



# Rider Application

Please Print

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

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

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_ Gender \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Employer/School & Level \_\_\_\_\_

If under 18, please complete the following:

Father: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Mother: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Mother \_\_\_\_ Father Address if different from the Student's: \_\_\_\_\_

Name, Address & Phone numbers of \_\_\_\_\_ Legal Guardian or \_\_\_\_\_ Caregiver (if not parent)

\_\_\_\_\_ e-mail \_\_\_\_\_

\_\_\_\_ **YES** Please publish my name, address, home telephone number and email address in the ManeGait Rider Directory which will be made available to Mane Gait personnel, families and students.

Emergency Contact Information: Name/Relationship \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

**Disability:** Primary \_\_\_\_\_ Date of Onset \_\_\_\_\_

Secondary: \_\_\_\_\_

**Ambulatory?** Yes \_\_\_\_\_ No \_\_\_\_\_ Crutches \_\_\_\_\_ Cane \_\_\_\_\_ Braces \_\_\_\_\_ Walker \_\_\_\_\_ Wheelchair \_\_\_\_\_

**Able to sit independently?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Verbal?** Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Riding Experience: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Name of stables: \_\_\_\_\_ Location \_\_\_\_\_

Style of riding: English \_\_\_\_\_ Western \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Participant or Parent/Guardian of Minor Participant

\_\_\_\_\_  
Date

**3160 N. Custer  
McKinney, Texas 75071**

**[www.manegait.org](http://www.manegait.org)**

**(p) 469-742-9611  
(f) 469-742-9677**



**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR PARTICIPANTS**

Participants Name: \_\_\_\_\_  
*Please Print*

In case of Emergency, contact: _____	Phone(s): _____
Physician's Name: _____	
City: _____	Phone: _____
Preferred Medical Facility: _____	
Health Insurance Carrier: _____	Policy #: _____
Please indicate any allergies: _____	
Please indicate any medical issues that may effect your/your child's participation at ManeGait. _____	
_____	
Date of last Tetanus shot: _____	

**CONSENT PLAN** I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at ManeGait, or while being on the property of ManeGait, I authorize ManeGait Therapeutic to:

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

Participant Consent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
*(If participant is under 18 years of age, both signatures are required)*

\*\*\* OR \*\*\*

**NON-CONSENT PLAN (Only for Persons 18 or Older)**

I do not give consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at ManeGait, or while being on the property of ManeGait. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

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

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

*Please Print*

**PHOTO RELEASE:**

\_\_\_\_ I **consent** to and authorize \_\_\_\_ I **do not** consent to nor do I authorize the use and reproduction by ManeGait of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

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

Signature of Parent Guardian \_\_\_\_\_  
*(If volunteer/participant is under 18 years of age, both signatures are required)*

**POLICY OF CONFIDENTIALITY:**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of ManeGait Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

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

Signature of Parent Guardian \_\_\_\_\_  
*(If volunteer/participant is under 18 years of age, both signatures are required)*

**ADULT LIABILITY RELEASE**

(For persons 18 Years and Older ONLY)

I, \_\_\_\_\_, acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at ManeGait are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against ManeGait Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by ManeGait or while on ManeGait property, from whatever cause, including but not limited to the negligence of The Released Parties.

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof.

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

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

*Please Print*

**RELEASE FOR A MINOR OR WARD**

*(For Persons Under 18 Years of Age or for Adults Who Have a Legal Guardian)*

That I, \_\_\_\_\_, the undersigned, a parent/legal guardian of \_\_\_\_\_, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by ManeGait Therapeutic Horsemanship Center and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by ManeGait are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against ManeGait Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at ManeGait or while on ManeGait property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY MANEGAIT. **IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT MANEGAIT FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Parent/Legal Guardian #1*

\_\_\_\_\_  
*Parent/Legal Guardian #2\**

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

***\*Our legal advisors have advised us that if participant is under 18 years of age, ManeGait requires signatures of both custodial and non-custodial parent.***