

Hope Ranch, Inc.

Hope Ranch Therapeutic Riding Centers

3841 W. 69th Ave Manhattan, KS 66503 785.587.8180

7250 SW Douglas Rd Topeka, KS 66610 785.477.2281

A Non-Profit Corporation (501c3) Tax ID #: 20-4837483

1. Office Use Only

New - Start Date

Returning - Start Date

Emergency

Photo Release

Authorization

Consent Plan

Consent Plan

Non-Consent Plan

Non-Consent Plan

Releases and Waivers

Emergency Authorization Liability Release

No Show Policy Payment Agreement

Date added into Booksteam by whom:

Participant Application

2. Participant's information: Please note that if Participant is a minor or dependent, Parent/Guardian contact information will be used for primary contact.

First name:

Last Name:

Birth date:

Gender:

Weight

Height

Street Address:

Apt. / Unit #:

Place of Employment/School:

Cell phone:

Work phone:

Text notifications for cancellations or important information.

E-mail:

3. Parent/Guardian's information if Participant is a dependent or 17 years of age or younger:

Parent(s)/Guardian(s) Name(s):

Street Address:

Apt. / Unit #:

Place of employment (Mother):

Work phone:

Place of employment (Father):

Work phone:

E-mail:

Cell phone:

Text notifications for cancellations or important information.

4. Please let us know what day and time of day works for you. We can be flexible and are willing to work with your schedule.

Availability for Class Times	Morning	Afternoon	Evening
Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	
Sunday	Morning	Afternoon	

Participant's Health History

5. Please be as detailed as possible to provide Hope Ranch staff with all the necessary information about the participant.

Diagnosis:

Date of onset:

Posture:

Balance:

Movement/Coordination:

General Attitude & Behavior

Communication Challenges & Methods (nonverbal, ASL, etc.)

Mobility Challenges & Methods (i.e. balance, walking, wheelchair, walker, etc.)

Cognitive Abilities (age level, attention span, problem solving, etc.)

6. Please indicate current or past difficulties in the following areas:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Sensation |
| <input type="checkbox"/> Speech or Communication | <input type="checkbox"/> Heart | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Digestion | <input type="checkbox"/> Elimination | <input type="checkbox"/> Circulation |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Bone/Joint | <input type="checkbox"/> Allergies | <input type="checkbox"/> Thinking/Cognition |

Please explain any checked boxes:

7. Please list current medications, including over-the-counter medication:

8. Other Current Therapies and Frequency:

9. Is there any other pertinent medical considerations our staff may need to know about the participant?

10. What are your goals for applying for participation? What would you like to accomplish? (riding skills, physical improvements, change in behavior, paying attention, etc.)

11. Please attach the completed Physician's Form with the application: *The Physician's Form can be downloaded from our website under the "Ride" tab.

I certify that all the information I have provided to Hope Ranch is true and accurate to the extent of my knowledge. (If Participant is a minor and/or a dependent, Parent/Guardian Signature is required.)

Signature

Date

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First Name: _____ Last Name: _____

Date of Birth: _____

Parent/Guardian Name(s): _____

Primary Care Physician: _____

Insurance Company: _____ Policy #: _____

Allergies to Medication: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving or giving services, or while being on the property of the agency, I authorize Hope Ranch, Inc. to

1. Secure and retain medical treatment and transportation if needed,
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving or giving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Please select your consent plan:

Consent Plan Non-Consent Plan

Parent or Legal Guardian must sign for Participant under the age of 18.

Participant, Parent, or Legal Guardian Signature

Date

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Photo and Name Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) Hope Ranch, Inc., a Kansas non-profit corporation, and it's successors and/or assigns, agents, principals, representatives, and employees (hereinafter collectively referred to as "Hope Ranch") the following permission:

Photo Release:

The undersigned hereby grant(s) Hope Ranch to take or have taken, still and moving photographs and films including television pictures of _____ (full name) and consents and authorizes Hope Ranch, its advertising agents, news media, and any other persons interested in Hope Ranch and its work, to the use and reproduction of the photographs, films, and pictures without limit, the generality of the foregoing newspapers, television media, social media, Hope Ranch website, brochures, pamphlets, instructional materials, books and clinical material.

The undersigned choose(s) not to grant permission for the use of photographic images.

Name Release:

The undersigned hereby grant(s) Hope Ranch to use _____ (full name) full name and consents and authorizes Hope Ranch, its advertising agents, news media, and any other persons interested in Hope Ranch, and or its work, to the use of his/her name with photographs, films, and pictures without limit, the generality of the foregoing newspapers, television media, social media, Hope Ranch website, brochures, pamphlets, instructional materials, books and clinical material.

The undersigned choose(s) not to grant permission for the use of the aforementioned name.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to the release other than the intention on Hope Ranch to use or be in use of the aforementioned name and such photographs, films, and pictures for the primary purpose of promotion and aiding its program and or its works.

Signature of Parent/Guardian is required if participant is a dependent or under the age of 18.

Participant or Parent/Guardian Signature

Date

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Attendance Policy:

It is the attendance policy of Hope Ranch Therapeutic Riding Centers that following three (3) unexcused absences, a Participant will be removed from the program and placed on the end of the wait list. Participant's can re-apply for the program at the start of the next session. If you are 15 minutes late to a lesson, you will be considered tardy. Three (3) tardies will equal one (1) unexcused absence.

One of the following conditions must have been met for an absence to be excused:

- The Program Coordinator or Director of Operations was notified 24 hours in advance of the schedule lesson time.
- The lesson was cancelled on the booking website 24 hours in advance of the schedule lesson time.
- The Program Coordinator or Director of Operations was notified of an emergency as soon as possible after the illness or emergency occurred.

One of the following conditions must have been met for an absence to be unexcused:

- The Program Coordinator or Director of Operations was notified less than 24 hours in advance of the schedule lesson time.
- The Program Coordinator or Director of Operations was not notified of an emergency as soon as possible after the illness or emergency occurred.
- The Participant does not show up to the scheduled lesson.
- The Participant was more than 15 minutes late to three (3) lessons in a single session.

If a participant misses a lesson or cancels with less than 24 hours notice, the participant will be charged the price of the lesson as set forth by the participant's payment agreement.

If you will miss a lesson or be late to a lesson please contact the appropriate person.

Who to contact at each location:

Manhattan

Program Coordinator, Kim Woodall at coordinatormhk@hoperanchks.org

-OR-

Director of Operations, Kassidy Scroggs at kassidy@hoperanchks.org

Questions or concerns about this policy can also be directed to Kassidy.

Topeka

Director of Operations, Kassidy Scroggs at kassidy@hoperanchks.org

By signing below I agree that I have read and understand Hope Ranch's No-show/Attendance Policy.

Participant or Parent/Guardian Signature

Date

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Release and Waiver

FOR AND IN CONSIDERATION of Hope Ranch Therapeutic Riding Center, Inc. furnishing horses, equipment and instruction (herein referred to as "the activity") and permitting _____ (**name of participant**) (herein referred to as "Participant") to participate in the activity at Hope Ranch Therapeutic Riding Center facilities, the undersigned individual, being of lawful age, or if the Participant is not of legal age, then Participant and Participant's parent or legal guardian, Participant's heirs, administrators, executors, successors and assigns, waive all discharge and hold harmless all participants, volunteers or instructors involved in the activity, and their respective directors, officers, shareholders, partners, owners, agents, employees, assured, and all other persons, firms, corporations, associations or partnerships associated herewith and their heirs, executors, administrators, successors and assigns, and each of them (collective "Releasees") from all claims, demands, actions or causes of action arising out of any losses or injuries to his/her person or property, or both, which may result, be sustained, or be received by him/her as a result of Participant attending and participating in the activity.

Participant and, if applicable, Participant's parent or legal guardian, understand that by signing this Release and Waiver Participant and, if applicable, Participant's parent or legal guardian covenant and agree that Participant, as well as assigns, will never institute any suit or action at law, or otherwise, against the Releasees any other Participants, volunteers or instructors involved in the activity, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damages, loss or injury either to Participant's person or property, or both, which may result from the Participant's attendance and participation in the activity, or travel or other activity associated herewith.

Participant and, if applicable, Participant's parent or legal guardian, acknowledge that by attending the above mention activity, Participant and, if applicable, Participant's parent or legal guardian, voluntarily assume(s) all risks and danger known or unknown, foreseen or unforeseen, attendant to Participant's attendance and participation in the activity. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned to execute this Release and Waiver and this Release and Waiver contains the entire agreement between the parties to this Release and Waiver.

The undersigned has/have read and fully understand(s) the foregoing Release and Waiver.

Parent/Guardian signature is required if Participant is 17 years of age or younger.

Participant, Parent, or Guardian Signature

Date