

Rider Application and Health History

BACKGROUND INFORMATION:

Current Date:

Rider's Name:

Date of Birth:

Male/Female:

Age:

Weight:

Height:

Parent or Guardian:

Address:

City:

State:

Zip:

Home Phone:

Work Phone (list owner):

Mom's Cell:

Dad's Cell:

Guardian's Cell:

Email Address:

Note: Complete the following only when parent/guardian is **NOT** the contact person:

Contact Name:

Relationship:

Home Phone:

Work Phone:

Cell:

Optional: Family Gross Income Level: (select one) \$ 9,000 to 15,000 <input type="checkbox"/> \$15,001 to 24,000 <input type="checkbox"/> \$24,001 to 45,600 <input type="checkbox"/> \$45,601 and up <input type="checkbox"/> Receive government financial assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Indicate one: 1) White <input type="checkbox"/> 2) Black <input type="checkbox"/> 3) Asian <input type="checkbox"/> 4) Hispanic <input type="checkbox"/> 5) Other (list heritage) <input type="text"/> # of Members in Family: <input type="text"/> Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
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HEALTH HISTORY:

Parent/Guardian: please list current or past physical, emotional, and/ or mental conditions that require consideration when the Rider is participating in any equine related activity - including, but not limited to, riding, handling horses, etc. Please be specific. For example: 'limited or no vision in right eye,' 'brace on left ankle,' 'uncontrollable outbursts of anger,' 'fear of heights/animals/horses,' 'allergic reaction to dust/animal dander,' 'onset of seizure indicator,' 'rods in back,' 'shunts in use,' etc. In addition, list any/all disabilities and the date(s) of onset.

NOTE: Regardless of your physician's permission/release, the final decision for participation in equine related activities rests with Mesa Vista Therapeutics Inc.'s Program Coordinator.

MEDICAL INFORMATION:

Physician's Name:
Physician's Address:
Medical Insurance Co.:

Phone #:

Policy #:

Are there any medical conditions that require special precautions or treatment? If so, please describe.

MEDICATIONS:

What medications is the Rider currently taking, including over the counter medications? (Please update promptly when medications are added or changed).

AMBULATORY STATUS (please describe):

EMERGENCY CONTACT:

Person who is authorized to give temporary assistance or care in absence of parent or guardian:

Name:
Phone #:

Relationship:

EMERGENCY MEDICAL RELEASE:

In case of a medical emergency, the Rider authorizes Mesa Vista Therapeutics, Inc. to provide such medical assistance as they determine to be necessary. In the event that the parent, guardian, or emergency contact listed above cannot be reached, the Rider authorizes any medical, surgical care, and/or hospital staff to provide care, including anesthetic, for the Rider which they determine necessary or advisable, pending receipt of specific consent from the Rider. The Rider further authorizes release of records upon request to the authorized individual or agency involved in the medical emergency.

No rider can be accepted for riding instruction until this form has been completed by the parent and/or guardian. If the Rider is of legal age (18), he or she may complete the form, if he or she is legally competent to do so.

Yes, I would like _____ to have riding instruction and have discussed this with a doctor.

Rider Signature

Print Name

Date

Signature of Parent/Guardian if under 18

Print Name

Date

**LIABILITY RELEASE AND HOLD
HARMLESS AGREEMENT**

This LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT is entered into by and between Mesa Vista Therapeutics, Inc. (“**Mesa Vista**”) and _____ (the “**Rider**”), and, if the Rider is a minor, the parent/guardian of the Rider.

In consideration of receiving permission from Mesa Vista to participate in horseback riding lessons and in further consideration of receiving permission to enter upon the premises of Mesa Vista property or other premises upon which riding lessons may be conducted, the Rider and his/her family hereby forever release, acquit, discharge, and hold harmless Mesa Vista, as well as its officers, governors, staff, agents, instructors, volunteers, contributors, and any property or horse owners affiliated with Mesa Vista of and from any and all liabilities, claims, loss, damage, illness, injury, or death that may be sustained while in on or upon the premises while participating in riding lessons.

The Rider acknowledges that there are certain risks inherent in participation in equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the Rider; (ii) the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals; (iii) the possibility of equipment failure; and (iv) hazards of surface or subsurface conditions. While Mesa Vista makes every effort to minimize these risks, the Rider is duly aware of these risks and hazards inherent upon participation in equine activities and/or upon entering said premises. The Rider also agrees to represent the potential for these hazards to others that may accompany or substitute for him/her at activities sponsored by Mesa Vista.

The Rider and all others that may accompany, represent, and/or substitute for those persons agrees to indemnify and hold harmless Mesa Vista, its officers, trustees, agents, instructors, volunteers, contributors, and other property and horse owners from any and all costs, charges, claims, demands, and liabilities of any kind arising either from the improper or negligent use of any equine, bridle, saddle, grooming tool, and/or other animal or tool or from the willful or negligent acts of said persons.

I, _____, the Rider, and the Rider’s parent or guardian if the Rider is a minor, have read and understand this Liability Release and Hold Harmless Agreement with Mesa Vista Therapeutics, Inc.

Rider Signature

Print Name

Date

Signature of Parent/Guardian if under 18

Print Name

Date

