



5011 John Anderson Highway Flagler Beach, FL 32136
386-439-3195 fax, 386-503-6312
www.whisperingmeadowsranch.org

Participant Application & Health History

Participant Name _____ DOB _____ Age _____

Address _____

City _____ State _____ Zip _____ County _____

Primary ph: _____ Alternate ph: _____

Parent/Legal Guardian _____

Address _____

Email Address _____

How did you hear about our program?

HEALTH HISTORY (attach additional sheet if necessary)

Gender: Male: _____ Female: _____ Height _____ Weight _____*

** 200-pound weight limit variable dependent upon discretion of instructor*

Diagnosis/Disability _____

Other therapies currently received _____

Current medications _____

Psycho-social function (interests, family structure, support system, etc) _____

Please mark any of the following that have been a recent or past issue, and provide specific comments where applicable. These items will not be used to prevent anyone from participating; rather, they are to assist us in best meeting your needs:

Mental health therapy _____

Grief/Loss _____

Trauma _____

Special assistance at school _____

Substance abuse _____
Family problems _____

Has the student had prior experience with equine therapy? YES NO
If so, when and where?

Does the participant...

- | | |
|--|-----|
| Have a history of seizures? | Y/N |
| Follow simple directions? | Y/N |
| Have speech or language difficulties? | Y/N |
| Have communication difficulties? | Y/N |
| Have a fear of animals/horses? | Y/N |
| Walk independently? | Y/N |
| Have limited range of motion? | Y/N |
| Have decreased strength/endurance? | Y/N |
| Have poor balance (sitting/standing)? | Y/N |
| Have problems with gross motor skills? | Y/N |
| Have altered sensation? (specify) | Y/N |
| Have heart/circulation problems? | Y/N |
| Have digestion/elimination problems? | Y/N |
| Have bone/joint problems? | Y/N |
| Have allergies or breathing issues? | Y/N |
| Have emotional/behavioral difficulty? | Y/N |

GOALS

What would you like to accomplish in our program?

ADDITIONAL COMMENTS

Please provide any additional information that you feel would be helpful in class selection and lesson planning for this participant

Participant/Parent Guardian Signature Date



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant's Name: _____
In case of Emergency, contact: _____ Phone(s): _____
Physician's Name: _____
City: _____ Phone: _____
Preferred Medical Facility: _____
Health Insurance Carrier: _____ Policy #: _____
Please indicate any allergies: _____

CONSENT PLAN

I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event of an emergency medical aid/ treatment is required due to illness or injury during the process of receiving services, any participation on my part at Whispering Meadows Ranch, or while being on the property of Whispering Meadows, I authorize Whispering Meadows Ranch to:

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

Volunteer/Participant Consent Signature _____ Date: _____
Signature of Parent/Guardian _____
(If volunteer/participant is under 18 years of age, both signatures are required)

NON-CONSENT PLAN

I do not give consent for emergency medical treatment/aid in the event of illness during the process of receiving services, any participation on my part at Whispering Meadows Ranch, or while being on the property of Whispering Meadows Ranch. In the event emergency treatment/ aid is required, I wish the following procedures to take place: _____

Volunteer/Participant Signature: _____ Date: _____
Signature of Parent Guardian _____



UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I acknowledge that I will engage in horseback riding and other equestrian activities at Whispering Meadows Ranch in Flagler Beach, Florida. I represent that I am experienced in horsemanship or it has been explained and I understand and accept that equestrian activities can be dangerous and hereby accept and assume all risks to my person and property incident to such activities.

I hereby waive, release and relinquish all rights and claims I may now or hereafter have against Whispering Meadows Ranch, Richard and Helene Davis, owners of the land and buildings upon which it operates its business, to any or all injury to myself, and damage to my personal property which may arise, directly or indirectly from my presence on said premises or my participation in such activities. This waiver and release shall bind me, my heirs and legal representatives.

Date: _____

Signature of Participant/Volunteer/Rider: _____

Signature of Parent or legal Guardian: _____

Print Name: _____

Participants Name: _____

Participants Date of Birth: _____

Address: _____

Telephone: _____

Email: _____

Please call us at (386) 439-3195 or (386) 503-6312 with any questions.

Send completed forms to:

***Whispering Meadows Ranch
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