



Destiny's Ride

Therapeutic Horseback Riding Program

Specializing in Amputees

DBA Aspinwall Equestrian Center / 293 Main Street Lenox, Ma

PO Box 695 ~ Lee, Ma 01240

(413)243-3332

Participant's Registration & Release Forms

GENERAL INFORMATION:

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Participant's Name: _____
DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F
Address Street: _____ City: _____ State: _____ Zip: _____
Home #: _____ Cell # /Work#: _____ E-mail: _____
Employer/School: _____ Phone: _____
Address: _____

Parent/Legal Guardian/Caregiver: _____
Address (if different from above): _____
Phone #: _____ Alternative #: _____

In case of Emergency:

Contact: _____ Relationship _____ Phone _____
Contact: _____ Relationship _____ Phone _____

If you are a new applicant:

How did you hear about our program? _____
If referred, please list source and date: _____
If you have any previous riding/horse experience, please describe: _____

If you currently ride at Destiny's Ride Inc. please list start date: _____

Liability Release

(Rider's Name) would like to participate in the Destiny's Ride Therapeutic Program, Inc. I acknowledge the risk and potential for risks of horseback riding and in learning to ride in particular. Under Massachusetts law, an equine professional is not liable for any injury to, or in the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to chapter 128 Section 2D of the General Laws. However, I feel that the possible risks to myself / my son / my daughter / my ward, I agree to accept the risks of therapeutic riding in consideration for the benefits that therapeutic riding provides to myself and my son/daughter/ward. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever claims for damages against Destiny's Ride Inc., its Board of Directors, Instructors, Therapists, Aids, Volunteers, and Aspinwall Equestrian Center for any and all injuries and/or loses I/my son/my daughter/my ward may sustain while participating in Destiny's Ride Inc.

Signature: _____

Date _____

(Rider, Parent, Guardian)

PHOTO RELEASE:

I DO / DO NOT (please circle one) consent to and authorize the use and reproduction by Destiny's Ride Therapeutic Horsemanship Center, Inc. of any and all photographs and any other audio/visual materials taken of me/my son/daughter/ward for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Participant (Parent or Legal Guardian)

Lessons at Destiny's Ride are a team effort. Your instructor wants and appreciates any of your input throughout the riding session. Please feel free to ask questions, make suggestions, and give feedback. Discussions of any length can be done on the phone or via e-mail. jodieoconnell@destinysride.com / (413)358-2588

RIDING GOALS: (What you would like to accomplish during your time with us).

Short Term (During the next 6–12 months): _____

_____ *Long*

Term (During the next 2-3 years): _____

OTHER GOALS: (This could include social, recreational, professional/career, etc.)

AREAS OF FOCUS/STRENGTHS/WEAKNESSES

Riding a horse involves many aspects of the whole person; the physical, cognitive, and emotional. Participating in riding lessons adds even more dimensions to the scenario, such as our learning styles, spatial awareness, social interactions, etc. Please use this section to discuss information that you believe might be helpful or issues that you would like addressed, so that the instructor can create a beneficial, supportive lesson environment for you/your child. A good place to start might be the teaching environment, aids, and tools that best supports your learning style and needs. _____

MISC. HEALTH ISSUES

Please include any health issues (i.e. allergies, asthma, reactions to medications, dizziness, etc.) that you feel staff should be aware of. _____

PREFERENCES

Although the needs and requirements of all our riders is the priority, every effort is made to accommodate the preferences of our riders. Toward that goal, please feel free to share with us your “favorites” in horses and tack. It would be beneficial if you would explain why you prefer a certain horse or piece of equipment so that, if we can not exactly meet your wishes, we can come close. _____

CONCERNS

This could include any past riding experiences that caused a loss of confidence, any conditions Or circumstances that you feel could interfere with your ability to ride safely or to your full potential, Any fears, etc,

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

**Describe your abilities/difficulties; (include assistance required or adaptive equipment needed):
PHYSICAL FUNCTION (i.e. Mobility skills such as transfer, walking, wheelchair use):** _____

COGNITIVE/LEARNING SKILLS (i.e. Learning Disabilities, communication aids or tools): _____

PSYCHO/SOCIAL FUNCTION (i.e. Work/school, behavior/safety issues, relationship-family structure, support systems, fears/concerns etc.): _____

Signature: _____

Date: _____

Participant (parent or guardian)

