

Please look over this form and check any applicable boxes or spaces. By making us aware of any medical conditions or safety issues that you (the rider) or your child may have, we can better serve individual needs.

## Fleet Equestrian Center, LLC & If Wishes Were Horses, Inc

If you/your child does not have any medical or safety issues (including social, emotional, cognitive, physical, or mental) please check the **NONE** box in the bottom left column.

### Medical Information and Student Safety Information

<b>ANXIETY DISORDERS</b>	<b>Check all that apply</b>	<b>MUSCULAR SKELETAL</b>	<b>Write in Specifics</b>
Anxiety-specific:		Scoliosis ( ) Other Musc.Skel. issue ( ):	
Phobia-specific:		Joint: Hypermobility ( ) Hypomobility ( ) Other ( )	
Fear-specific:		Tone: Low/Hypotonic ( ) High/Hypertonic ( ) Other ( )	
Panic Attacks ( ) OCD ( ) PTSD ( ):		Pathological Fractures ( )OI ( ) Multi Past Fractures ( )	
Selective mutism		Arthritis Rheumatoid ( ) Juvenile ( ) Other ( )	
<b>COGNITIVE FUNCTIONING DISORDERS</b>		<b>GASTRO INTESTINAL</b>	
Asperger's (ASD) ADD ( ) ADHD ( ) ADHD w ASD ( )		Crohn's disease ( ) Celiac Disease ( ) IBS ( )	
Autism: high functioning ASD ( ) moderate ASD ( )		GI-specific:	
Pervasive Developmental Disorder ( ) NOS ( ) (ASD)		<b>SKIN DISORDERS/CONDITIONS</b>	
Childhood Disintegrative Disorder (ASD)		Skin specific:	
Developmental Delay-specific:		<b>RESPIRATORY</b>	
Cognitive Impairment/Learning Disabled:		Asthma ( ) Cystic Fibrosis ( ) Other ( ):	
Mental Disability: Profound ( ) Teachable ( ) Other ( )		Respiratory Specific:	
Communication Disorder:		<b>CARDIAC DYSFUNCTION</b>	
Dyslexia		Congenital Heart Defects <b>(MD Rx required)</b>	
<b>MOOD DISORDERS</b>		Specific:	
Mood Disorders-specific:		Acquired Heart Defects <b>(MD Rx required)</b>	
Mood Swings ( ) Aggression ( ) Frustration ( )		Specific:	
Major Depressive Disorder ( ) Psychotic ( )		Cardiac Dysrhythmias <b>(MD Rx required)</b>	
Depression-specific:		<b>SELF-IMAGE ISSUES &amp; EMOTIONAL ISSUES</b>	
<b>BIPOLAR DISORDERS</b>		Anorexia nervosa ( ) Bulimia nervosa ( ) Obesity ( )	
Bipolar 1 ( ) Bipolar 2 ( ) Cyclothymia ( ) NOS ( )		Low self-esteem ( ) Social Isolation ( ) Low Confidence ( )	
<b>BRAIN INJURIES/DYSFUNCTION (MD Rx required for all)</b>		Negative Self-Image ( ) Self-Inflicted Harm ( )	
Apraxia ( ) Ataxia ( ) Aphasia ( ) Anosmia ( )		Emotional Issues ( )	
<b>Seizures (MD Rx required)</b>		<b>CHROMOSOMAL</b>	
Absence ( ) Myoclonic ( ) Atonic ( ) Tonic ( ) Clonic ( )		Down's Syndrome <b>(MD Rx required, 12 mo neg X-ray)</b>	
Grand Mal - gen. tonic-clonic ( ) <b>(MD Rx required)</b>		Chromosome Specific:	
Cerebral Palsy Mild ( ) Moderate ( ) <b>(MD Rx required)</b>		<b>GREIF AND LOSS</b>	
<b>SENSES</b>		Prolonged Greif Disorder ( ) Bereavement/Recent Loss ( )	
Impairment: Visual ( ) Auditory ( ) Sensory ( ) Tactile ( )		<b>OTHER:</b>	
<b>NONE – No problems/issues/diagnoses for my child/self</b>			

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

What do you wish to accomplish w/ horseback riding in terms of medical diagnosis, physical, emotional, cognitive goals?

**Or riding goals in general?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

----- FEC OFFICE USE ONLY -----

	Qualifies for <b>Recreational Therapeutic Horseback Riding</b> for Mild ADA recognized problems/issues/diagnosis. This program is for children in <u>regular classroom settings</u> , able bodied, able minded, no assistance to ride.
	Qualifies for <b>Special Needs Therapeutic Horseback Riding</b> , w/ IEP, self-contained classroom, needs an assistant(s) to ride/lead horse.

Fleet Equestrian Center, LLC &  
If Wishes Were Horses, Inc  
Release Form and Contact Information

1 Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_  
2 Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_  
3 Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian(s) Name (client under 18) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Name \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Name \_\_\_\_\_

A lot of information is sent by email. May we please have your email address? (For FEC updates only)

Email(s): \_\_\_\_\_

**I prefer to be contacted about cancellations by**  **email**  **text**  **phone**

**Emergency Contact** (If you are not available, who do you want us to call?)

Name: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Other important information: \_\_\_\_\_

---

**Riders, please be aware that our horses are indispensable when it comes to the livelihood of Fleet Equestrian Center, LLC; therefore for their safety, there is a 200 lb WEIGHT LIMIT for all riders.**

**Please read, sign, and return the following, knowing that precaution will be taken to ensure the safety of riders/observers/participants, but accidents cannot always be prevented due to the inherent nature of this activity. Persons entering upon the property assume all risks inherent to the nature of this activity.** Please be aware: We reserve the right to refuse service to anyone, for any reason. Persons exhibiting disruptive or inappropriate behavior will be asked to leave the premises/program. "UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA."

I/My Children/Child, \_\_\_\_\_ have/has permission to participate in the aforementioned activities.

\_\_\_ Initial I have read & understand the Equine Liability Immunity Act, as it relates to equine participants and observers.

\_\_\_ Initial I have read the above terms and conditions of this release form and agree to them.

\_\_\_ Initial Parent/Guardian: I have read the lesson booklet and agree to the terms of the program, set within.

I release and hold harmless Fleet Equestrian Center, LLC, If Wishes Were Horses, Inc, all board members, associates and instructors: Margaret and Bryan Fleet & any Instructors, Assistant or Junior Instructors from any injuries, accidents, and death that may occur due to the nature of this activity.

I am fully responsible for all visitors and family members that I bring onto the premises. Any injury to visiting persons or of property is waived on the same terms as the conditions set above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date