



Healing Horses

Kauai | HorsesHelpingPeople

Name of Participant (Age) \_\_\_\_\_ (\_\_\_\_) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Shirt Size: YS YM YL A-SM A-MD A-LG A-XL

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent/Guardian/Caretaker (if applicable) \_\_\_\_\_

### Liability Release

Name of Participant/Parent/Guardian/Conservator \_\_\_\_\_

I acknowledge the risks and potential risks for horseback riding and activities in and around a facility where horses, other animals and farm machinery are kept and operated. I, the undersigned, understand the Hawaii Law (Act 248, 1994 Hawaii Legislative Session, effective June 29, 1994) limits the civil liability of persons sponsoring equine (horse, pony, mule, donkey, or hinney) activities. Risks include but are not limited to (1) the propensity of an equine to behave in ways that may result in injury or death to persons on or around them, (2) the unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or animals, (3) hazards such as surface and subsurface conditions, (4) collisions with other equines or objects, and (5) the potential negligence of another participant, such as failing to maintain control over the equine, or not acting within the participant's ability.

Knowing the potential risks to person and damage to personal property, I expressly choose to assume these risks. I feel that the possible benefits to me/my son// my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, my successors, representatives and assigns, executors or administrators, I hereby waive and release forever all claims and causes of action for loss or damages of any kind against Healing Horses Kauai, its Board of Directors, Instructors, Therapists, Aids, Volunteers, and Employees for any and all injuries and losses that I/my son// my daughter/my ward may sustain while participating in the Healing Horses Kauai program. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at Healing Horses Kauai voluntarily with knowledge of the risks and I assume all risk of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Healing Horses Kauai and the property owners are materially relying on this waiver and assumption of risk in allowing me/my son// my daughter/my ward to participate in activities at Healing Horses Kauai.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_  
(Participant, Parent/Caregiver if minor)

### Confidentiality Agreement

I understand that all the information (written and verbal) about participants at Healing Horses Kauai is confidential and not to be shared with anyone without expressed written consent of the participant (parent/guardian is the case of a minor.)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_  
(Participant, Parent/Caregiver if minor)

### Photo and Video Release

\_\_\_\_\_ I consent to and authorize \_\_\_\_\_ I do not consent to nor do I authorize  
The use and reproduction by Healing Horses Kauai of any audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_  
(Participant, Parent/Caregiver if minor)



**Possible Reasons for Client Discharge**

**Please be advised of the following reasons that may lead to discharge from the riding program.**

- 1. The client has reached all of their goals and is ready to graduate.
2. The client's potential to maintain head and neck control while riding presents a safety concern.
3. Inability to follow directions is interfering with progress toward goals.
4. Uncontrolled and/or inappropriate behavior that constitutes a safety risk to client, staff and/or horse.
5. Client exceeds weight that can safely be managed by staff, volunteers, and/or horses.
\* List physical/medical/mental/cognitive/emotional/developmental diagnoses/disabilities here:
6. Any change in the client's medical, physical, cognitive, or emotional condition that makes therapeutic riding inappropriate.
7. Three scheduled appointments are missed without prior cancellation.
8. Non payment of fees as originally agreed.

**I understand and agree with the possible reasons for client discharge.**

**Signature of Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

**Demographic Information for Grant Writing Purposes**

**Activity: \_\_\_ Lesson, \_\_\_ Camp, \_\_\_ Photos, \_\_\_ Private Event Onsite, \_\_\_ Outreach Event -Off Site**

**Type of Lesson: Non-Therapeutic \_\_\_ Traditional Riding
Therapeutic: \_\_\_Mental, \_\_\_ Physical, \_\_\_Developmental, \_\_\_Cognitive**

**Age Category: \_\_\_ Toddler(0-4), \_\_\_ Preschool(4-5), \_\_\_ Elementary (6-10), \_\_\_ Middle(11-13), \_\_\_ High school(14-17), \_\_\_ Adult(18+), \_\_\_(Senior Citizen (65+))**

**Residency: \_\_\_ Resident, \_\_\_ Inter-Island, \_\_\_ Mainland (\_\_\_\_), \_\_\_ International (\_\_\_\_)
State Country**

**Descriptor: \_\_\_ None; \_\_\_ Legally Disabled; \_\_\_ Functional Paralysis (type: \_\_\_\_\_); \_\_\_ Low Income (ALICE); \_\_\_ Poverty Population (FPL); \_\_\_ Foster Youth; \_\_\_ Survivors of Violence; \_\_\_ Single Parent Household; \_\_\_ Homeless; \_\_\_ Prisoner/At-Risk of Incarceration; \_\_\_ Ethnic Minorities; \_\_\_ Indigenous/Tribal Communities; \_\_\_ Limited English Proficiency; \_\_\_ Migrant Worker; \_\_\_ LGBTQ; \_\_\_ Military Service Members and/or Veterans; \_\_\_ Rural Residents; \_\_\_ Other**

**How did you hear of this event: \_\_\_ Word of Mouth; \_\_\_ Flier; \_\_\_ Concierge; \_\_\_ Website; \_\_\_ Radio (Station: \_\_\_\_\_ ); \_\_\_ Print Ad (Source: \_\_\_\_\_ ); \_\_\_ Social Media (Source: \_\_\_\_\_ )**