



UpReach Therapeutic Equestrian Center, Inc.
153 Paige Hill Road, Goffstown, NH 03045
603.497.2343 FAX: 603.497.5367



Vocational Training Program Application

Today's Date: ____/____/____

PARTICIPANT INFORMATION

Legal Name: _____ Preferred Name: _____

DOB: ____/____/____ Gender: ☐M ☐F ☐Non-Binary Pronouns: _____

Race: ☐White ☐Black/African American ☐Asian ☐Hispanic/Latino ☐Other: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ ☐Check here if you want to opt out of mailing list

PARENT/GUARDIAN INFORMATION (if applicable)

Parent/Legal Guardian: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ ☐ I would like to opt out of general emails

In the event of an emergency please contact:

Name: _____ Relationship: _____ Phone: _____

How did you hear about the program? _____

Have you (or a member of your family) ever served in the military? ☐Yes ☐No If yes, who: _____

CONTACT INFORMATION

Best person to contact to set up interviews/scheduling: (i.e., parent, school counselor, etc.):

Name: _____ Relationship: _____ Phone: _____

Email: _____ Preferred method? ☐Phone ☐Email

DSP

Would you be planning to attend with a DSP? ☐Yes ☐No

If yes, what are the expectations of the DSP: _____

HEALTH HISTORY:

Disability: ☐Yes ☐No If yes, diagnosis: _____

Seizure: ☐Yes ☐No If yes, are seizures controlled: ☐Yes ☐No Seizure Type: _____

Precautions: _____

Dietary Restrictions: _____

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency)

Please indicate special needs in the following areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Sensory Impairment			
Speech			
Cardiac			
Circulatory			
Allergies			
Orthopedic			
Substance Abuse			
Boundary Issues			
Unpredictable Behavior			
Social Skills Problems			
Anxiety or Phobias			
Animal Abuse			
Fire Setting			
Physical Limitations			
Lack of Concentration			
Sexual Abuse			
Other			

Please provide additional information for the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION *(i.e., mobility skills such as transfers, walking, wheelchair use, driving/bus riding, etc.)*

PSYCHOSOCIAL FUNCTION *(i.e., work/school including grade completed, leisure interests, relationships/family structure, support systems, companion animals, fears/concerns, etc.)*

GOALS *(i.e., Why are you applying for participation? What would you like to accomplish and learn?)*

JOB HISTORY

Name of employer	Location	Years employed	Position

PREVIOUS HORSE EXPERIENCE

Do you have any previous horse experience: ☐Yes ☐No

If yes, please describe (include Brushing/tacking experience, length of time, skills):

To the best of my knowledge, the above-named person is capable of safely participating in supervised equine activities, which will include dismounted ground activities.

Signature: _____ Date: ____/____/____
Parent or Legal Guardian, if applicable

Printed name: _____

Relationship to participant: _____



UpReach Therapeutic Equestrian Center, Inc.



Release of Liability and Indemnity Agreement

This release and waiver of liability and indemnity agreement is made and entered into on this ____ day of _____, 20____ by and between UpReach Therapeutic Equestrian Center Inc. (herein after referred to as the "farm") and _____ (herein referred to as the "participant") and if the participant is a minor, participant's parent or legal guardian, _____, in return for the use today and on all future dates of the property, facilities, services, and horses of the farm, or the property, facilities and services of the farm if participant provides his/her own horse (as described below) the participant, his/her assigns, and legal representatives (collectively referred to as the "participant") hereby expressly agrees to the following:

1. The participant expressly acknowledges, understands, and agrees that the activities engaged in at the farm involves some inherent risk and involve the risk of serious injury and/or death and/or property damage.
2. The participant acknowledges, understands and agrees that the behavior and temperament of horses is unpredictable.
3. The participant attests that he/she does not have any physical condition or limitation that would prevent him/her from participating in the activities engaged in at the farm. It is the responsibility of the participant to carry full and complete insurance coverage on his/her horse, personal property and him/herself.
4. Participant agrees to assume full responsibility for any and all risks involved in or arising from participant's use of or presence upon the farm's property and facilities including, but not limited to, the risks of death, bodily injury, personal injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the availability of emergency medical care or the negligence of the farm or any agents, servants or employees thereof or another person.
5. Participant agrees to hold the farm and all of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees and agents complete harmless and not liable and hereby release, waive and discharge them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of actions, injuries, damages, costs or expenses arising out of participants use of or presence upon the farm's property and facilities whether or not caused by the negligence of the farm, including claims for consequential damages.
6. Participant agrees to indemnify, and defend the farm against, and hold it harmless from any and all claims, causes of action, loss and liability, damages, judgments, settlements, costs or expenses, including attorney's fees, which in any way arise from or are caused in whole or in part by participants actions, inactions, participant's property and/or horse(s), family and/or guests use of or presence upon the farm's property and facilities, including any negligence on the part of the farm.

7. Participant agrees to abide by all of the farm's rules and regulations.

8. If participant is using his/her horse, the horse shall be free from infection contagious or transmissible disease. The farm reserves the right to refuse a participant to ride his/her horse on the farm's premises if the farm deems the horse is not in proper health or is deemed dangerous or undesirable.

9. This Release and Waiver of Liability and Indemnity Agreement is made and entered into in the State of New Hampshire and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with state law, then that clause shall not affect the validity of any other clause. When the farm and participant and participant's parent or legal guardian, if participant is a minor, sign this Release and Waiver of Liability and Indemnity Agreement, it will then be binding on both parties subject to the above terms and conditions.

The Undersigned has read and voluntarily signs the Release and Waiver of Liability and Indemnity Agreement and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

By: _____ Date: ____/____/____
Parent or Legal Guardian, if applicable

Print Name: _____

Address: _____

Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Phone: _____



UpReach Therapeutic Equestrian Center, Inc.



PHOTO/VIDEO RELEASE

I hereby authorize the UpReach Therapeutic Equestrian Center, Inc. ("UpReach") to use my (or my child's/ward's) photographic or video image(s) in its web site, newsletter, or any other publication. UpReach may also distribute the image to newspapers, televisions or other media, including the internet, for use in advertisements, stories or news items pertaining to UpReach or its equine assisted programs.

I acknowledge that only UpReach is authorized to use the image(s). I am not giving my authorization for use of any image by any other organization, any other person or company. I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken, by submitting said revocation in writing and signed by me. I hereby release UpReach and its directors from any legal responsibility or liability for disclosure of the images.

If the person whose image is being used is under the age of 18, this authorization must be signed by a parent or guardian.

- ☐ I **DO CONSENT** to use of images as set forth above
- ☐ I **DO NOT CONSENT** to use of images as set forth above

Signature: _____ Date: ____/____/____
Parent or Legal Guardian, if applicable

DATA COLLECTION RELEASE

I acknowledge that UpReach Therapeutic Equestrian Center collects and exchanges anonymous data for the purpose of research and funding.

Signature: _____ Date: ____/____/____
Parent or Legal Guardian, if applicable



UpReach Therapeutic Equestrian Center, Inc.



EMERGENCY MEDICAL AUTHORIZATION

Participant/Volunteer Name: _____

In the event that emergency medical/aid treatment is required due to illness or injury during participation in UpReach Therapeutic Equestrian Center, Inc. programs, I authorize UpReach Therapeutic Equestrian Center, Inc. as follows:

Consent

I authorize medical treatment including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed 'life saving' by the physician. This provision will only be invoked if the person listed above is unable to be reached.

Consent Signature: _____ Date: ____/____/____
Parent or Legal Guardian, if applicable

Non-Consent

I **do not** grant consent for emergency medical treatment/ aid in the case of illness or injury during the process of volunteering services or while on the premise of UpReach Therapeutic Equestrian Center, Inc. In the event emergency treatment is required, I wish the following procedures to take place:

Non-Consent Signature: _____ Date: ____/____/____
Parent or Legal Guardian, if applicable



UpReach Therapeutic Equestrian Center, Inc.
Consent for the Release of Information



Participant Name: _____ Date of Birth: ____/____/____

I hereby authorize UpReach Therapeutic Equestrian Center, Inc. to release Vocational Training Reports to the following:

Name: _____ Relationship to participant: _____
Email: _____

Name: _____ Relationship to participant: _____
Email: _____

Name: _____ Relationship to participant: _____
Email: _____

Name: _____ Relationship to participant: _____
Email: _____

Name: _____ Relationship to participant: _____
Email: _____

*Please list all who should receive a copy of monthly progress reports, i.e., case managers, VR counselors, schoolteachers, other. If you need more than 5 slots, please contact instructor for another copy of this document. Not all 5 slots need to be filled.

**If a party would prefer a mailed copy, please provide mailing address in the email line.

Signature: _____ Date: ____/____/____
Parent or Legal Guardian, if applicable

Print name: _____

Relationship to participant: _____

COVID-19 Acknowledgement of Risk & Acceptance of Services

Name: _____

Parent/Guardian Name (if applicable): _____

I am aware of the inherent risks of contracting COVID-19 while participating in services at UpReach Therapeutic Equestrian Center, Inc. and acknowledge that said organization is doing everything they can to protect the public, as well as its' staff, participants, volunteers and guests. I am aware that face-to-face services may increase my risk of contracting and passing on COVID-19 and agree to hold harmless UpReach Therapeutic Equestrian Center, Inc., its' staff, volunteers, and all others I may come in contact with during the time of services.

I agree to follow all guidelines and policies required by UpReach Therapeutic Equestrian Center, Inc. including but not limited to:

- Perform a self-health check prior to arrival and cancelling services if you are not feeling well.
- I have not traveled outside of the country or via methods requiring quarantine by the State of NH or I have followed the appropriate State of NH travel guidelines (copy available upon request).
- Follow UpReach Therapeutic Equestrian Center Inc.'s policies for protection, social distancing, and hand washing/sanitizing as provided. These policies will be updated as deemed necessary by the organization.
- Follow UpReach's policies regarding mask wearing and social distancing.
- Hand washing/sanitizing is expected upon entering and exiting the facility.
- Access only those areas of the facility open to the public.
- Please notify UpReach if you have tested positive for COVID-19 or have been in close contact with someone that has tested positive with COVID-19 to ensure compliance with UpReach COVID Guidelines.

UpReach will engage in regular cleaning and sanitizing of riding/driving equipment, grooming supplies, and frequently touched areas as needed.

UpReach reserves the right to dismiss anyone who is unable or unwilling to adhere to these protocols or if it is suspected they have been in contact with and/or are exhibiting symptoms of COVID-19.

I agree to follow these policies and hold harmless all individuals associated with my participation in activities at UpReach Therapeutic Equestrian Center, Inc.

Participant or Legal Guardian Signature

Date

01122022 UpReach Therapeutic Equestrian Center, Inc. 153 Paige Hill Road, Goffstown, NH 03045

SharedDrive/Standard Documents/COVID 19/Covid-19 Acknowledgement Form