## **Participant Application**

Equine Assisted Transitions, Inc. At Bent Birch Horse Farm

Name:			Gender:	Age:	Grade:
Parent/Guardian Name(s):				Cu	stodial Parent? Yes / No
Address:			Phone:		
City:	State:	Zip:	Cell Phone:		
Email Address:		•	_ Emergency Contact:		
Referred by:			_		

Any previous experience with horses? <u>Yes/No</u> Details:

Any special needs or accommodations?

List days of the week and times preferred	Any allergic reactions to animals, dust, grass?
	□ no

## CONSENT

I, student/participant or guardian \_\_\_\_\_\_, understand that this is not solely a 'horseback riding' program, but rather a horse & rider educational program designed to help humans better understand horses, their needs, and their communication methods while gaining insight to their own communication and social skills. Horsemanship lessons will include information on care and feeding, hands on experience with grooming and ground exercises, then practicing saddling and bridling a horse, to more physically challenging sessions on horseback, both saddled and bareback to learn balance, physical and verbal cues, and various riding techniques and disciplines. I agree to follow all safety rules of the barn, wear a helmet (provided by program or meets standards), wear safe appropriate clothing (no shorts, baggy pants or extra-large or loose fitting clothing, or open toed shoes), bring sun block and water on hot sunny days, and warm clothes, jacket, hat and gloves on cold, windy days.

I understand that all adult volunteers involved with the lesson will be required to submit to a background check.

As with any activity involving children, I understand that any suspected child abuse or domestic violence or disclosures or allegations made by you or your child or other family members will not be kept confidential and must be reported immediately to authorities as required by Kentucky Law.

## WARNING

UNDER KENTUCKY LAW, A FARM ANIMAL ACTIVITY SPONSOR, FARM ANIMAL PROFESSIONAL, OR
OTHER PERSON DOES NOT HAVE THE DUTY TO ELIMINATE ALL RISKS OF INJURY OF
PARTICIPATION IN FARM ANIMAL ACTIVITIES. THERE ARE INHERENT RISKS OF INJURY THAT YOU
VOLUNTARILY ACCEPT IF YOU PARTICIPATE IN FARM ANIMAL ACTIVITIES.

Participant/Guardian/Volunteer Signature:	 Date:
Participant/Guardian/Volunteer Printed Name:	

Mail Application to: Susan Garon, 9440 FT Campbell Blvd., Hopkinsville, KY 42240 or email to: SusanGaronLMFT@aol.com