Registration Packet 2017

Dear NDSU EAAT Participants and Parents/Guardians,

Welcome! We are looking forward to your participation in the NDSU Equine Assisted Activities and Therapies Program this summer. NDSU is a Higher Education member of the Professional Association of Therapeutic Horsemanship International (PATH Intl.; www.pathintl.org) and offers a minor in Equine Assisted Activities and Therapies. The program is under the direction of Dr. Erika Berg who is a PATH Intl. Advanced Instructor. Any questions regarding the program may be directed to her by e-mailing erika.berg@ndsu.edu or by calling 701-231-9611.

Below you will find an enrollment packet that includes all materials needed for you to register for summer 2017 adaptive riding classes. As you can imagine, many elements must work together in order for us to provide you with the best services possible. We need capable horses, dedicated volunteers, skilled instructors, and community support. We also need the cooperation of our riding families to keep things running smoothly.

For the safety of participants, horses, staff and volunteers, as well as maintaining the highest quality programming, it is important that everyone reads and abides by the following policies. All guidelines are at the discretion of the Program Director and are subject to change without notice:

- **Paperwork**: Registrations are on a first come, first served basis. All paperwork must be completed and returned to NDSU at the address above by **April 17, 2017**. All new clients will be scheduled for an evaluation once paperwork has been received. No rider will be allowed to participate without completed paperwork and current physician’s release form.

- **Payment**: Cost for the 8-week, 1 hour per week session is $320. A deposit of $160 to “NDSU” is due with registration paperwork by **April 17, 2017** in order to reserve your spot in a class for summer 2017. **The remaining $160 balance is due by the first class.** If payment schedule assistance is needed, please contact erika.berg@ndsu.edu.

- **Classes**: The **2017 summer session will run from the week of May 8 through June 30. Adaptive riding classes are held Mondays, Wednesdays and Thursdays from 3-6 p.m. at the NDSU Equine Center 5140 19th Ave North, Fargo.** Participants must enter on the west end of the facility (please see map on the last page). Each class is a 60 minute time block which includes time for getting horses into the arena, and mounting and dismounting all riders. Classes are group lessons with no more than 3 riders per class. We will work to place riders with peers of similar age and experience to maintain an appropriate level of challenge for all participants throughout the session. Please plan to arrive 5-10 minutes prior to the beginning of class to get your helmet on and be ready to go. ASTM-SEI helmets are provided.
• **Attendance Policy:** We understand that there are times when riders will not be able to attend lessons. Please give 24 hour notice whenever possible by calling 701-231-9611 as we have scheduled instructors, volunteers and horses. If a rider is late for their lesson without giving prior notice, there is no guarantee they will be able to ride that day. After 15 minutes, their horse will be untacked, returned to their stall and the rider will be unable to ride that day.

• **Cancellation Policy:** If a rider cannot attend their regularly scheduled lesson, a refund will NOT be issued. Make-up lessons will be allowed only if there is a slot in another class available and prior arrangements are made. If NDSU cancels a scheduled lesson then a make-up day will be scheduled.

• **Participant Information:** To protect our riders, horses, and volunteers we have established a weight limit of 165 pounds for individuals participating in mounted adaptive horseback riding. The majority of our horse herd are older and/or smaller horses and as a result are less able to carry weight. Participants should wear long pants or jeans (please no slick material). Boots or close-toed shoes are required. The arena is indoors, but please dress for the weather in layers as needed.

• **Safety:** Safety for participants, families, volunteers, instructors and horses is our top priority. The NDSU Equine Center is working facility that hosts outside events, is home to both equestrian and rodeo teams, horsemanship and veterinary technology classes, as well as student boarders. As a result the Equine Center is a busy place with horses, tractors and other heavy equipment in use so it *mandatory* that participants and family members enter on the west end of the facility and stay within designated areas at all times. Many families or guardians have other individuals in their care who they must bring to the Equine Center. Please note that parents/guardians/caregivers must remain at the Equine Center during lessons and that no one is to be left unattended. For the safety of the riders, anyone disrupting the lesson will be asked to leave the immediate area.

• **Drugs and Alcohol:** NDSU is a non-smoking, tobacco free facility and the use of drugs or alcohol on the property is strictly forbidden. No mistreatment, abuse or suggested abuse of any person or animal will be tolerated. We reserve the right to ask anyone to leave the premises.

ALL paperwork must be submitted (no exceptions) before an individual can participate so please be sure everything is completed, signed and returned by April 17. Please submit down payment plus paperwork to:

NDSU EAAT Program
Hultz Hall 100
Dept 7630, PO Box 6050
Fargo, ND 58108

____ **NDSU EAAT Program 2017 Summer Registration** (2 pages; includes Photo Release)
____ Authorization for Emergency Medical Treatment Form (1 page)
____ Physician Paperwork (4 pages go to physician, RETURN 2017 Participant’s Medical History and Physician’s Statement, 2 pages)
____ Liability Waivers (1 page)

- For minors or dependent adults, please use *Parent’s or Guardian’s Participation Agreement of Waiver of Liability, Indemnification and Medical Release form*
- For participants over 18 and signing for themselves, please use *Participation Waiver and Release of Liability form*
NDSU EAAT Program 2017 Summer Registration (Please Print)

□ I have read and agree to the policies on the first two pages

Participant Name: ____________________________________________ Date of Birth: __________

Diagnosis(es): ____________________________________________ Age of onset: __________

Street: __________________________ City: __________ State: ___ Zip: ________

Primary Phone: ___________________________ home/cell/work Other Phone: ___________________________ home/cell/work

E-mail: ____________________________________________ Preferred Contact Method: phone / email / US Mail

Parent/Guardian/Caregiver Name(s) and Phone Number(s), if under 18 or dependent adult:

Name: ____________________________ Phone: __________ Relationship: __________

Name: ____________________________ Phone: __________ Relationship: __________

In Case of an Emergency, please contact the following if other than Parent, Guardian or Caregiver:

Name: ____________________________ Phone: __________ Relationship: __________

Name: ____________________________ Phone: __________ Relationship: __________

Adaptive Therapeutic Riding

$320 for 8 week, 1-hour per week summer session from May 8 through June 30

$160 due with paperwork by April 17, 2017 and remaining balance due by the first class. Please contact Erika Berg erika.berg@ndsu.edu with payment questions.

Please indicate your 1st, 2nd and 3rd day/time choices below:

Monday 3 – 4 p.m. ______ Wednesday 3 – 4 p.m. ______ Thursday 3 – 4 p.m. ______

Monday 4 – 5 p.m. ______ Wednesday 4 – 5 p.m. ______ Thursday 4 – 5 p.m. ______

Monday 5 – 6 p.m. ______ Wednesday 5 – 6 p.m. ______ Thursday 5 – 6 p.m. ______

For office use only:

Lesson Day _____________ Lesson Time ______ Confirmed ___ Eval Date /Time _________________ Data Base ___

Funding Source _____________ Amount Paid _____________ Payment Method _____________ Payment Date _____________

Balance owed _____________ Date Balance Paid _____________
Previous riding or horse-related experience:

- None  
- Minimal  
- Moderate  
- Extensive

Support while riding:

- Spotter or Horse Handler  
- Sidewalkers  
- Independent

If previous riding experience, please tell us the year started, the frequency and any other information that may be helpful.

Below please describe your horsemanship goals as well as goals for improved daily living skills:

1. _____________________________________________________________________________________
2. _____________________________________________________________________________________
3. _____________________________________________________________________________________
4. _____________________________________________________________________________________
5. _____________________________________________________________________________________

PHOTO RELEASE:

☐ I DO consent to and authorize the use and reproduction by NDSU of any and all photographs and any other audio/visual materials taken of me or my minor child or dependent for promotional material, educational activities, exhibitions or for any other use for the benefit of the NDSU equine assisted activities and therapies program

☐ I DO NOT consent to and authorize the use and reproduction by NDSU of any and all photographs and any other audio/visual materials taken of me or my minor child or dependent for promotional material, educational activities, exhibitions or for any other use for the benefit of the NDSU equine assisted activities and therapies program
Authorization for Emergency Medical Treatment Form
This information must be updated and submitted annually. Please print legibly.

□ Participant    □ Staff    □ Volunteer

Participant Name: ___________________________ DOB: ___________ Phone: ___________

Address: ________________________________ City: ___________ State: ___________ Zip: ___________

Physician’s Name: ___________________________ Preferred Medical Facility: ___________________________

Health Insurance Company: ___________________________ Policy #: ___________________________

List all Allergies (medication, food, etc.):
________________________________________________________________________________________

Current medications:
________________________________________________________________________________________

In the event of an emergency, contact:

Name: ___________________________ Phone: ___________________ Relationship: ___________________

Name: ___________________________ Phone: ___________________ Relationship: ___________________

Name: ___________________________ Phone: ___________________ Relationship: ___________________

In the event 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 North Dakota State University 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 emergency treatment/aid is required, I wish the following procedures to take place:

Date: ___________ Signature: ___________________________

Participant, Parent or Legal Guardian
Physician Letter
(page 1 of 4 for physician)

Date: ________________

Dear Health Care Provider:

Your patient, ___________________________ is interested in participating in supervised equine activities.

(participant’s name)

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician’s Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

<table>
<thead>
<tr>
<th>Orthopedic</th>
<th>Medical/Psychological</th>
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<tbody>
<tr>
<td>Atlantoaxial Instability - include neurologic symptoms</td>
<td>Allergies</td>
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<tr>
<td>Coxarthrosis</td>
<td>Animal abuse</td>
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<tr>
<td>Cranial defects</td>
<td>Cardiac condition</td>
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<tr>
<td>Heterotopic ossification/myositis ossificans</td>
<td>Physical/sexual/emotional abuse</td>
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<tr>
<td>Joint subluxation/dislocation</td>
<td>Blood pressure control</td>
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<tr>
<td>Osteoporosis</td>
<td>Dangerous to self or others</td>
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<td>Pathologic fractures</td>
<td>Exacerbations of medical conditions (e.g., RA, MS)</td>
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<tr>
<td>Spinal joint fusion/fixation</td>
<td>Fire setting</td>
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<td>Spinal joint instability/abnormalities</td>
<td>Hemophilia</td>
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<td>Medical instability</td>
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<td>Migraines</td>
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<td>Peripheral vascular disease</td>
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<td>Respiratory compromise</td>
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<td>Recent surgeries</td>
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<td>Substance abuse</td>
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<td>Thought control disorders</td>
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<td>Weight control disorders</td>
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<tr>
<th>Other</th>
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<tbody>
<tr>
<td>Age - under 5 years</td>
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<tr>
<td>Indwelling catheters/medical equipment</td>
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<tr>
<td>Medications - e.g., photosensitivity</td>
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<tr>
<td>Poor endurance</td>
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<tr>
<td>Skin breakdown</td>
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</tbody>
</table>

Thank you very much for your assistance. If you have any questions or concerns regarding this patient’s participation in equine-assisted activities, please feel free to contact the center at the address/phone indicated above.

Sincerely,

Erika Berg, NDSU EAAT Program Director
2017 Participant’s Consent for Release of Information
Please complete, sign and bring to physician (page 2 of 4 for physician)

I hereby authorize: _________________________________________________________

(person or facility)

to release information from the records of: ___________________________ DOB: _______

(participant’s name)
The information is to be released to NDSU Equine Assisted Activities and Therapies Program for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

X Medical history

□ Physical therapy evaluation, assessment and program plan

□ Occupation therapy evaluation, assessment and program plan

□ Speech therapy evaluation, assessment and program plan

□ Mental health diagnosis and treatment plan

□ Individual Habitation Plan (IHP)

□ Classroom Individual Education Plan (IEP)

□ Psychosocial evaluation, assessment and program plan

□ Cognitive-behavioral management plan

X Attached Participant’s Medical History and Physician’s Statement, signed and dated

□ Other: _________________________________________________________________

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____________________________________________________________ Date: __________

Print Name: _____________________________________________________________________

Relation to Participant: _____________________________________________________________________
2017 Participant’s Medical History and Physician’s Statement (page 1)

To be completed by participant’s physician (page 3 of 4 for physician)

This form must be updated annually and submitted with required signatures

Participant: ______________________________________________________ DOB: ________________

Address: __________________________________________________________________________________

Height ___________  Weight ____________

We must have both height and weight information to determine participant suitability for mounted equine activities and therapies, as well as to appropriately match horses and riders.

Diagnosis(es):_________________________________________________________ Date of onset: ________________

Past/prospective surgeries:__________________________________________________________________________

Medications:_______________________________________________________________________________________

Seizure type: ____________________________ Controlled: Y   N   Date of last seizure: ________________

Shunt present: Y   N   Date of last revision: _______________________________________________________

Mobility  Independent Ambulation: Y   N   Assisted Ambulation: Y   N   Uses Wheelchair: Y   N

Orthotics/Assistive Devices:_______________________________________________________________________

Visual Impairment: Y   N   ________________________ Hearing Impairment: Y   N   _________________________

All participants with Down syndrome must have an ANNUAL certification from their physician that a neurologic and/or physical examination reveals no sign of atlantoaxial instability or decrease in neurologic function.

1. Atlantodens Interval X-ray
   o Date: ________________ Result: +   --

2. Annual neurologic/physical exam for AAI/decreased neurologic function
   a. Date: ________________ Result: +   --
2017 Participant’s Medical History and Physician’s Statement (page 2)
To be completed by participant’s physician (page 4 of 4 for physician)

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<thead>
<tr>
<th>Concern</th>
<th>Yes</th>
<th>No</th>
<th>History/Describe</th>
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<tbody>
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<td>Speech</td>
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<td>Emotional</td>
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<td>Cognitive</td>
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<td>Learning disabilities</td>
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<td>Psychological</td>
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<tr>
<td>Other</td>
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</table>

I have reviewed the attached medical history and release
____________________________________________________________
to participate in equine assisted activities and therapies (EAAT) at NDSU. I am aware and permit my patient to actively participate in the areas of EAAT including sitting astride a horse, riding a horse, grooming a horse and other equine related ground activities. Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and therapies. I understand that NDSU will weigh the medical information given against the existing industry precautions and contraindications described by the Professional Association of Therapeutic Horsemanship International (PATH Intl). Therefore, I refer this person to the NDSU Equine Assisted Activities and Therapies Program for ongoing evaluation to determine eligibility for participation.

Physician’s Name: ____________________________________________ MD  DO  NP  PA Other ______

Physician’s Signature:_________________________________________ Date:___________

Office Phone:____________________________________ License/UPIN # __________________
Participation, Waiver, and Release of Liability Form

Questions about this form? Please call 701-231-5682

Acknowledgement and Assumption of Risk

I am aware of the dangers and the risks to my person and property involved while participating in:

- [ ] Equine Assisted Activities and Therapies
- [ ] Other Equine Event

Inherent risks of domestic animal activities include, but shall not be limited to:

1. The propensity of a domestic animal to behave in ways i.e., running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them;
2. The unpredictably of a domestic animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals;
3. Certain hazards such as surface and subsurface conditions;
4. Collisions with other domestic animals or objects; and
5. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.

WARNING:
Under North Dakota Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. North Dakota Century Code ch. 53-10 http://www.legis.nd.gov/cencode/t53c10.pdf

I understand that this activity involves certain risks for physical injury. I understand that equipment, if any, which may be provided for my protection may be inadequate to prevent serious injury. I also understand that there are potential risks of which I may not presently be aware.

Nevertheless, I voluntarily elect to participate in this activity/class with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.

The University does not insure participants in the above-described activity and participants who want to be covered must obtain their own insurance. The University asserts lack of responsibility or liability for injury resulting from this activity.

Waiver of Liability and Indemnification

In consideration for being allowed to voluntarily participate in the above-referenced activity and or intramural event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

a. waive, release, and discharge the State of North Dakota, its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and

b. defend, indemnify, and hold harmless the State of North Dakota, its agencies, officers and employees (State), from any and all claims of any nature, including all costs, expenses, and attorney's fees, which may in any manner result from or arise out of this agreement, except for claims resulting from or arising out of the State's sole negligence.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Read Before Signing

Name: ____________________________________________________________

Signature _________________________________________________________ Date __________

Witness Name: ____________________________________________________

Witness Signature ________________________________________________ Date __________

Deliver to:

Equine Science
HuItz Hall 100
Dept 7630, PO Box 6050
Fargo ND 58108-6050
Phone (701) 231-5682
Acknowledgement and Assumption of Risk
The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participating in:

- Equine Assisted Activities and Therapies
- Other Equine Event

Inherent risks of domestic animal activities include, but shall not be limited to:

1. The propensity of a domestic animal to behave in ways i.e., running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons or animals on or around them;
2. The unpredictably of a domestic animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals;
3. Certain hazards such as surface and subsurface conditions;
4. Collisions with other domestic animals or objects; and
5. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.

WARNING:
Under North Dakota Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. North Dakota Century Code ch. 53-10 [link]

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisors's instructions regarding participation in this activity. The undersigned parent and/or legal guardian and participant understand that the State of North Dakota (State) does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the State has no responsibility or liability for injury resulting from this activity.

The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability and Indemnification:
In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

a. waives, releases, and discharges the State of North Dakota and its agencies, officers, and employees from any and all liability for the participant’s death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant’s estate as a direct or indirect result of participation in the activity or event; and

b. defend, indemnify, and hold harmless the State of North Dakota, its agencies, officers and employees (State), from any and all claims of any nature, including all costs, expenses, and attorney's fees, which may in any manner result from or arise out of this agreement, except for claims resulting from or arising out of the State's sole negligence.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Read Before Signing

Name of Minor: ___________________________ Age of Minor: ______
Name of Parent/Guardian: ___________________________

Signature of Parent/Guardian ___________________________ Date __________
Witness Signature ___________________________ Date __________

Deliver to:
Equine Science
Hultz Hall 100
Dept 7630, PO Box 6050
Fargo ND 58108-6050
Phone (701) 231-5682
Directions to NDSU Equine Center

NDSU Equine Center
5140 19th Ave North, Fargo

From I-29 take 19th Ave N exit (#67) and drive west 2 miles. The NDSU Equine Center will be on your left. There is a brick “NDSU Equine Center” sign and the long metal building is tan with a red roof. Once you enter the driveway you will drive around the east side of the building and turn right to drive along the length of the south side and then turn right again to park and enter on the west side of the building.