



Mississippi Valley Therapeutic Horsemanship 192 Hope Hill, Oak Ridge, MO 63769



Contact Information

Name: _____ Age: _____ Date: _____

Address: _____

Date of Birth: _____ Best phone number to reach you _____ Text: YES NO

Email: _____ Employer/School _____

Parent/Legal Guardian/Caregiver- Name, Address, Phone: _____

How did you learn about MVTH programs? _____

Health History

- I am aware I should be up to date on my tetanus shot and tuberculosis test. (Consult Physician if you are not up to date)

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations and/or surgeries, or lifestyle changes:

- General good health

Allergies: _____

Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

PHOTO RELEASE

I Do I Do NOT (Please check appropriate box)

consent to and authorize the use and reproduction by MVTH 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 center.

Printed Name: _____ Signature: _____ Date: _____