



**Colorado HorsePower, Inc.**  
 PO Box 534 • 5027 Garton Rd • Castle Rock CO 80104  
 info@coloradohorsepower.org  
 Phone: (303) 594-1509  
 www.coloradohorsepower.org



## Student Application & Information

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: F M

Employer/School: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Caregiver(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

In case of lesson cancellation, who is the best contact:      Parent/Legal Guardian      Caregiver

And what is the best method of contact:      Home Phone      Cell Phone      Email

**Cancellations may be made the evening before or the morning of a scheduled lesson or activity.**

How did you learn about Colorado HorsePower? \_\_\_\_\_

**Please check times you are available for lessons (feel free to check more than one):**

(Tues – Fri: AM [8am – 12pm], PM [1pm – 5pm], EVENING [6pm – 9pm]; Sat: AM [8am – 12:30pm], PM [1:30 – 4pm])

- |                                       |                                      |  |                                      |                                 |
|---------------------------------------|--------------------------------------|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Tues AM      | <input type="checkbox"/> Wed AM      | <input type="checkbox"/> Thurs AM      | <input type="checkbox"/> Fri AM      | <input type="checkbox"/> Sat AM |
| <input type="checkbox"/> Tues PM      | <input type="checkbox"/> Wed PM      | <input type="checkbox"/> Thurs PM      | <input type="checkbox"/> Fri PM      | <input type="checkbox"/> Sat PM |
| <input type="checkbox"/> Tues EVENING | <input type="checkbox"/> Wed EVENING | <input type="checkbox"/> Thurs EVENING | <input type="checkbox"/> Fri EVENING |                                 |

**Do you have previous riding experience?**

- None       A little       Considerable

Please briefly describe: \_\_\_\_\_

**For Office Use Only**

- |  |  |
|--|--|
| <input type="checkbox"/> New Student       | <input type="checkbox"/> Form Updated, Date: _____ |
| <input type="checkbox"/> Returning Student | <input type="checkbox"/> Form Updated, Date: _____ |

**Student Profile**

**Sensory**

Does the student have any sensitivities/concerns in any of the following areas:

- Visual (peripheral, focusing, depth perception): \_\_\_\_\_
- Auditory (high/low tones, volume of music/microphones): \_\_\_\_\_
- Olfactory (perfumes, manure, barn associated scents): \_\_\_\_\_
- Tactile (defensive, lack of feeling): \_\_\_\_\_

**Processing and Cognitive Awareness**

How many directions can the student auditorily process? \_\_\_\_\_

How many directions can the student visually process? \_\_\_\_\_

Does the student need an interval of time to process a verbal or written request? Yes No If yes, how long? \_\_\_\_\_

What is the student's learning style?    Visual (seeing)                      Auditory (hearing)                      Kinetic (doing)

How well does the student focus/remain on task? \_\_\_\_\_

How does the student handle frustration? \_\_\_\_\_

How does the student handle problem solving? \_\_\_\_\_

Please check any of the following the student is aware of:

- Right vs. Left                       Makes eye contact
- Letters                               Verbal communication (simple – says 1 or 2 words)
- Numbers                             Verbal communication (complex – speaks in sentences)
- Uses gestures/signs – if yes, please explain/describe: \_\_\_\_\_

**Physical**

Please describe the student's mobility/any assistance needed \_\_\_\_\_

**Likes and Dislikes**

What are some of the student's favorite activities or topics? \_\_\_\_\_

What are the students dislikes or fears? \_\_\_\_\_

Do you have any family do's or don'ts? \_\_\_\_\_

**Goals**

Please describe any goals for the student

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Consent & Release Information**

**Photo Release**

I  DO

DO NOT

consent to and authorize the use and reproduction by Colorado HorsePower, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

**Confidentiality Policy**

Colorado HorsePower, Inc. shall preserve the right of confidentiality for all individuals in its program. Any individual who works, volunteers, or provides services to Colorado HorsePower, Inc. will be bound by this confidentiality policy. I understand that all information, such as but not limited to, medical, familial, social, referral, personal, financial, written, verbal, photographic and video about students at Colorado HorsePower, Inc. is confidential and will not be shared with anyone without the expressed written consent of the student and his/her parent/guardian and parent/guardian in the case of a minor.

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

Signature of parent or legal guardian: \_\_\_\_\_

**Liability Release**

**WARNING**

Under the Colorado Law, an equine professional is not liable for an injury to or the death of a student in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

\_\_\_\_\_ (Student's Name) would like to participate in Colorado HorsePower, Inc. program. 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 are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against Colorado HorsePower, Inc., its Board of Directors, Instructors, Volunteers, Employees, Agents, and Representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child/my ward may sustain while participating in Colorado Therapeutic Riding Center program.

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

Signature of parent or legal guardian: \_\_\_\_\_

Meadowbrook Farm  
5027 Garton Road  
Castle Rock, CO 80104  
Phone: (303) 887-6070

## RELEASE OF LIABILITY

(Please read before signing)

UPON my acceptance of horse and/or equipment for riding and/or instruction purposes, or upon my acceptance of riding or visiting the property of Meadowbrook Farm located at:

5027 Garton Road  
Castle Rock, CO 80104

Mark Renn or Leigh Anderson or any of their agents, employees, representatives, outside trainers, outside instructors (hereinafter "releasers") utilizing my own horse and equipment, or upon permission to ride on or enter the premises, I acknowledge that the use, handling and riding of a horse involves a risk of physical injury to any individual undertaking such activities; and that a horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fright which, likewise, is an inherent risk assumed by a horseback rider. The undersigned expressly assumes such risk and waives any and all claims he/she might state against releasers as a result of physical or mental injury incurred in said activities. Except to the extent such claim might be based upon the sole and exclusive negligence of the stables, the undersigned further agrees to hold releasers, its owners, agents and employees, harmless for physical or mental injury to others or for property damage, which results from rider's use of the stable's horse, or my own horse, in violation of any instruction, rules or the terms and conditions of this Agreement.

Should any lawsuit result from student utilizing the Meadowbrook Farm facility for riding instruction or personal pleasure, be it also understood that the student shall be deemed liable for all legal fees and costs incurred by releasers if judgment is made in the defendant's favor. Under Colorado law, an equine professional is not liable for any injury to or the death of a student in equine activities resulting from the inherent risks of equestrian activities, pursuant to Colorado Revised Statutes, Section 13-21-119. Under Colorado law, an equine professional is not liable for any injury to or the death of a student in equine activities resulting from the inherent risks of equestrian activities, pursuant to Colorado Revised Statutes, Section 13-21-119.

THIS AGREEMENT AND RELEASE shall be effective and binding upon the parties hereto from and after the date indicated until revoked in writing. The undersigned acknowledges have read and understood this Agreement and Release.

\_\_\_\_\_  
Releaser's Signature

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent/Guardian/Student's Signature

\_\_\_\_\_  
Date

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**Consent for Release of Student Information**

I hereby authorize: \_\_\_\_\_ (*person or facility*) to release information from the records of \_\_\_\_\_ (*student's name/DOB*). The information is to be released to \_\_\_\_\_ (*Colorado HorsePower, Inc. or therapist's name*).

For the purpose of developing an equine activity program for the above named student. The information to be released is indicated below:

- Medical history
- Physical therapy evaluation, assessment and program plan
- Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-behavioral management plan
- Other: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Please send or bring materials to: Colorado HorsePower, Inc.  
Program Administrator/Instructor  
PO Box 534  
Castle Rock, CO 80104

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Date: \_\_\_\_\_

Dear Health Care Provider \_\_\_\_\_,

Your patient \_\_\_\_\_ is interested in participating in supervised equine activities at HorsePower, Inc. In order to safely provide this service, our center requests that you complete/update the attached Student's 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.

## Orthopedic

Atlantoaxial Instability - include neurologic symptoms

Coxarthrosis

Cranial Defects

Heterotopic Ossification/Myositis Ossificans

Joint subluxation/dislocation

Osteoporosis

Pathologic Fractures

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

## Neurologic

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chiari II Malformation/Tethered Coed/Hydromyelia

## Other

Age - under 4 years

Indwelling Catheters/Medical Equipment

Medications - e.g., Photosensitivity

Poor Endurance

Skin Breakdown

## Medical/Psychological

Allergies Animal

Abuse Cardiac

Condition

Physical/Sexual/Emotional Abuse

Blood Pressure Control

Dangerous to Self or Others

Exacerbations of Medical Conditions (e.g., RA, MS)

Fire Settings

Hemophilia

Medical Instability

Migraines

PVD

Respiratory Compromise

Recent Surgeries

Substance Abuse

Thought Control Disorders

Weight Control Disorder

**Thank you** so much for your assistance! If you have any questions or concerns regarding this patient's participating in equine-assisted activities, please feel free to contact HorsePower, Inc.

Sincerely,

HorsePower, Inc.

## Student's Medical History & Physician's Statement

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

\_\_\_\_\_

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

Braces/Assistive Devices: \_\_\_\_\_

*For those with Down Syndrome:* AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: - +

Neurologic Symptoms of Atlanta Axial Instability: \_\_\_\_\_

*Please indicate current or past special needs in the following systems/areas, including surgeries:*

Special Need	Y	N	Surgery/Date	Comments
Auditory				
Visual				
Tactile Sensation				
Speech				
Cardiac				
Circulatory				
Integumentary Skin				
Immunity				
Pulmonary				
Neurologic				

Muscular				
Balance				
Orthopedic				
Allergies				
Learning Disability				
Cognitive				
Emotional/Psychological				
Pain				
Other				

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that Colorado HorsePower, Inc. will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Colorado HorsePower, Inc. for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_