

Today's Date: \_\_\_\_\_

## RideAbility Participation Form

### REGISTRATION and Current Contact Information:

Name: \_\_\_\_\_ BirthDate: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Class/Event participating in: \_\_\_\_\_

Description of any special needs: \_\_\_\_\_

Description of any special training: \_\_\_\_\_

Check at least one of the following:

- Trained Volunteer
- Volunteer *In-Training*
- Student/Client  Sibling
- Parent or Guardian of a client
- Personal Care Attendant (PCA)
- Group home staff
- OneTimeFunTime Activity
- Horse Care&Exercise
- Participating in an Event
- Spectator/Visitor to RideAbility

### Liability Release to RideAbility the organization:

I: (print full name) \_\_\_\_\_ would like to participate in the RideAbility equine assisted activity program. I have been informed of the Minnesota Equine Liability Law, and I acknowledge the risks and potential for risks of horseback riding and working around horses. However, I feel that the possible benefits to myself/(my son/my daughter/my custodial child) 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 against: RideAbility and - its Board of Directors, Instructors, Therapists, Aides, Horse owners, Volunteers and/or Employees for any and all injuries and/or losses that I/(my son/my daughter/my custodial child) may sustain while participating in RideAbility affiliated classes, activities and special events of any kind.

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

If under 18 years of age (or if not responsible for self) a guardian must sign: \_\_\_\_\_

### Liability Release to owners of hosting property:

I: (print full name) \_\_\_\_\_ do take full responsibility for myself and my family while on the property, Promised Meadows Farm. I agree to pay all medical expenses for myself and my family if I/we have any kind of accident while on this property. *I will do all I can to keep myself and others safe from physical harm while on this property.* I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against: Jim and Jeanie Michelizzi for any and all injuries and/or losses that I/my son/my daughter/my custodial child may sustain while on the property owned by Jim and Jeanie Michelizzi (especially this farm located at 10038 County Road 5 NW Pine Island, MN).

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

If under 18 years of age (or if not responsible for self) a guardian must sign: \_\_\_\_\_

### Photo and Publicity Release:

I consent to and authorize the use and reproduction of any and all photographs, videos and any other audiovisual materials taken of me/my son/my daughter/my custodial child for promotional material, educational activities or for any other use for the benefit or promotion of the RideAbility program or other equine-assisted activities and therapies.

Check one:

I consent to the above photo release.

I consent to the photo release, but I prefer to not have photographs taken when possible. I take the responsibility of communicating my desire for no photographs or videos to staff, volunteers and guests.

I do not consent. I understand I must meet with the director to set up accommodations.

I do not intend to hold RideAbility liable for photographs or videos accidentally taken or taken by guests.

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

If under 18 years of age (or if not responsible for self) a guardian must sign: \_\_\_\_\_

**The 3 signatures above are requested for all persons at the RideAbility Barn, including guests & spectators.**

### Emergency contact information:

Who should we contact in an emergency: \_\_\_\_\_ Phone number: \_\_\_\_\_

**NOTICE: RideAbility insurance does not include medical coverage for clients, volunteers or visitors.**

**Please provide personal health insurance information: Date of last Tetanus Shot: \_\_\_\_\_**

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### FOR CLIENTS WITH DOWN SYNDROME ONLY:

LAST DOCTOR'S EXAMINATION for AtlantoAxial INSTABILITY (AAI&focal neurologic disorder) DATE: \_\_\_\_\_

## RideAbility training and orientation checklist:

- Program history and philosophy** (Began in 1997, family centered, fun for all, - **SAFETY EMPHASIS**)
- Respect** (People first philosophy – and all students, families and volunteers should be respected)
- Confidentiality** (Opinions should stay here, no gossip, do not pass-long medical info, sign a statement of confidentiality)
- Liability Release** (MN Equine Liability Law protects volunteers from being liable for injuries, also general liability insurance)
- Facility** (Know where to park, watch your children, use garbage cans, locate: sound system, phone, first aid kit, lost & found)
- Refreshments** (Water bottles in fridge or bring your own beverages, Brownies! Hotdogs! You can volunteer to bring treats!)
- Absences** (Sign-off on white board ahead of time or notify the barn as soon as possible - so we can find backups)
- Bad Weather** (*Do not come* if you feel unsafe, *leave early* if you feel you need to – it is your decision!)
- Volunteer Attire** (Required: Sturdy shoes - *no sandals*, Recommended: bug spray, name tags, tighter and layered clothing)
- Student Attire** (Required: ASTM/SEI certified helmets & long pants, Recommended: sturdy shoes with heel)
  - RideAbility requirement:** all mounted riders will use ASTM/SEI certified helmets
  - RideAbility requirement:** all mounted riders will use *safety stirrups* OR boots w/leather sole & heel OR no stirrups at all
- Tack** (Well fitted good condition saddle, safety stirrups, halter with reins or bridle, lead rope, cinch safety checked 3 times)
- Horse handling** (Horses tied in the arena, no one is allowed in the arena except for their assigned tasks)
- Mounting/Dismounting** (Mounting ramp procedures, dismount at instructor's direction, watch an emergency dismount)
- Teams** (Posted on white board, work with student before entering the ring, enhancing student accomplishments)
- Curriculum** (Five week basic outline: 1-Evaluation 2-Safety 3-Communication 4-Balance 5-Fun&Games)
- Class Lesson Flow** (Lesson plan: prayer, mounting, safety checks, warm-up, horsemanship, games, cool-down, dismount)
- Side walker training** (3 basic holds plus variations, learning about your student, constant feedback to program)
- Fundraising** (1-Letters/sponsors 2-BarnDance 3-County Fair 4-Raffles 5-OnLine 6- Other (WineTasting,Painting,Picnics,etc. )
- RideAbility online training videos completed through the RideAbility website at [www.rideability.org](http://www.rideability.org)

### RideAbility Training and Orientation completed: (checklist above)

I have completed the RideAbility mandatory training & orientation. I understand the program's guidelines, rules and expectations.

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

### Statement of Confidentiality:

I understand the importance of respecting all individuals I work with in the RideAbility program. I agree to keep confidential all knowledge of the medical conditions, emotional conditions, behaviors and opinions of other persons I meet at RideAbility.

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

### Liability Release regarding exposure to infectious disease:

I/We do take full responsibility for exposure to (and medical bills related to) infectious disease for myself (& ourselves, our family, our guests and our custodial children). We understand and acknowledge the risk of exposure to contagious and infectious diseases. However, I/We feel that the possible benefits to myself/(my son/my daughter/my custodial child) 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 against: RideAbility and - its Board of Directors, Instructors, Therapists, Aides, Horse owners, Volunteers and/or Employees for any and all diseases & contagions that I/(my son/my daughter/my custodial child) may be affected by while participating in RideAbility affiliated classes, activities and special events of any kind.

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

### Minnesota Equine Liability Law: Sec. 3 (604A.12) **LIVESTOCK ACTIVITIES: IMMUNITY FROM LIABILITY.**

**Subdivision 1. Definitions.** (a) For purposes of this section, the following terms have the meanings given them.

(b) "Inherent risks of livestock activities" means dangers or conditions that are an integral part of livestock activities, including: (1) the propensity of livestock to behave in ways that may result in death or injury to persons on or around them, such as kicking, biting or backing; (2) the unpredictability of livestock's reaction to things like sound, sudden movement, unfamiliar objects, persons or other animals; (3) natural hazards such as surface or subsurface conditions; or (4) collisions with other livestock or objects. (c) "Livestock" means cattle, sheep, swine, horses, ponies, donkeys, mules, hinnies, goats, buffalo, llamas or poultry.

(d) "Livestock activity" means an activity involving the maintenance or use of livestock, regardless of whether the activity is open to the general public, provided the activity is not performed for profit. Livestock activity includes: (1) livestock production; (2) loading, unloading or transporting livestock; (3) livestock shows, fairs, competitions, performances, races, rodeos or parades; (4) livestock training or teaching activities; (5) boarding, shoeing or grooming livestock; or (6) riding or inspecting livestock or livestock equipment. (e) "Livestock activity sponsor" means a person who sponsors, organizes or provides the facilities for a livestock activity that is open to the general public. (f) "Participant" means a person who directly and intentionally engages in a livestock activity. "Participant" does not mean a spectator who is in an authorized area.

**Subdivision 2. Immunity from Liability,** except as provided in subdivision 3, **a nonprofit corporation, association, or organization, or a person or other entity donating service, livestock, facilities, or equipment for the use of a nonprofit corporation, association, or organization, is not liable of the death or an injury to a participant** resulting from the inherent risks of livestock activities.

**Subdivision 3. Exceptions,** Subdivision 2 does not apply if any of the following exist: (1) the person provided livestock for the participant and failed to make reasonable efforts to determine the ability of the participant to safely engage in the livestock activity, or to determine the ability of the participant to safely manage the particular livestock based on the participant's representations of the participant's ability; (2) the person provided equipment or tack for the livestock and knew, or should have known, that it was faulty to the extent that it caused injury or death; (3) the person owns or leases the land upon which a participant was injured or died because of a man-made dangerous latent condition and failed to use reasonable care to protect the participant; (4) the person is a livestock activity sponsor and fails to comply with the notice requirement of subdivision 4; or (5) the act of omission of the person was willful or negligent.

**Subdivision 4. Posting Notice,** A livestock activity sponsor shall post plainly visible signs at one or more prominent locations in the premises where the livestock activity takes place that include a warning of the inherent risks of the livestock activity and the limitation of liability under this section.

**I have read and/or been informed of the Minnesota Equine Liability Law.**

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