



**MORNING DOVE THERAPEUTIC RIDING INC.**

PO Box 721, Zionsville, IN 46077

Telephone (317) 769-5161

**PARTICIPANT INFORMATION AND EMERGENCY RELEASE**

**Participant Information:** Name: \_\_\_\_\_ Program: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ethnicity (optional) African American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Caucasian \_\_\_\_\_ Other \_\_\_\_\_

**Parent/ Guardian Information:** Name: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Profession \_\_\_\_\_ Employer: \_\_\_\_\_

Is there any information about your child we need to know: physical needs, emotional or cognitive needs, fear of horses or other? \_\_\_\_\_

**What information would you like us to know about the rider that would be helpful in creating a positive experience?**

**Physical limitations?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cognitive, developmental or psychological concerns?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Likes and dislikes?** \_\_\_\_\_

\_\_\_\_\_

**What is your reason for coming to Morning Dove?** \_\_\_\_\_

\_\_\_\_\_

**Anything else we should know that would effect a ground or mounted experience with horses?** \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY RELEASE**

**Physician's Name** \_\_\_\_\_ **Physician's Phone** \_\_\_\_\_

**Person who is authorized to give temporary assistance or care in absence of parent or guardian:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Preferred Medical Facility:** \_\_\_\_\_

**Describe any medical condition requiring special precautions or treatment and any medications and dosage:**

(A)None \_\_\_\_\_ (B)Please describe: \_\_\_\_\_

In case of medical emergency, the undersigned authorizes Morning Dove Therapeutic Riding Inc. to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and / or medical facility to provide any medical / surgical care and / or hospitalization for the rider, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

*No person can be accepted for program participation until this form has been completed by the parent / parents or guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Morning Dove Therapeutic Riding Inc..*

\_\_\_\_\_  
**SIGNATURE OF PARENT / PARENTS OR GUARDIAN**

\_\_\_\_\_  
**SIGNATURE OF PARTICIPANT IF OVER AGE 18**



**PARENT / GUARDIAN RELEASE AGREEMENT**  
**FOR MORNING DOVE THERAPEUTIC RIDING INC.**

The undersigned, as parent / parents and / or guardian / guardians of

\_\_\_\_\_, a minor, for and in consideration of the agreement with Morning Dove Therapeutic Riding Inc. to provide equine assisted activities to said minor, does / do hereby forever release, acquit, discharge and hold harmless Morning Dove Therapeutic Riding Inc., its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned or said minor may now, or in the future, have against Morning Dove Therapeutic Riding Inc. its officers, trustees, agents, employees, representatives, successors and assigns, on account of any personal injuries, physical or mental condition, known or unknown, to the person of said minor and the treatment therefore as a result of, or in anyway growing out of, the acts of Morning Dove Therapeutic Riding Inc., its officers, trustees, agents, employees, representatives, successors and assigns including but not limited to, their negligence or gross negligence, in rendering the services above described or in anyway incidental thereto. Under Indiana law, an 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 have read and understand this release.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ WITNESSED: \_\_\_\_\_

Parent(s) / Guardian(s)

**PHOTO RELEASE FORM**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to Morning Dove Therapeutic Riding Inc. permission to take or have taken, still and moving photographs and films including television pictures of \_\_\_\_\_ and consents and authorizes Morning Dove Therapeutic Riding Inc., its advertising agencies, news media, and any other persons interested in Morning Dove Therapeutic Riding Inc., and its work, to the use and reproductions of the photographs, films, and pictures to circulate and publicize the same by all means including without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material. With regard to the foregoing material, no inducements or promises have been made to us / me to secure our / my signature(s) to this release other than the intention of Morning Dove Therapeutic Riding Inc. to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding its program and its work.

I have read and understand this release.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Signed \_\_\_\_\_