



Freedom Ride Inc

3919 Bay Lake Road, Orlando, FL 32808
Phone: 407-293-0411 / Fax: 407-674-7575
Return completed forms to info@freedomride.com



PARTICIPANT REGISTRATION INFORMATION - PLEASE WRITE CLEARLY IN INK

Complete Name:		
Email Address:	Date of Birth:	
Mailing Address:		
City:	County:	Zip:
Home:	Cell:	Other:
Name- Parent/Guardian/Caregiver w/phone number:		
Employer- Father:	Work#:	
Employer- Mother:	Work#:	
School/Institution Participant presently attending:		

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Freedom Ride 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 emergency medical treatment.	
Emergency Contact:	Relationship:
Physician Name:	
Preferred Medical Facility:	Insurance Company:
<input type="checkbox"/> CONSENT PLAN - I GIVE consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. This authorization includes x rays, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached and/or cannot give authorization at the time of occurrence. <input type="checkbox"/> NON-CONSENT PLAN - I DO NOT give consent for emergency medical treatment/aid in the case of illness or injury while participating in activities with Freedom Ride, Inc. In the event emergency medical treatment/aid is required, I wish the following procedures to take place:	
Signature:	Date:

<input type="checkbox"/> I DO hereby consent to and authorize the use and reproduction by Freedom Ride of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program. <input type="checkbox"/> I DO NOT give consent to use the above use of photo or video graphic materials.	
Signature:	Date:



Freedom Ride Inc

3919 Bay Lake Road, Orlando, FL 32808
Phone: 407-293-0411 / Fax: 407-674-7575
Return completed forms to info@freedomride.com



UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR 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, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student ("Participant") in a program, event, or activity taking place under the sponsorship of or at the facilities of **FREEDOM RIDE, INC.**, a Florida not for profit corporation ("Freedom Ride"), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Freedom Ride ("Activities").

I fully understand that my decision to be a Participant, or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all activities.

In consideration of Participant's being allowed to participate in the Activities, on behalf of Participant, Participant's heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Freedom Ride and each of Freedom Ride's directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively "the Releasees"), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releasees.

I hereby authorize the Releasees to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services ("Emergency Services"). I acknowledge full and sole responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releasees from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida, including Chapter 773, Florida Statutes. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Print Name:	Date:
Signature:	Date:
Participant_____ Parent_____ Legal Guardian/Caregiver_____	Phone:



Freedom Ride Inc

3919 Bay Lake Road, Orlando, FL 32808
Phone: 407-293-0411 / Fax: 407-674-7575
Return completed forms to info@freedomride.com



PARTICIPANT STATISTICAL INFORMATION FORM - FOR STATISTICAL USE ONLY

Completion of this form will assist Freedom Ride in tracking information needed to apply for grant funding for the program. The information received from this form will remain confidential. The information will not affect the decision for a participant to ride with Freedom Ride.

Participant Name:

Gender: Female Male

Date of Birth:

Mailing Address:

City:

County:

Zip:

Disability:

RACE

American Indian / Alaskan

Hispanic

Asian / Pacific Islander

White (non-Hispanic)

Black

Other

ANNUAL HOUSEHOLD INCOME (PLEASE CHECK)

\$0-10,000

\$31-50,000

\$11-20,000

\$51- 75,000

\$21-30,000

\$75,000 +

Number in Family:

Number of Employed Family Members:

Signature:

Date:

Participant Parent Legal Guardian

REFERRAL INFORMATION

How did you hear about the program?

Website Media Doctor Therapist Participant Other:



Freedom Ride Inc

3919 Bay Lake Road, Orlando, FL 32808
Phone: 407-293-0411 / Fax: 407-674-7575
Return completed forms to info@freedomride.com



PARTICIPANT QUESTIONNAIRE

The following questionnaire is designed to give Freedom Ride information pertaining to each individual participant's behavior and ability. This will help us prepare lesson plans and assist you in attaining individual goals. Please complete the questionnaire in as much detail as possible using the back of the page or attaching an additional sheet if necessary.

Name:

Age:

1. Briefly describe his/her disability:

2. What are the physical symptoms of the disability:

3. What goals do you hope he/she will achieve by participating in this program:

4. What other treatments or therapies has he/she undergone? Please specify when and for how long:

5. How would you describe his/her concentration, attention span and general awareness:

6. Would you characterize him/her as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted or extroverted:

7. Is he/she able to understand language? How does he/she communicate?

8. Is there a history of incontinence:

9. What positive reinforcements does he/she respond to:

10. Please use the rest of this sheet to indicate any other areas of behavior and personality that will help us best communicate, understand and work with him/her at Freedom Ride:

Signature:

Date:



Freedom Ride Inc

3919 Bay Lake Road, Orlando, FL 32808
Phone: 407-293-0411 / Fax: 407-674-7575
Return completed forms to info@freedomride.com



Freedom Ride No-Show and Cancellation Policies

We are glad you have decided to participate in our programs. We ask that you adhere to the following policies in order for us to offer the best quality programs possible.

Please arrive five minutes before your scheduled session time in order to process payment.

***Riders Only:** If you are ten minutes late (or more) then you will not be riding as this disrupts the other students and instructors.

Mental Wellness Only: If you are more than 10 minutes late, it is your instructor's discretion whether to extend the session time or end on time.

Participants will be considered a 'No Show' if they have not arrived and have not communicated within 10 minutes of the scheduled session start time.

- 1) Please give 24 hour notice if you will not be here by calling 407-293-0411. If nobody answers please leave a message. Be aware our instructors do not have time to check their cell phones during sessions so a message at the office is necessary.
- 2) In case of sudden illness, the participant or parent/guardian/caregiver should call as soon as it is apparent they will not be able to attend due to illness and no less than 15 mins prior to session time.
- 3) Excessive absences (3 or more) or no-shows (more than 1) will disqualify the participant from the remainder of the session to make sure other clients on the waiting list have an opportunity to receive services.

Scholarships Only: Clients who are receiving scholarships and have more than 1 no-show will be subject to forfeiting the scholarship and becoming ineligible for future scholarships.

- 6) There will be NO REFUNDS for missed classes. Payment for the session is expected regardless of absences and no-shows.
- 7) If Freedom Ride must cancel a class due to weather or other circumstances, we will make every attempt to schedule a make-up class at the end of the session. If our calendar does not allow for a make-up class, the riders will receive a credit for the canceled class. Due to our schedule, it is not possible to schedule individual make-up classes for absences and no-shows.

Signed: _____ Date: _____
Signature of Participant Caregiver/Guardian

Printed Name: _____