

- ☐ New Student
- ☐ Returning Student



PARTICIPANT REGISTRATION FORM

Participant Name:	Age:
Address:	City: State: Zip Code:
Contact Number:	E-mail:
Parent/Guardian Name:	
Address:	City: State: Zip Code:
Contact Number:	E-mail:
Person(s) Authorized to Drop Off and Pick Up:	
Please explain why you/your family are choosing to participate in Soulful Horse:	
Please share a bit about your child (interests, hobbies, friends, concerts, etc) to help us partner him/her with one of our horses.	
Preferred Day(s) and Time(s) (Select all that apply)	
Monday Tuesday Wednesday Thursday Friday	
Morning Afternoon Evening	



Participant's Health History

Please indicate whether the participant is affected by any of the following health conditions

	YES	NO
Vision		
Hearing		
Sensation		
Communication		
Heart		
Breathing		
Digestion		
Elimination		
Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognitive Allergies EpiPen? YES / NO		

Signature: _____ Date: _____

Participant, Parent, or Legal Guardian (if participant is under 18)



Authorization for Emergency Medical Treatment Form

Participant Name:_____ DOB:_____ Phone:_____

Address:_____ City:_____, MN, ZIP:_____

Physician's Name:_____ Preferred Medical Facility:_____

Health Insurance Company:_____ Policy #:_____ List

ALL allergies (meds, food, etc.):_____ **In the event of an emergency, contact:**

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ Phone:_____

In the event of an emergency medical aid/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 Soulful Horse to:

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

PLEASE CHOOSE ONE

() CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

() Non-Consent Plan

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

In the event of an emergency treatment/aid is required, I with the following procedures to take place:

Date:_____ Signature:_____

Client, Parent, or Legal Guardian



Soulful Horse Photo Release Form

I, _____, the parent or legal guardian of _____
grant Soulful Horse my permission to use and reproduce any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program (this includes the website, Soulful Horse Facebook & newspaper/magazines).

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ **Date** _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

PHOTO POLICY: Photos you take at Soulful Horse of riders/volunteers other than YOUR child may not be posted to Facebook or other social media sites. Please respect the privacy of all participants & volunteers.

Signature: _____ **Date:** _____

Participant, Parent or Legal Guardian (if participant is under 18)



Release and Agreement

1. I, _____, the undersigned for myself, my spouse, my minor child, legal representatives, heirs and assigns (herein called "Releasor"), in consideration of being permitted to use the facilities and services of North Gait Horse Company and Soulful Horse HEREBY RELEASE, WAIVE AND DISCHARGE NORTH GAIT HORSE COMPANY, SOULFUL HORSE, AND THEIR RESPECTIVE OWNERS, MEMBERS, AGENTS, EMPLOYEES, VOLUNTEERS, AND LESSEES, INCLUDING BUT NOT LIMITED TO ABBIE BRAGSTAD, LUKE BRAGSTAD, STEPHANIE KIRKHAM (herein collectively called "Releasees"), FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DAMAGE RESULTING THEREFROM, ON ACCOUNT OF INJURY TO RELEASOR'S PERSON OR PROPERTY, EVEN INJURY RESULTING IN DEATH OF THE RELEASOR, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASOR, RELEASEE, OR OTHERWISE WHILE THE RELEASOR IS RIDING, WORKING, OR FOR ANY PURPOSE USING THE FACILITIES, EQUIPMENT OR SERVICES OF NORTH GAIT HORSE COMPANY AND/OR SOULFUL HORSE.
2. I agree to indemnify, save, and hold harmless North Gait Horse Company, Soulful Horse, and their respective owners, members, employees, volunteers, and specifically, Abbie Bragstad, Luke Bragstad, Stephanie Kirkham, from any and all loss, damage or cost they may incur due to the participation or use of the facilities, equipment and services of Releasee by Releasor or due to the presence of myself or my minor child in or upon the property owned, located at or controlled by North Gait Horse Company or Soulful Horse whether caused by the negligence of the Releasees or otherwise.
3. I fully understand any involvement with horses involves some risk of harm or injury to myself, my minor child, my horses or my other property and that risk of damage or injury is a normal incident of involvement with horse-related activities. I hereby agree that risk is borne by me and/or my minor child and not by North Gait Horse Company, Soulful Horse, Abbie Bragstad, Luke Bragstad, Stephanie Kirkham, or their officers, members, agents, employees or volunteers. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF OR RELATED TO THE TO USE THE FACILITIES AND SERVICES OF NORTH GAIT HORSE COMPANY AND SOULFUL HORSE WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

NOTICE OF INHERENT RISKS OF LIVESTOCK ACTIVITIES PURSUANT TO MN ST 604A.12:

"Inherent risks of livestock activities" means dangers or conditions that are an integral part of livestock activities, including: **(1)** the propensity of livestock to behave in ways that may result in death or injury to persons on or around them, such as kicking, biting, bucking, or charging; **(2)** the unpredictability of livestock's reaction to things like sound, sudden movement, unfamiliar objects, persons, or other animals; **(3)** natural hazards such as surface or subsurface conditions; or **(4)** collisions with other livestock or objects.

Under Minnesota law, a nonprofit corporation, association, or organization, or a person or other entity donating services, livestock, facilities, or equipment for the use of a nonprofit corporation, association, or organization, is not liable for the death of or an injury to a participant resulting from the inherent risks of livestock activities.

THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGNED THIS RELEASE AS MY OWN FREE ACT.

Releasor (Parent/Guardian): _____

Minor Child: _____ Date: _____