



Participant's Application & Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____ City, State Zip _____

Phone: _____ Alternative #: _____

Email: _____

Parent/Legal Guardian (if participant under 18): _____

Address (if different from above): _____

Phone (if different from above): _____

Caregivers (if different from above): _____

Emergency Contact(s) and Phone: _____

How did you hear about the program (circle)? Internet search Link to THH website on

Hawaii Parent Magazine Hawaii Military Guide Search on PATH Intl Website

Friend or acquaintance Presentation/booth at _____

Other: _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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

Describe your abilities/difficulties in the following areas (include assistance or equipment required):
PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding) _

PSYCHO/SOCIAL FUNCTION (e.g., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. why would you like to participate? What would you like to accomplish?) _____

I certify the above information is correct to the best of my knowledge

Signature: _____ Date: _____
Client (or Parent or Legal Guardian if client is under 18)

PHOTO RELEASE

I DO
 DO NOT

consent to and authorize the use and reproduction by Therapeutic Horsemanship of Hawaii of any and all photographs, videos and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Client (or Parent or Legal Guardian if client is under 18)

CONFIDENTIALITY POLICY

I understand that any personal or identifying information that I learn about clients through my association with Therapeutic Horsemanship of Hawaii, Inc. will remain confidential. I agree to refrain from discussing such details as: clients' names, specific diagnosis, unusual behavior, etc., with anyone outside the program or with another program member in a public circumstance where I might be overheard. I understand the necessity of preserving our clients' privacy and anonymity and will abide by this agreement.

Signature: _____ Date: _____
Client (or Parent or Legal Guardian if client is under 18)



RELEASE AGREEMENT

THERAPEUTIC HORSEMANSHIP of HAWAII, INC. AND CONTRIBUTORS

I, the undersigned, understand that Hawaii Law (Hawaii Revised Statutes Chapter 663B) limits the civil liability of persons sponsoring equine activities. I understand that there are inherent risks of injury, including death, when participating in an equine activity, which 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 predictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or object animals, (3) hazards such as surface and sub-surface conditions, (4) collisions with other equine 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 and understanding the risks of participating in an equine activity; including injury and death to my person and damage to my personal property, I expressly choose to assume these risks. Further, on behalf of myself, my heirs, successors, representative, and assigns, I hereby unconditionally release any and all claims and causes of actions against equine activity sponsor Therapeutic Horsemanship of Hawaii and the Honolulu Polo Club, and its/their owners, landlords, shareholders, officers, directors, principals, employees, agents, representatives and any other personnel, for injury including death, and for any damage to personal property, which I may incur as a result of my participation in this equine activity. I, the undersigned, agree to indemnify the above-described equine activity sponsor (including its/their above-described persons and entities) from any and all claims and causes of action brought by or on behalf of said participant at any time.

Date: _____

Rider printed name: _____

Is rider under 18 years of age? Yes No

IF RIDER IS UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN BELOW

Rider or parent/guardian SIGNATURE: _____

Parent/guardian printed name (if rider is under 18): _____



THH Billing Information Sheet

Payment is due at time of lesson – you will not be billed

Student(s) (first and last name(s))	
Bill to (full name)	
Street Address	
City, State, Zip	
Phone	
Email (please print clearly)	

Cancellation Policy

Horses are very expensive to maintain, and we depend on income from our lessons to keep the program going. In order to effectively manage paid staff and volunteer hours, THH must enforce the following cancellation policy:

- **Cancellations made less than 24 prior to the lesson start time will be billed for the full rate of the lesson**
 - There are exceptions to this policy on an individual basis for sudden illness or emergencies. Please call as soon as practical in these cases.
 - There is no charge when THH cancels lessons due to weather or other conditions (does not apply to the prepay program).
- We have a waiting list, and if we have advance notice we can schedule other riders in place of canceled lessons.
- If you miss three lessons in a row, we reserve the right to schedule someone else at that time.

Thank you for your cooperation!

I understand that I will pay for any services provided to the above student(s), and I agree to pay for these services, including cancellations made less than 24 hours in advance. **I understand that if I do not pay for lessons in a timely manner my ride time may be cancelled.**

(signature)

Payment is due at time of lesson

THH can accept cash or checks at the barn or payment online in the “Shop/Pay for Lessons” section of our website. **We are not able to provide billing services.**



**COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES
AS OF 15 MAY 2020 – REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS AND CLIENTS.**

I, _____, am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Therapeutic Horsemanship of Hawaii; attending an event; and/or receiving face-to-face services from Therapeutic Horsemanship of Hawaii during the time of a pandemic outbreak, and /or Hawaii Governor’s or Honolulu County’s declaration of a “stay-at-home” order(s).

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Therapeutic Horsemanship of Hawaii and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization. I am aware of the options that may be available for remote services including, telephonic and video telehealth, as allowed by insurances and State Licensing Board recommendations, during this Pandemic outbreak.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Therapeutic Horsemanship of Hawaii; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic.

Therapeutic Horsemanship of Hawaii will engage in regular cleaning and sanitizing of the facility, horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Therapeutic Horsemanship of Hawaii.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: _____ DATE: _____

IF SIGNING ON BEHALF OF YOUTH UNDER AGE 18, PLEASE PROVIDE NAME(S) OF ALL YOUTH THIS APPLIES FOR:
