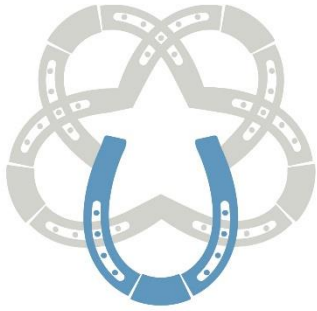


RIDER NAME: _____



BLUE SKY

Therapeutic Riding & Respite

RIDER PROFILE

This form is provided to instructors and volunteers as background information in order to best serve your rider.

(Picture of Rider Here)

RIDER NAME: _____ DOB: _____

GENDER: M/F AGE: _____ HEIGHT: _____ WEIGHT: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

MOTHER/GUARDIAN NAME: _____

FATHER/GUARDIAN NAME: _____

MOTHER CELL: _____ FATHER CELL: _____

BEST CONTACT EMAIL: _____

EMERGENCY CONTACT (OTHER THAN PARENT): _____

RELATIONSHIP TO RIDER: _____ EMERGENCY CONTACT CELL: _____

PRIMARY DIAGNOSIS (PLEASE DESCRIBE): _____

SCHOOL ATTENDING: _____

HOW DOES YOUR RIDER COMMUNICATE? _____

DESCRIBE YOUR RIDER'S MOTOR SKILLS: _____

DOES RIDER NEED HELP GETTING AROUND? _____ PLEASE DESCRIBE: _____

RIDER'S FAVORITE ACTIVITIES: _____

WHAT ARE ACTIVITIES THAT YOUR RIDER DOES NOT LIKE OR IS AFRAID OF? _____

HOW DOES YOUR RIDER GET ALONG WITH ADULTS? _____

HOW DOES YOUR RIDER GET ALONG WITH OTHERS WITH DISABILITIES? _____

ARE THERE BEHAVIOR PROBLEMS OR CONCERNS THAT YOU HAVE SPECIFIC WAYS OF HANDLING? WOULD YOU LIKE FOR US TO CONTINUE THIS? WE ASK BECAUSE WE FEEL BEING CONSISTENT IN OUR EXPECTATIONS OF THE RIDER IS ONLY FAIR. _____

IS RIDER COMPLETELY TOILET TRAINED? _____ CAN GO ALONE? _____

WIPES SELF? _____ NEEDS HELP OR SUPERVISION? _____

WORDS OR SIGNS RIDER USES TO INDICATE THEY NEED TO USE THE RESTROOM? _____

EATING HABITS:

NEEDS NO HELP: _____ NEEDS SOME HELP: _____ NEEDS MUCH HELP: _____

INSTRUCTION IF HELP IS NEEDED: _____

LEFT OR RIGHT-HANDED? _____ CHOKES EASILY? _____ CHEWS WELL? _____

CAN RIDER WASH HANDS INDEPENDENTLY? _____ NEEDS HELP? _____

SPECIFIC FOODS RIDER LIKES: _____

SPECIFIC FOODS RIDER DISLIKES: _____

FOOD ALLERGIES: _____

FEMALE RIDERS ONLY:

HAS RIDER BEGUN MENSTRUAL PERIODS? _____ CAN RIDER MANAGE W/OUT HELP? _____

NEEDS SUPERVISION? _____ NEEDS HELP? _____ WHAT KIND? _____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR RIDER TO MAKE THEIR EXPERIENCE EVEN MORE ENJOYABLE? _____

RIDER LAST NAME: _____ FIRST: _____ MI: _____

DOB: _____ GENDER: M / F AGE: _____

PHYSICIAN NAME: _____ OFFICE PHONE: _____

DENTIST NAME: _____ OFFICE PHONE: _____

ALLERGIES:

MEDICAL ALLERGIES: _____ REACTION/TREATMENT: _____

FOOD ALLERGIES: _____

OTHER ALLERGIES: _____

ANY HEALTH CONCERNS WE SHOULD KNOW ABOUT THAT WILL KEEP YOUR RIDER FROM FULLY BEING
ABLE TO PARTICIPATE IN ALL ACTIVITIES: _____

LIST OF CURRENT MEDICATIONS TAKEN: _____

HAS YOUR RIDER PARTICIPATED IN THERAPEUTIC RIDING BEFORE? _____

HOW LONG HAVE THEY BEEN RIDING? _____

IF NOT AT BLUE SKY THEN WHAT RIDING CENTER? _____

DOES YOUR RIDER ALREADY HAVE A CURRENT PHYSICAL ON FILE WITH BLUE SKY? _____

IF RIDER HAS PRIOR RIDING EXPERIENCE, DID THEY RIDE WESTERN OR ENGLISH? _____

DO YOU HAVE A STYLE PREFERENCE? ENGLISH or WESTERN

DID YOUR RIDER PARTICIPATE IN INDIVIDUAL OR GROUP LESSONS? _____

DO YOU HAVE A PREFERENCE? INDIVIDUAL or WITH A FRIEND

IF INDIVIDUAL PLEASE EXPLAIN: _____

****IF YOUR RIDER DOES NOT HAVE A PHYSICAL ON FILE WITH BLUE SKY, WE WILL NEED THE ATTACHED SPECIAL OLYMPICS ATHLETE MEDICAL FORM FILLED OUT AND SIGNED BY YOUR CHILD'S PHYSICIAN BEFORE THEY CAN PARTICIPATE IN THERAPEUTIC HORSEBACK RIDING. IF YOUR RIDER HAS A SIGNED S.O. MEDICAL FORM PLEASE ATTACH A COPY OF IT TO THIS FORM.**

BLUE SKY THERAPEUTIC RIDING & RESPITE

5098 US HWY 377 – AUBREY, TX 76227

WWW.BLUESKYTEXAS.ORG

469-450-9594

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Our Location:
5098 US HWY 377
Krugerville, Texas 76227

Our Mailing Address:
120 Stanley Drive #228
Aubrey, Texas 76227



BLUE SKY

Therapeutic Riding & Respite

Amy Gayhart
Board President
469-450-9594

Kristen Kromer
Board Secretary
940-3671888

RELEASE OF LIABILITY

Name of Participant: _____

Blue Sky Therapeutic Riding & Respite, its officers, members, employees, contractors, property owners and agents will not be responsible for any damages to person, animal or property at the Blue Sky facility or its grounds, nor will they be responsible for any property lost or destroyed. The undersigned rider/parent/guardian/volunteer hereby releases Blue Sky, its officers, members, employees, contractors, property owners and agents from any and all liability, claims and damages, injuries, whatsoever (including costs, expenses and attorney's fees) that might result from damages, injuries or losses to their person or property during, or in connection with, or arising out of any show, clinic, event or function, whether or not such damages, injuries, or losses result directly or indirectly from the negligent act or omission of such released parties.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN 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.

In exchange for the use of property owned by Blue Sky and other valuable consideration, I agree that my use of the premises and any animals, facilities, or equipment leased or owned by Blue Sky is at my own risk. I further agree to indemnify and hold harmless Blue Sky, their respective officers, members, employees, contractors, property owners and agents from any and all quits, actions, or claims of any type arising from my use of the premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties otherwise.

I acknowledge that riding and involvement with horses is a high-risk activity. I have read this agreement and fully understand its content.

PLEASE SIGN HERE: _____
(Adult rider or parent/guardian of minor rider/volunteer)

Date

****Riders cannot participate in any activity at Blue Sky without this signed form.**

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Therapeutic Riding & Respite

PHOTO RELEASE

I DO

DO NOT

Consent _____ to and authorize the use and reproduction by (Blue Sky Therapeutic Riding and Respite) 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: _____
Client, Parent or Legal Guardian

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. center is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____
(volunteer/staff/ parent/ guardian)



BLUE SKY THERAPEUTIC RIDING & RESPITE CLIENT EMERGENCY INFORMATION

(picture of client here)

Client Name:

Age:

Diagnosis:

Physical description (height, weight, hair color, anything to help emergency persons identify your child):

Please check the appropriate box:

- VERBAL
- NON- VERBAL
- SOME WORDS

Does this client tend to run when agitated?

- YES
- NO

Triggers that authorities should be aware of if an emergency arises (i.e. lights on an ambulance, the word "NO"):

(please feel free to use the back of this form if more information is needed).

Emergency Contact: _____ relationship: _____

Cell Phone Number: _____

Alternate Emergency Contact: _____ relationship: _____

Cell Phone Number: _____

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Board President
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Rider Fees Assistance Form

Our Blue Sky riding program is managed and maintained by 100% volunteer staff, lesson fees and donations from people who believe in the Blue Sky mission and results achieved through therapeutic horseback riding for those with disabilities.

Blue Sky is committed to never turning away any special needs rider for financial reasons. Our lesson fee is \$40/lesson/week. If \$40/week would be a burden on your family, then we ask for you to carefully consider what you would be able to contribute consistently and would work for your budget...no matter the amount. In a perfect world we would love to be able to offer our riding program for free, but the reality is we have bills to pay and horses that need to be taken care of. In order to do so we have to be able to project our budget in order to take care of expenses properly. For that reason we are asking for you to please fill out the following form.

Name of Rider: _____

- 1. We are able to contribute \$40 each week towards our lesson.**

Signature

Date

- 2. We have reviewed our financial budget and determined that it would be a hardship for our family to pay the \$40/lesson fee weekly.**

We will be able to contribute \$_____ weekly for lessons and request the balance of the \$40 lesson be covered by scholarships.

Signature

Date

Thank you for your careful consideration,
Blue Sky Therapeutic Riding & Respite Board of Directors