

HeartStrides Therapeutic Riding and
Horsemanship

OPERATION T.H.R.I.V.E
Warrior Horsemanship



INTAKE PACKET

HeartStrides Therapeutic Riding and Horsemanship provides weekend horsemanship clinics for military personnel and first responders through the program OPERATION THRIVE. The goal of this program is to create an opportunity for healing and growth through powerful interactions with our horses.

Date of Application: _____

Circle One: Active Duty / Veteran / First Responder **Branch:** _____

GENERAL INFORMATION

Name of Participant:

Birthdate: _____ Gender: M F T-Shirt Size: _____

Address:

(City)

(State)

(Zip)

Phone: _____ Cell: _____ Email: _____

For Staff Use Only

Our staff use this information strictly to pair you with one of our horses

Height: _____ Weight: _____

Do you have any previous experience with horses? Please explain.

Do you have any concerns about participating in the program?

Is there anything in particular you would like to learn about horses?

Please note that all information disclosed to HeartStrides Therapeutic Riding and Horsemanship is strictly confidential. Participant files are kept secure in our office where they can only be accessed by staff.

Participant's Name: _____

The following conditions, if present, may represent precautions or contraindications to participate in our program. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Spinal Fusion
Spinal Instabilities/Abnormalities
Atlantoaxial Instabilities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation and Dislocation
Osteoporosis
Pathological Fractures
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfect
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization

Medical/Surgical

Allergies
Stroke (Cerebrovascular accident)
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Hypertension
Serious Heart Condition

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Paralysis due to Spinal Cord Injury
Seizure Disorders – *We require our participants to be seizure free for 6 months before starting in the program.*

Secondary Concerns

Behavioral Problems
Acute exacerbation of chronic disorder
Indwelling catheter

The above information is a complete and accurate description of my medical history.

Signature _____ Date _____

Authorization for Emergency Medical Treatment Form

Name: _____ Date of Birth: _____

Address: _____

(Street/City/Zip)

Home: _____ Cell: _____ Work: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____

Health Insurance Company: _____

Policy #: _____

Preferred Medical Facility: _____

In the event of a medical emergency, I _____ authorize HeartStrides Therapeutic Riding and Horsemanship and/or its staff to authorize medical assistance, as deemed necessary. I further authorize any licenses physician and/or medical facility to more authorization. So authorized:

Dated this: _____ day of _____, 20_____

Participant's Signature: _____

PHOTO RELEASE

I DO _____ or DO NOT _____ consent to and authorize the use and reproduction by HeartStrides Therapeutic Riding and Horsemanship and Healing Hearts Ranch 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: _____

Clothing Requirements for Participants

Clothing restrictions are established for your safety. Long pants are ALWAYS a requirement, blue jeans are allowed, but we do recommend that they not be too snug for your personal comfort while riding. **Shorts are never permitted.**

Waterproof rubber or leather boots with firm soles and heels are preferred and highly recommended. Tennis shoes or open-toed shoes/sandals will not be permitted around the horses.

We do provide helmets. If you wish to purchase one for yourself, please contact us, as all riders are required to use ASTM-SEI approved helmets. We can also make recommendations on where to purchase what you will need.

PLEASE NOTE:

We are a tobacco and drug free facility. Accommodations can be made for tobacco with offsite smoking area.

If you have questions, please feel free to call Founding Direction, Kristy Dees, at (360) 701-6001 or email at deeskk@hotmail.com



Release and Hold Harmless Agreement

IN ACCORDANCE WITH THE WASHINGTON STATE STATUTE, RCW.4.24.530: The Undersigned is aware that horse activities and riding involves many inherent dangers, risks and hazards; including but not limited to bodily injury and physical harm to the rider, groomer, leader, handler, photographer, spectator, helper and horse. I, the Undersigned, freely and fully assume all such risks, dangers, and hazards. I, the Undersigned, also assume above risks, dangers and hazards and possibilities for my minor child(ren) and wards in my care.

I HERBY AGREE AS FOLLOWS

1. **TO ASSUME AND ACCEPT ALL RISKS, DANGERS AND HAZARDS** in connection with my use or my minor child(ren)'s and ward's use of the facilities.

2. **TO WAIVE ANY AND ALL CLAIMS** that I may have against HeartStrides, Healing Hearts Ranch, Jim Telloian, and Kristy Dees (the property owners) as a result of my use of and presence at the facilities.

3. **TO RELEASE** Healing Hearts Ranch, Jim Telloian and Kristy Dees, the employers, volunteers, clients, property owners, and all people present and/or involved with the property and horsemanship, riding programs, or other activities from any and all liability, rights of action or cause of action arising out of contract, tort or otherwise for any loss, damager, injury or expense that I, my minor child(ren), my next of kin, or my ward(s) may incur as a result of use of the facilities due to any cause whatsoever.

4. **THE UNDERSIGNED AGREES TO HOLD HARMLESS AND INDEMNIFY** Kristy Dees and Jim Telloian, Healing Hearts Ranch, HeartStrides, and any employees, volunteers, agents, students, guests and spectators from any and all liability for personal injury, property damage or death suffered by myself, my child(ren), my ward(s) or by a third party as a result of my use and presence at the facility.

5. **THAT IN THE EVENT OF MY OR MY MINOR CHILD(REN)'S INJURY OR DEATH, OR OF THE INJURY OR DEATH OF MY WARD(S), THIS RELEASE AND INDEMNITY AGREEMENT** shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in relation to HeartStrides, Healing Hearts Ranch, its property owners, and any and all people involved.

INITIAL _____

I ACKNOWLEDGE I HAVE READ AND UNDERSTOOD THIS RELEASE AND INDEMNITY. I am over 18 years of age and I am aware that by signing the document, I am affecting the legal rights and liabilities of myself, my heirs, next of kin, executors, administrators and assigns in relation to Healing Hearts Ranch, its property owners, and various people involved.

Date: _____ Name: _____

(Please Print)

Signature:
