



2024 Participant Update Form

Required for all programming-- must be completed annually.

Applicant Name: _____ Check: Male Female

New Applicant _____ Returning Applicant _____ Date of last participation: _____

Age: _____ Date of Birth: ___/___/___ Employer/School: _____

Legal Parent/Guardian/Caregiver:

Name: _____ Relation: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____

- ✓ I have and will inform Healing Reins of any medical updates or changes over the past year.
- ✓ I have read and **agree to** the attached **Rider Weight Limit Policy**.
- ✓ I hereby **consent** for the above information to be maintained in the Healing Reins of Kentucky, Inc. database so that I may receive information about the program.
- ✓ I **DO** _____ **DO NOT** _____ consent to, and authorize the use and reproduction by Healing Reins of Kentucky, Inc. of any and all photographs, video/audio materials taken of me for the purpose of on-going studies, educational activities, exhibitions, promotional materials or for any other use for the benefit of the program.

Guardian or Self Signature: _____ **DATE:** _____



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Liability Release

_____ (Participant's name) would like to participate in Healing Reins of Kentucky, Inc. Program. I acknowledge the risks and the potential for risks of horseback riding, hippotherapy and horse related activities and therapies. However, I feel the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages, known and unknown whether existing on the date of the agreement or in the future, against Healing Reins of Kentucky, Inc., Blue Moon Stables, LLC, Rolling Hills Equestrian Center, their Board of Directors, Employees, Instructors, Therapists, Aides, Volunteers, Equines, Equine Owners, Equipment and Operating Site for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at Healing Reins of Kentucky, Inc.

*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.

SIGNATURE: _____ **DATE:** _____

Emergency Medical Information:

Participant Name: _____

Physician Name: _____

Allergies: _____

Current Medications: _____

I would want Emergency responders to know: _____

Emergency Contacts:

Name: _____ Relation: _____ Phone: (____) _____

Name: _____ Relation: _____ Phone: (____) _____



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Medical History: Diagnosis: _____ Date of Onset: _____

***For Down syndrome an annual medical clearance from a licensed physician that includes a neurological exam that specifically denies any symptoms consistent with atlantoaxial instability (AAI) is required.**

Seizures: _____ Type: _____ Controlled: Yes _____ No: _____ Date of last seizure: _____

Current Height: _____ Current Weight: _____ Date of Last Tetanus Shot: _____

Shunt Present? Yes _____ No _____ Date of last revision: _____ History of animal abuse: Yes _____ No _____

Indicate current or past special needs/concerns/surgeries with an X beside Y or N. If yes, please comment.

____ Y ____ N Auditory: _____

____ Y ____ N Visual: _____

____ Y ____ N Tactile Sensation: _____

____ Y ____ N Speech: _____

____ Y ____ N Cardiac: _____

____ Y ____ N Circulatory: _____

____ Y ____ N Integumentary/Skin: _____

____ Y ____ N Digestion: _____

____ Y ____ N Elimination: _____

____ Y ____ N Immunity: _____

____ Y ____ N Pulmonary: _____

____ Y ____ N Neurological: _____

____ Y ____ N Muscular: _____

____ Y ____ N Balance: _____

____ Y ____ N Orthopedic: _____

____ Y ____ N Allergies: _____ Epi-Pen? _____

____ Y ____ N Learning Disability: _____

____ Y ____ N Cognitive: _____

____ Y ____ N Emotional/Psychological: _____

____ Y ____ N Behavioral: _____

____ Y ____ N Pain: _____

____ Y ____ N Other: _____

Describe Mobility i.e. independent ambulation, assisted ambulation, wheelchair, braces: _____

Additional Medical Information: _____

To the best of my knowledge the medical history is true and accurate:

SIGNATURE: _____ **DATE:** _____



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Rider Weight Policy- Please read

Healing Reins of Kentucky, Inc. (HR) will adhere to the following guidelines when making decisions regarding rider weight. Each guideline is in place so that every member of the team (horse, rider and volunteer) may have a safe experience. Horse health, rider's weight distribution, rider's ability to dismount without hurting the horse and each volunteer's ability to safely assist a rider are all very important considerations. **Rider will be weighed on-site at intake or first lesson or when deemed necessary during a session.**

- Each horse will be evaluated as an individual and assigned a maximum carrying weight. Considerations will be made for age and health/soundness.
- Each rider will be evaluated as an individual. Considerations will be made for rider's height, range of motion, balance and ability to dismount independently.
- Each team will be evaluated to ensure that an appropriate volunteer/instructor is available to complete all emergency procedures including an emergency dismount.
- In general the following rider height to weight ratios will be followed:

Rider Height	Maximum Weight
Under 5'0" tall	150 lbs.
5' to 5'6" tall	175 lbs.
5'7" to 6' tall	200 lbs.
6'1" to 6'5" tall	250 lbs.

- The maximum amount of weight each horse can carry is determined using the following formula:
 - 20% of the horse's weight minus the weight of tack minus 10 pounds for degrees of unbalanced rider movement. (Unbalanced rider movement is determined through instructor observation while rider is mounted and thorough balance exam while non-mounted.) Other considerations are: observation of equine movement while carrying weight, and veterinary input.
- Each horse has a maximum number of lessons they may participate in per week. Therefore the number of horses available to carry higher weights may be limited.
- If, after an evaluation by at least two HR staff members, a rider is determined to be over the weight limit of any available HR horse, the participant has the option to participate in other HR programs, such as therapeutic horsemanship.

Riders may be asked to weigh-in on Healing Reins scales at any point during their sessions.

Return To:
 Healing Reins of Kentucky, Inc.
 PO Box 2027, Henderson, KY 42419
 Or Email application to horsesheal1@gmail.com
www.HealingReinsKY.org