

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent or Guardian (if applicant is under 18): \_\_\_\_\_

Parent or Guardian Phone Number: \_\_\_\_\_

### Program Goals

1. What do you feel your biggest challenge is? :

\_\_\_\_\_

2. Please describe what you hope to gain from this class or session:

\_\_\_\_\_

I am applying to participate in the OWL Equine Program and I acknowledge the following:

- **Any horse can behave in an unpredictable and potentially dangerous manner, including bucking, bolting, rearing, spooking, kicking, or biting.**
- **Serious injury or death is possible, even when working with well trained horses.**
- I will wear a Standard Approved Helmet and the correct footwear whenever mounted on a horse.
- I will follow all instructions given by OWL Staff to the best of my abilities, and inform them if I am concerned in any way about my safety.
- The information provided on the attached Medical History is accurate and will be used by OWL staff to determine an appropriate level of involvement in horse related activities.

*By signing below I acknowledge that I understand the enumerated hazards listed above, that I am fully aware of the inherent risks of participating in an activity involving a horse or other farm animal, that I have been given the opportunity to ask questions about any concerns I may have about doing so, and that those questions have been answered to my satisfaction; additionally I acknowledge that I may at any time express my desire to stop an activity or discontinue the activity entirely. I further agree to hold harmless Louisiana United Methodist Children and Family Services, Inc., its agents and employees from any claim or lawsuit arising out of my own actions or failures to act along with any costs, awards, fees, judgements, settlements or other payments associated with such claim.*

Signature of Applicant: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_

(If Applicant is under 18 years of age)

Relationship to Applicant: \_\_\_\_\_

Signature of OWL Equine Program Staff: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Under Louisiana law, a farm animal activity sponsor or farm animal professional is not liable for an injury to or death of a participant in a farm animal activity resulting from the inherent risks of the farm animal activity, Pursuant To R.S. 9:2795.1.**

## MEDICAL HISTORY

The following information is intended to assist The OWL in case of any emergency with you/your child.

### Name and Telephone numbers of contact people

Emergency Contact Name	Relationship to rider	Home Number	Work Number	Mobile Number

### Please circle any of the following that you/your child suffer from:

Asthma

Epilepsy /Fits

Fainting/Dizziness

Blackouts/Migraines

Intellectual Disability

Heart/Blood Condition

Back Problems

Pregnancy

Other: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

### Allergies: YES/NO

Describe: \_\_\_\_\_

Describe Reaction: \_\_\_\_\_

### Medication

Is it necessary for the rider to carry their own medication at all times? YES/NO

If YES, please complete the following: Name of Drug: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

### Consent to Medical Attention

I authorize the instructor in charge to administer first aid and call an ambulance if necessary for the medical attention of myself/my child. I agree to bear any cost thereby incurred.

Signature of Applicant: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_

(If Applicant is under 18 years of age)

Relationship to Applicant: \_\_\_\_\_

Signature of OWL Equine Program Staff: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_