Today's Date:		
RideAbility	Participation Form	
REGISTRATION and Current Contact I		llowin
Name:		
Address:		
	Student/Client Sibli	ing
Phone: (Home)	(Cell)Parent of a client	
E	P. Care Attendant for a	ι clien
Class/Event participating in:	Group home staff	
Description of any special need:		1v1ty
Description of any special training:	noise careaexercise	4
Liability Release		em
	(print full name) would like	
	program. I have been informed of the Minnesota Equine Liability	
	for risks of horseback riding and working around horses. Howeve	
	my daughter/my custodial child are greater than the risk assumed.	
hereby, intending to be legally bound, for mysel	f, my heirs and assigns, executors or administrators, waive and rel	ease
Ç Ç	lity and - its Board of Directors, Instructors, Therapists, Aides, Ho	
	nd all injuries and/or losses that I/my son/my daughter/my custodi	al
	ility affiliated classes, activities and special events of any kind.	
Signature:	guardian must sign: Date:	
If under 18 years of age (or if not responsible for self) a	guardian must sign:	
Photo and Publicity Release		
I consent to and authorize the use and reproducti	ion of any and all photographs and any other audiovisual materials	S
	child for promotional material, educational activities or for any oth	er
use for the benefit of the RideAbility program or	<u>^</u>	
· · · · · · · · · · · · · · · · · · ·	Date:	
If under 18 years of age (or if not responsible for self) a	guardian must sign:	
Authorization For Emergency Medical Ti	reatment and Emergency contact information	
For Registered Student or Volunteer nam	ned above:	
Preferred Medical Facility:	Preferred Physician:	
CONSENT PROVISION: In the event emergency me	edical aid/treatment is required due to illness or injury during the process	
	the agency, I authorize RideAbility to secure and retain medical treatment	
	upon request to the authorized individual or agency involved in the med, hospitalization, medication and any treatment procedure deemed "life	ical
	e invoked if the client (student or volunteer) is unable to communicate.	
If under 18 years of age (or if not responsible for self) a	guardian must sign: Date:	
	moves all liability from RideAbility in making an emergency medical dec	
·		
RideAbility insurance does <u>not</u> include me Please provide personal health insurance		
	Policy Number:	
Date of last Tetanus Shot:	Phone number:	
	rnone number:	
Statement of Confidentiality Lunderstand the importance of respecting all individu	uals I work with in the RideAbility program. I agree to keep confidential	l all
	litions, behaviors and opinions of other persons I meet at RideAbility.	<u>.</u> a11
•	Date:	

Signature: ______ Date: ______

RideAbility Training completed (checklist on reverse side)

I have completed the RideAbility mandatory training & orientation. I understand the program's guidelines, rules and expectations.

Signature: _____ Date: _____

RideAbility training and orientation checklist:			
Program history and philosophy (Began in 1997, family cer			
Respect (People first philosophy – and all students, families and volunteers should be respected) Confidentiality (Oninions should stay here no gossin, do not not a long medical info gign a statement of confidentiality)			
 Confidentiality (Opinions should stay here, no gossip, do not pass-long medical info, sign a statement of confidentiality) Liability Release (MN Equine Liability Law protects volunteers from being liable for injuries, also general liability insurance) 			
Facility (Know where to park, watch your children, use garbage cans, locate: sound system, phone, first aid kit, lost & found)			
Refreshments (Water jug, soda for donations, bring your own			
Absences (Sign-off on white board ahead of time or notify the			
Bad Weather (Do not come if you feel unsafe, leave early if			
Volunteer Attire (Required: Sturdy shoes - no sandals, Reco			
Student Attire (Required: ASTM/SEI certified helmets & lor	•		
Barn requirement: all mounted riders will use ASTM			
Tack (Well fitted saddle, safety stirrups, halter with reins or b <u>Barn requirement: all mounted riders will use safety safe</u>			
Horse handling (Horses tied in the arena, no one is allowed in			
Teams (Posted on board, work with student before entering the			
Curriculum (Five week basic outline: 1-Evaluation 2-Safety			
Class time (Lesson plan flow: prayer, mounting ramp, warm-	1.0		
Side walker training (3 basic holds plus variations, learning about your student, constant feedback to program)			
Fundraising (1-Giving Letter 2-Annual Meeting 3-Barn Dane	ce 4-PonyUp 5-Raffle 6-RideAThons 7-Wine Tasting)		
TALL A DECLE AND A DATE OF THE ABOVE AND ADDITION OF THE ABOVE ADDITION OF THE ABOVE AND ADDITION OF THE ABOVE ADDITION OF THE	1 1'		
Volunteer self study completed through PATH Int	I. online		
<u>Liability Release</u>			
I:(student/vo	plunteer name) do take full responsibility for myself and my		
family while on the property, Promised Meadows Farm. I	agree to pay all medical expenses for myself and my family		
if I/we have any kind of accident while on this property. <u>I will do all I can to keep myself and others safe from</u>			
<u>physical harm while on this property</u> . I hereby, intending to be legally bound, for myself, my heirs and assigns,			
executors or administrators, waive and release forever all c			
and all injuries and/or losses that I/my son/my daughter/my			
by Jim&Jeanie Michelizzi (especially this farm located at 1	0038 County Road 5 NW Pine Island, MN).		
Signature:	Date:		
Minnesota Equine Liability Law			
Sec. 3 (604A.12) LIVESTOCK ACTIVITIES: IMMUNITY FROM LIABILIS Subdivision 1.Definitions.	TY.		
(a) For purposes of this section, the following terms have the meanings gi	ven them.		
	at are an integral part of livestock activities, including: (1) the propensity of		
	as on or around them, such as kicking, biting or backing; (2) the unpredictability of robjects, persons or other animals; (3) natural hazards such as surface or		
(c) "Livestock" means cattle, sheep, swine, horses, ponies, donkeys, mule	s, hinnies, goats, buffalo, llamas or poultry.		
	se of livestock, regardless of whether the activity is open to the general public, cludes: (1) livestock production; (2) loading, unloading or transporting livestock;		
	r parades; (4) livestock training or teaching activities; (5) boarding, shoeing or		
grooming livestock; or (6) riding or inspecting livestock or livestock e	quipment.		
	or provides the facilities for a livestock activity that is open to the general public. n a livestock activity. "Participant" does not mean a spectator who is in an		
authorized area.	Ta investock activity. Tarticipant does not incan a speciator who is in an		
Subdivision 2. Immunity from Liability, except as I	provided in subdivision 3, a nonprofit corporation,		
association, or organization, or a person or other en	ntity donating service, livestock, facilities, or		
equipment for the use of a nonprofit corporation, a	ssociation, or organization, is not liable of the death		
or an injury to a participant resulting from the inh			
Subdivision 3. Exceptions, Subdivision 2 does not apply if any of the following reasonable efforts to determine the ability of the participant to safely engage in the	exist: (1) the person provided livestock for the participant and failed to make e livestock activity, or to determine the ability of the participant to safely manage		
the particular livestock based on the participant's representations of the participal or should have known, that it was faulty to the extent that it caused injury or deat			
died because of a man-made dangerous latent condition and failed to use reasonal	ble care to protect the participant; (4) the person is a livestock activity sponsor and		
fails to comply with the notice requirement of subdivision 4; or (5) the act of omission of the person was willful or negligent. Subdivision 4. Posting Notice, A livestock activity sponsor shall post plainly visible signs at one or more prominent locations in the premises where the livestock			
activity takes place that include a warning of the inherent risks of the livestock ac			
I have read and/or been informed of			
Signature:	Date:		