



Office use only: Date application received: _____ Date Application Reviewed and Complete with all signatures: _____ Assessment Scheduled for Date: _____ Assessment Complete: _____ Lessons Scheduled for day: _____ Time: _____ <b>Rider Assessment and Paperwork complete (staff date and initial) _____</b>
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## *Lutheranch Equestrian Program Recreational Rider Application*

**In order to provide the best lesson experience, please complete all applicable answers for participant. Use back of paper for additional comments.**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/guardian Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

What is the best way to contact you? (circle one)    home phone    cell phone call    cell phone text    work phone    e-mail

Who should we contact regarding application, scheduling, cancellations, billings etc.? \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

Participant's Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Has participant ridden before? If so, what type of riding? \_\_\_\_\_

What interests, activities and hobbies does participant enjoy? \_\_\_\_\_

Lutheranch strives to meet a rider's individual goals. These may include recreation, education, etc. Please share goals for participating in this program: \_\_\_\_\_

Please describe any additional information that you wish to share about applicant (use back of paper if necessary) \_\_\_\_\_

**PARTICIPANT’S HEALTH HISTORY:**

*Please fill out completely. Attach additional sheet of paper if necessary.*

*Please indicate **current or past** problems in the following areas*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Respiratory			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Psychological			
Thinking/Cognition			
Pain			
Bone/Joint			
Muscular			
Allergies			

Please list any current medications participant is taking, dosage, times taken and reason for taking:

\_\_\_\_\_

\_\_\_\_\_

Please list any additional health concerns (use back side if necessary):

\_\_\_\_\_

\_\_\_\_\_

*I certify that I have supplied this health history information and that to the best of my knowledge, it is up to date, legal and accurate.*

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN IF UNDER 18: \_\_\_\_\_ DATE \_\_\_\_\_

**LIABILITY AND PHOTO RELEASE:**

**WARNING** Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equestrian activities resulting from the inherent risks of equine activities, pursuant to O.C.G.A.§4-12-3.

I, \_\_\_\_\_ (**participant or parent/guardian of participant**) hereby consent to the participation of \_\_\_\_\_ (**participant name**) in any and all of Lutheranch’s Equestrian programs, including but not limited to recreational riding. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward and the clients I/he/she work with are greater than the risk assumed. Intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby assume all risks associated with the horses, horseback riding and the handling of animals and equipment. I waive and release forever all claims for damages of every kind and nature whatsoever against Lutheranch, NovusWay Ministries, its board of directors, staff, instructors, therapists, aides, volunteers, owners of horses leased to Lutheranch/NovusWay Ministries, and all representatives, successors, assigns and/or employees thereof for any and all injuries and or losses I/my child/ my ward may sustain while participating in Lutheranch’s Equestrian Programs. Initial: \_\_\_\_\_

**PHOTO/VIDEO RELEASE (CHECK ONE):**     I consent to and authorize     I do not consent to nor do I authorize Lutheranch/NovusWay Ministries to use and reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, social media, educational activities, or for any other use for the benefit of the program. Initial: \_\_\_\_\_

**The undersigned acknowledges that he/she has read this application its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.**

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN IF UNDER 18: \_\_\_\_\_ DATE \_\_\_\_\_