

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

EQUINE-FACILITATED LEARNING INFORMATION

Complete Name:		
Nickname:	Date of Birth:	
Mailing Address:		
City:	County:	Zip:
City of Orlando Resident: ☐ Y ☐ N	Email Address:	
Home:	Cell:	Other:
Parent(s)/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:	
☐ 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. -OR- ☐ 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:

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PHOTO RELEASE

☐ 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.

-OR-

☐ I DO NOT give consent to use the above use of photo or video graphic materials.

Signature:

Date:

MEDICAL HISTORY

Please check any of the following that apply and explain below.

Aggression		Issues of Parental Support	
Anxiety		Low Self-esteem	
Assaultive		Manipulative	
Borderline Personality Disorder		Medical Issues	
Body Image Issues		Mood Swings	
Boundary Issues		Obsessions/Compulsions	
Chronic Health Issues		Phobias	
Delusions		Possible Medication Side Effects	
Depressed Mood		Problems with Peers	
Dissociation		Psychosomatic Symptoms	
Hallucinations		Schizophrenia/Schizoaffective Disorder	
History of Animal Abuse		Self-Injurious Behavior	
History of Emotional/Physical/Sexual Abuse		Social Interaction Issues	
History of Fire Setting		Stress	
History of Runaway		Substance Abuse	
History of Seizure Disorder		Suicidal Ideation Past/Present	
Impulsivity		Unpredictable or Dangerous Behavior	
Intrusive Thoughts/Flashbacks		Other (please explain below)	

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EQUINE-FACILITATED LEARNING LIABILITY RELEASE FORM

Participant Full Name:

Date of Birth:

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:

Adult Signature:

Date:

☐ Participant ☐ Parent ☐ Legal Guardian

Phone Number:

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For every applicable concern, please provide a detailed explanation.

Due to the nature of equine therapy, Freedom Ride will not accept clients with a history of extreme violence, animal abuse, or arson. Freedom Ride reserves the right to refuse any client that could be a safety risk to themselves, the staff, volunteers, or the horses.

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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:

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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 participant's disability:

2. What are the physical symptoms of the disability:

3. What goals do you hope participant will achieve by participating in this program:

4. What other treatments or therapies has participant undergone; please specify when and for how long:

5. How would you describe participant's concentration, attention span, and general awareness:

6. Would you characterize participant as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted, or extroverted:	
7. Is participant able to understand language; how does participant communicate:	
8. Is there a history of incontinence:	
9. What positive reinforcements does participant 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 participant at Freedom Ride:	
Signature:	Date:

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Safety Rules and Barn Policies

1. All participants who are not considered “responsible for themselves” should not be left unattended at any time and must be accompanied by a parent or adult guardian until the participant is escorted by the instructor or volunteer to their session.
2. A parent or guardian must be present during the entire session for all participants under the age of 21.
3. A parent or guardian must be present during the entire session for all non-verbal participants.
4. Freedom Ride reserves the right to extend our supervision policy to other participants as deemed necessary.
5. Participants and parents must wait at the gate, bleachers, or picnic table until their session time. Instructors/volunteers will escort participants past the viewing area.
6. Parents/guardians and visitors are not permitted in the barn area, arena (unless asked to assist by instructor), or past the bleacher area unless escorted by instructor/volunteers.
7. **Participants, parents, visitors, volunteers, and staff are REQUIRED to wear closed-toe shoes when in the barn and around the horses at all times.** Individuals that arrive on property without the proper foot attire will not be allowed in the viewing area.
8. Remember this is Florida! Participants should be properly hydrated and protected from the elements. Cool wrap bands, sunglasses, jackets, etc. can be worn by the participant as long as they do not prevent session activities.
9. At Freedom Ride we DO NOT hand-feed our horses. If a participant wishes to bring treats, they may give them to the horse in a bucket with permission from their instructor and within the confines of their session time.
10. There are no pets allowed on Freedom Ride property. Emotional support animals are not permitted. Service dogs are permitted in accordance with ADA guidelines. No dogs, including service dogs, are permitted inside the barn or arena fencing or within the pastures.
11. Any bleeding or open sores must be covered with a bandage, or the participant cannot attend that session.
12. Please be sure to advise the instructor of any medical changes such as recent seizures or illness that may affect their ability to participate.
13. We ask that parents/guardians please refrain from coaching participants from the sidelines during their sessions. It is important their focus remains on the instructor and assisting volunteers.
14. Participants are discouraged from bringing visitors, including siblings, other family, or friends. Parents and guardians are invited to wait in the bleacher area or at the picnic tables in the parking lot area.
15. No climbing/sitting/standing on the fence, no shouting or loud voices, no running around the riding arena, barn, or parking lot, etc.
16. Horses can be easily frightened by strange noises and sights. Any visitors that are causing a safety hazard will be asked to leave the premises.
17. Our instructors are always available to answer any questions parents, guardians, or participants have regarding participants. Please understand that instructors may not be available directly before or after the session, but can set up a day/time to address your thoughts and concerns.
18. All phones and other electronic devices on our premises must be put on SILENT. Phones may be a distraction to our sessions and can potentially frighten the horses.
19. **ABSOLUTELY NO SMOKING ALLOWED AT THE FREEDOM RIDE FACILITY.**
20. Abusive behavior, lack of respect for instructors, volunteers, staff, and horses, or any violation of Freedom Ride rules will result in immediate dismissal from the property.

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Freedom Ride No-Show and Cancellation Policies

We are so pleased 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.

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

If you are more than 10 minutes late (or more), 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.

- 2) Please give 24-hour notice if you will not be here by calling 407-293-0411. If no one answers, please leave a message. Be aware our instructors do not check their cell phones during sessions, so a message at the office is necessary.
- 3) 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 minutes prior to session time.
- 4) Excessive absences (3 or more) or no-shows (more than 1) will disqualify the participant from the remainder of the semester 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.

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

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

Printed Name: _____