behavior, they will be requested to leave the premises.

    Note: Emotional support, therapy, comfort, companion animals do not fall under the same category as a service animal and are not allowed on the property. Prior authorization to welcoming an emotional support dog or any other animal on property must be approved prior to arrival to the property.

□ YES - I understand and agree

CONFIDENTIALITY POLICY AND STATEMENT

Summit Equestrian Center equine-assisted services wishes to preserve the right of confidentiality for any and all members of Summit Equestrian Center community, unless disclosure is consented. Only parents and legal guardians, or others defined by state law with authority can consent to such disclosure. Any and all members of Summit Equestrian Center community shall keep confidential the participant's medical, social, referral, personal, and financial information. Anyone working, volunteering, or otherwise providing services for Summit Equestrian Center equine-assisted services, as well as participants and their families privy to participant information, are bound by this policy. While this policy also applies to anyone participating in or connected with Summit Equestrian Center who could obtain confidential information either accidentally or intentionally, Summit Equestrian Center cannot ensure their compliance with this policy and is not responsible for any unauthorized disclosure.

Informed Disclosure: Only parent(s), legal representatives, or others defined by state law, have authority to consent to disclosure of medical or sensitive information for participants under age 18. Disclosure of information to outside agencies or individuals can only be given with the specific consent of the participant, parent(s), or legal representative(s).

□ YES - I understand and agree

VOLUNTARY INFORMATION
This information is being requested for use in compiling demographic information of Summit Equestrian Center's participants for grants. The information is voluntary and will not be used when considering you for participation.
Racial or Ethnic Group □ American Indian/Alaskan □ Asian/Pacific Islander □ Black/African American □ Hispanic/Latino □ White/Caucasian □Other: _____ **Total Annual Household Income** □Less than $24,999 □ $25,000-$45,999 □ $46,000-$69,000 □ More than $70,000

Ihave reviewed, read, understand and agree to comply with the terms, requests and conditions stated above in this document. I further agree that all the information provided is accurate, complete and up to date as of the date stated below.

Veteran's Name: _____

Signature: _____ Date: _____

MEDICAL AUTHORIZATION

Patient Name: _____ **Date of Birth:** _____

Patient Phone Number: _____ **Last Weight:** _____

TO BE COMPLETED BY VETERAN'S MEDICAL PERSONNEL:

I, Dr. _____ (print name) release my patient,

_____ (print Veteran name), to participate in the following services:

Allowed Activities (check all that apply): ☐ **Ground Activities** ☐ **Riding a horse**

Additional disclosures necessary for individuals with scoliosis, seizure, and/or spinal cord injury.

Patient diagnosis: _____

Specific Limitations: _____

_____

_____

_____

_____

Given the above diagnosis and medical information, I state that this person is not medically precluded from participation in equine assisted services. I understand Summit Equestrian Center will weigh all medical information against any precautions and contraindications. Therefore, I refer this person to Summit Equestrian Center for ongoing evaluation to determine further eligibility for participation in equine assisted services.

Medical Personnel's Name: _____ MD DO NP PA

License/UPIN #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

*Physician's Signature:	Date:

A new medical authorization must be submitted at the start of every year and following any changes in medical history.

SCOLIOSIS DISCLOSURE –*complete only if applicable*

TO BE COMPLETED BY VETERAN'S MEDICAL PERSONNEL:

Participant Name: _____ **Date of Birth:** _____

It is the policy of Summit Equestrian Center to consider scoliosis as either a precautionary condition or a contraindication for participation in services at Summit Equestrian Center. It is our policy to verify that the participant be able to tolerate the movement during the session without any negative repercussions.

Precaution:

- The spine should have enough flexibility to accommodate the movement of the equine assisted service.
- Activities and services must be monitored and adjusted to not further exaggerate the curve.

Contraindication:

- If the activity produces lasting pain
- If there is not enough spinal mobility to accommodate the movement of the equine
- If the spinal curvature is getting worse over time
- Aggravation to compromised pulmonary function, heart function, circulation, and/or skin breakdown
- Moderate or severe scoliosis or inability to achieve a full upright posture

Equine assisted services can increase a scoliotic curve causing greater functional compromise. Therefore, it is the policy of Summit Equestrian Center that if a participant has an **existing 30-degree or more** scoliotic curve, this is a contraindication for equine assisted services, and equine assisted services will not be provided.

If the scoliotic curve is progressing based on annual x-ray, Summit Equestrian Center reserves the right to discharge the participant based on professional judgement that the benefits no longer outweigh the risks. Summit Equestrian Center reserves the right to require additional x-rays. Summit Equestrian Center also reserves the right to discharge the participant based on professional judgement regardless of degree of curvature.

Date of most recent x-ray: _____

Degree of curvature (please list actual numeric degree): _____

Name of Physician: _____ Phone number: _____

Certification from the Participant's Physician

I hereby certify this examination of _____ (participant's name) completed on _____ (date of exam) did not reveal a scoliotic curve of 30-degree or more or any deficit that would be contraindications to equine assisted services.

I, the undersigned, do hereby verify the truth and completeness of all the above disclosures.

*Physician's Signature:	Date:

SEIZURE DISCLOSURE – *complete only if applicable*

TO BE COMPLETED BY VETERAN'S MEDICAL PERSONNEL:

Participant Name: _____ **Date of Birth:** _____

It is the policy of Summit Equestrian Center to consider seizures as either a precautionary condition or a contraindication for participation in services at Summit Equestrian Center.

Precaution:

- If the motor activity, change in postural tone, loss of motor control, or alteration in consciousness is minor and is not likely to frighten or injure the horse, participant, volunteers, staff or therapist, then instructor or therapist will make the professional decision on whether or not to continue equine assisted services.
- Seizure medications may cause drowsiness or may cause photo sensitivity (see medication); instructor will make professional decision on whether or not to continue equine assisted services.
- If the horse demonstrates behavioral sensitivity to the seizure activity; then instructor will make professional decision on whether or notto continue equine assisted services.

Contraindication:

- Seizures which result in strong, uncontrollable motor activity or atonic or "drop attack" seizures (due to their sudden and complete loss of postural muscle tone), all equine assisted services will cease until condition is evaluated by a physician. If
- there is a change of frequency or type of seizure, all equine assisted services will cease until the condition is evaluated by aphysician.
- **The participant's physician must deem it safe for participant to continue participation and indicate it by completing anew Medical Authorization after any seizure activity.**

Type of Seizure: _____

Type of Aura: _____

Typical motor activity during the seizure: _____

Current frequency of _____ Current duration of _____

Are seizures currently being controlled by medications? □ YES □ NO *If yes, please list:* _____

Describe the participant's behavior during the post-ictal (recovery) state, and its duration: _____

_____

Describe what should be done should a seizure occur at Summit Equestrian Center: _____

_____

I, the undersigned, do hereby verify the truth and completeness of all the above disclosures.

*Physician's Signature:	Date:

SUMMIT EQUESTRIAN CENTER

SPINAL CORD INJURY DISCLOSURE – *complete only if applicable*

TO BE COMPLETED BY VETERAN'S MEDICAL PERSONNEL:

Participant Name: _____ **Date of Birth:** _____

It is the policy of Summit Equestrian Center to consider Spinal Cord injuries as either a precautionary condition or a contraindication for participation in services at Summit Equestrian Center. It is our policy to verify that the participant be able to tolerate the movement during the session without any negative repercussions.

Precaution:

- Paralysis below T-6 for mounted activities and services
- Impaired sensation, including pain sensation. Monitor for the skin for areas of redness that persist for 15 or 20 minutes after the ride. Instruct the participant/family to do so as well
- Impaired temperature regulation, particularly during times of extreme outside temperatures
- Surgically stabilized spine
- Poor abdominal/respiratory control
- Poor joint stabilization below the level of the injury

Contraindication:

- Complete spinal cord injury above T-6

Level of Insult: _____

Please describe the cause of the spinal cord damage: _____

_____

Please describe the completeness of the spinal cord damage: _____

_____

Please describe the method of spinal stabilization and any complications: _____

_____

Is a catheter involved? □ YES □ NO *If yes, is it an indwelling catheter or intermittent catheter?*

Do you have orthostatic hypotension? □ YES □ NO *If yes, please explain the severity of orthostatic hypotension:*

_____

Please list any other contraindications on this form: _____

_____

I, the undersigned, do hereby verify the truth and completeness of all the above disclosures.

*Physician's Signature:	Date: