



# EQUIGRACE

## EquiBuddies 2017 Registration

Participant Name \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish? )

\_\_\_\_\_  
\_\_\_\_\_

### STUDENTS INTERESTS AND HOBBIES

\_\_\_\_\_  
\_\_\_\_\_

**We may, from time to time, offer your EquiBuddy a snack or drink, please note any special requirements or restrictions: No restrictions at this time:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### Alternate Authorized Persons

In the event I am unable to pick my child up at EquiGrace, Inc. I authorize the following person(s) and have included the following passwords:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Password \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Password \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Password \_\_\_\_\_

I understand that the information provided above is to the best of my knowledge and I see no reason why my child should not participate in this center's program.

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

*(parent/legal guardian)*

**EquiGrace, Inc.**

PO Box 268 ~ Shawnee, CO 80475

303-838-7122 ~ equigrace@gmail.com ~ www.equigrace.com



# **EQUIGRACE**

## **Authorization for Emergency Medical Treatment**

Preferred Emergency Facility \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications (include prescription, over the counter and dosage) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

In the event of an emergency, contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

### **Consent Plan**

In the event of an emergency medical aide/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 EquiGrace to

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

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician.

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(participant/parent/legal guardian)

### **Non-Consent Plan**

I do NOT give my consent for emergency medical treatment/aide in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Parent or legal guardian will remain on site AT ALL TIMES during equine activities. In the event emergency treatment/aid is required, I wish the following procedures to take place \_\_\_\_\_

Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(participant/parent/legal guardian)

Witness Signature \_\_\_\_\_ Name \_\_\_\_\_

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# **EQUIGRACE**

## **Equestrian Release Agreement**

I, the undersigned, as an adult rider 18 or older, or as the parent and/or legal guardian of (please print name) \_\_\_\_\_, for and in consideration of the agreement of EquiGrace, Inc. to provide riding and equine assisted activities instruction to said undersigned or minor, does/do hereby forever release, acquit, discharge and hold harmless EquiGrace, Inc., its officers, trustees, agents, employees, representatives, successors, and Whispering Pines Ranch, its officers, trustees, agents, employees, representatives, successors, and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned and/or said minor may now, or in the future, have against EquiGrace, Inc., its officers, trustees, agents, employees, representatives, successors, and Whispering Pines Ranch its officers, trustees, agents, employees, representatives, successors, and assigns on account of any personal injuries, physical or mental condition, known or unknown to the person of said undersigned and/or minor and the treatment therefore as a result of, or in any way growing out of, the acts of EquiGrace Inc., its officers, trustees, agents, employees, representatives, successors, and Whispering Pines Ranch, its officers, trustees, agents, employees, representatives, successors, and assigns, including, but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

**WARNING - Under Colorado Law, an 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, pursuant to section 13-21-119, Colorado Revised Statutes.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*(participant/parent/legal guardian)*

Witnessed: \_\_\_\_\_ Date \_\_\_\_\_

### **Photo Release**

I Do  I Do not

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

### **Internet Release**

I Do  I Do not

Consent to and authorize the use and reproduction by EquiGrace, Inc. of any and all photographs and any other audio/visual materials taken of me/the client, for use on EquiGrace, Inc. website or Facebook page, for promotional material, educational activities, exhibitions or for any other use for the benefit of the program on the internet.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*(participant/parent/legal guardian)*

Witnessed: \_\_\_\_\_ Date \_\_\_\_\_

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EquiBuddies is open to ages 8-13. The group will learn about horses, their care and needs, as well as hands on the ground experiences with the horses. We will also be providing crafts, worksheets and activities related to horses. At this time there is no riding involved, but if your EquiBuddy is interested in lessons, please be sure to ask about lesson availability.

### **Attire**

EquiBuddies is an outdoor activity and EquiBuddies are required to wear comfortable clothes appropriate for the weather and activities. Shoes with a heel, long pants or jeans, and weather appropriate tops/jackets, are recommended. Shorts, yoga pants, sandals, or tank tops will not be permitted and may result in an EquiBuddy not being able to participate with the horses. Also, please be sure to send along bug spray and/or sunscreen.

### **Snacks & Water**

We do have drinks and snacks available for purchase for 50 cents each, however, we will not offer any snacks or drinks without your consent. If your child has a special diet, please let us know.

### **Pets**

In order to keep participants and their guests, our staff and horses safe, please keep all pets at home, especially dogs, as they can scare a horse easily. Pets are not permitted on the property.

### **Attendance**

EquiBuddies Sessions – We offer individual sessions which are limited by availability and **must** be scheduled with us no later than the Thursday at 5pm, preceding the day your child will be attending to be sure there is a spot available. Payment is due at the start of each group. If you wish to reserve a spot for four or more consecutive weeks, you can pay in advance and you will also receive a 10% discount.

Attendance and Lateness – Activities are scheduled to start promptly. If you are late to arrive, we will do our best to accommodate your EquiBuddy, but we may have already started the activity so your Equibuddy may not be able to participate.

Weather – In the event of bad weather, please call the center at 303-838-7122 and listen for a cancellation message. In many cases, we will have access to indoor locations at the barn and may still be able to learn and work on horsemanship skills essential to becoming a good equestrian. In the event of poor road conditions, we will cancel. If you do not hear a cancellation message, sessions are still scheduled. If you cannot make it please be sure to let us know.

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