

# Courage Reins Farm, Inc.

10635 Fay Road NE, Carnation WA 98014 (206) 979.7653  
A Washington Non-Profit Benefit Corporation 501(c)3 Tax ID # 91-2135599

## Participant's Application

Participant: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Male/Female: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Alternative Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Photo and/or Audio Release:**  I Do  I Do Not

Consent to and authorize the use and reproduction by Courage Reins Farm, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

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

*Client, Parent, or Legal Guardian, signed in the presence of center staff*

### Physician's Statement

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities.

Name/Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

Please return this form to: Courage Reins Farm, P.O. Box 1706 Duvall, WA 98019

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## Authorization for Emergency Medical Treatment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

### In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving or giving services, or while being on the property of the agency, I authorize Courage Reins Farm, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

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

*Client, Parent or Legal Guardian, signed in presence of center staff*

### Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving or giving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

*Client, Parent or Legal Guardian, signed in presence of center staff*

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## Release and Waiver

FOR AND IN CONSIDERATION of Courage Reins Farm, Inc. furnishing horses, equipment and instruction (herein referred to as “the activity”) and permitting \_\_\_\_\_ (name of participant) (herein referred to as “Participant”) to participate in the activity at 10635 Fay Road NE Carnation WA 98014, the undersigned individual, being of lawful age, or if the Participant is not of legal age, then Participant and Participant’s parent or legal guardian, Participant’s heirs, administrators, executors, successors and assigns, waive all discharge and hold harmless all participants, volunteers or instructors involved in the activity, and their respective directors, officers, shareholders, partners, owners, agents, employees, assured, and all other persons, firms, corporations, associations or partnerships associated herewith and their heirs, executors, administrators, successors and assigns, and each of them (collective “Releasees”) from all claims, demands, actions or causes of action arising out of any losses or injuries to his/her person or property, or both, which may result, be sustained, or be received by him/her as a result of Participant attending and participating in the activity.

Participant and, if applicable, Participant’s parent or legal guardian, understand that by signing this Release and Waiver, Participant and, if applicable, Participant’s parent or legal guardian covenant and agree that Participant, as well as assigns, will never institute any suit or action at law, or otherwise, against the Releasees, any other Participants, volunteers or instructors involved in the activity, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damages, loss or injury either to Participant’s person or property, or both, which may result from the Participant’s attendance and participation in the activity, or travel or other activity associated herewith.

Participant and, if applicable, Participant’s parent or legal guardian, acknowledge that by attending the above mention activity, Participant and, if applicable, Participant’s parent or legal guardian, voluntarily assume(s) all risks and danger known or unknown, foreseen or unforeseen, attendant to Participant’s attendance and participation in the activity. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned to execute this Release and Waiver, and this Release and Waiver contains the entire agreement between the parties to this Release and Waiver.

The undersigned has/have read and fully understand(s) the foregoing Release and Waiver.

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*Signature of Participant (if an adult)*

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*Signature of Parent or Legal Guardian if Participant is a minor*

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*Date*

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## Rules and Policies (*PLEASE READ!*)

### APPAREL:

1. Leather shoes with heels to prevent the foot from sliding through the stirrup are preferred, rather than tennis shoes. Sandals and slip-on shoes are not allowed. Braces and prostheses may be worn with whatever shoes are required for them.
2. Long pants are required. (NEVER wear shorts or dresses/skirts. The saddle can bruise unprotected legs. Stretch pants or riding pants are recommended for comfort. Corduroy is too slippery for safety.
3. All riders must wear an ASTM/SEI approved riding helmet. We will provide a approved helmet .

### ATTENDANCE:

1. It is the attendance policy of Courage Reins Farm, that following three (3) unexcused and/or unnotified absences, a student will be terminated from the program.
2. Excused absences may be made up by special arrangement with our staff. Make-up lessons are scheduled on a space-available basis.
3. We must be notified 12 hours before the scheduled lesson times for the absence to be excused. The exception to this is for an emergency or sudden illness, which will also be considered an excused absence if we are notified as soon as possible after the onset of the illness or emergency.

### GENERAL POLICIES

1. Absolutely **NO SMOKING** on the ranch.
2. Dogs must be on a leash at all times, and must not be disruptive to the horses or classes. If your dog barks or fights, please leave him in the car.
3. Children must be supervised at all times.
4. Please remind your children: No rock throwing. No digging. No running. No yelling.
5. No one is allowed near a horse unless directly supervised by a volunteer or instructor. Please do not allow your children to run up to a horse or to feed them. *Any horse can bite or kick, and some horses are on special diets.*
6. We have a well-stocked medical kit. Please report any injuries to us so that we may attend to them. Even a scratch can become infected.
7. Please do not come to the farm wearing open toed shoes or sandals. And NO ONE is allowed to come barefooted, not even babies.

### RIDER FORMS

Liability and Medical Release forms are required to be updated annually. The Physician's statement must also be updated annually. *Please inform us of any change in address, phone numbers, or medical condition, including changes in medications.*

### THE FIRST DAY

Please bring the following with you when you come for your evaluation or first day of class:

- Signed and completed Application Form
- Signed and completed Authorization for Emergency Medical Treatment
- Signed and completed Physician's Statement
- Signed and completed Release and Waiver
- Appropriate riding apparel:
  - i. Jeans, britches, or long pants
  - ii. Closed shoes (preferably hard soled with heels – no loafers, flats or sandals)
  - iii. ASTM/SEI approved riding helmet if you have one. If not, one will be provided for you.
  - iv. Medications if needed.

**A responsible adult must remain with all minor children at the farm at all times. Riders who have guardians must have their guardian or other approved adult stay with the rider at the ranch at all times.**

# Fay Ranch, Inc.

10635 Fay Road NE, Carnation WA 98014 (206) 979.7653

## Equine Activity Assumption of Risk, Release and Hold Harmless

1. As a condition to my participation, or the participation of any child or ward of mine, or any child entrusted to my care (hereinafter referred to collectively as "my child", in any activity at the Fay Ranch, I freely and voluntarily agree to all the terms and conditions set forth below. I understand that by signing this document, I will be waiving rights to make claims against Fay Ranch, Inc. and persons working at or associated with Fay Ranch.
2. I understand that mounting, riding, walking, boarding and feeding horses and any other interactions with horses are potentially dangerous. Understanding such danger, I nevertheless hereby assume all risks connected with such interactions at the Fay Ranch facility, and I hereby release Fay Ranch, Inc., its officers, directors, shareholders, employees and anyone else directly or indirectly connected with the Fay Ranch from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or my child.
3. I further agree to indemnify, defend and hold harmless Fay Ranch, Inc., its officers, directors, shareholders, employees and anyone else directly or indirectly connected with the Fay Ranch from any claims or liability arising from my use, the use by my child, or the use by an employee, agent or invitee of mine (including any person assisting me) of the facilities of Fay Ranch.
4. I HAVE READ THIS DOCUMENT CAREFULLY, UNDERSTAND ITS MEANING, AND AGREE TO ALL ITS TERMS AND CONDITIONS.

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name