



Name of Participant (Age) \_\_\_\_\_ (\_\_\_\_) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ ShirtSize:   YS   YM   YL   A-SM   A-MD   A-LG   A-XL

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent/Guardian/Caretaker (if applicable) \_\_\_\_\_

**Liability Release**

Name of Participant/Parent/Guardian/Conservator \_\_\_\_\_

I acknowledge the risks and potential risks for horseback riding and activities in and around a facility where horses, other animals and farm machinery are kept and operated. I, the undersigned, understand the Hawaii Law (Act 248, 1994 Hawaii Legislative Session, effective June 29, 1994) limits the civil liability of persons sponsoring equine (horse, pony, mule, donkey, or hinney) activities. 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 unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or animals, (3) hazards such as surface and subsurface conditions, (4) collisions with other equines 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 the potential risks to person and damage to personal property, I expressly choose to assume these risks. I feel that the possible benefits to me/my son// my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, my successors, representatives and assigns, executors or administrators, I hereby waive and release forever all claims and causes of action for loss or damages of any kind against Healing Horses Kaua'i, its Board of Directors, Instructors, Therapists, Aids, Volunteers, and Employees for any and all injuries and losses that I/my son// my daughter/my ward may sustain while participating in the Healing Horses Kaua'i program. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at Healing Horses Kaua'i voluntarily with knowledge of the risks and I assume all risk of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Healing Horses Kaua'i and the property owners are materially relying on this waiver and assumption of risk in allowing me/my son// my daughter/my ward to participate in activities at Healing Horses Kaua'i.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

**Confidentiality Agreement**

*(Participant, Parent/Caregiver if minor)*

I understand that all the information (written and verbal) about participants at Healing Horses Kauai is confidential and not to be shared with anyone without expressed written consent of the participant (parent/guardian is the case of a minor.)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

**Photo and Video Release**

*(Participant, Parent/Caregiver if minor)*

\_\_\_\_\_ I consent to and authorize \_\_\_\_\_ I do no consent to nor do I authorize

The use and reproduction by Healing Horses Kauai of any audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

*(Participant, Parent/Caregiver if minor)*



## Healing Horses, Kauai Possible Reasons for Client Discharge

Please be advised of the following reasons that may lead to discharge from the riding program.

1. The client has reached all of their goals and is ready to graduate/lesson series/camp ends.
2. The client's potential to maintain head and neck control while participating presents a safety concern.
3. Inability to follow directions is interfering with progress toward goals.
4. Uncontrolled and/or inappropriate behavior that constitutes a safety risk to client, staff and/or horse.
5. Client exceeds weight and/or has medical conditions that can safely be managed by staff, volunteers, and/or horses.

\*List physical/medical/mental/cognitive/emotional/developmental diagnoses/  
disabilities here:

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ ,

6. Any decline in the client's medical, physical, cognitive, or emotional condition that makes horsemanship activities inappropriate.
7. Non payment of fees as originally agreed.

I understand and agree with the possible reasons for client discharge.

Signature of Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Demographic Information for Grant Writing Purposes

**Type of Lesson:**  Traditional Riding  
 Therapeutic:  Mental,  Physical,  Developmental,  Cognitive

**Age Category:**  Toddler(0-4),  Preschool(4-5),  Elementary (6-10),  Middle(11-13),  
 High school(14-17),  Adult(18+),  (Senior Citizen (65+))

**Residency:**  Resident,  Inter-Island,  Mainland,  International

**Descriptor:**  Current or Released Prisoner and/or Persons At-Risk of Incarceration;  Ethnic Minorities;  
 Indigenous/Tribal Communities;  Limited English Proficiency;  Migrant Worker;  
 Homeless;  Low Income (ALICE);  Poverty Population (FPL);  LGBTQ;  
 Military Service Members and/or Veterans;  Newly Injured or Diagnosed Persons w/Paralysis & their  
 Caregivers;  Rural Residents;  Survivors of Violence;  Single Parent;  None of These;  
 Other