

**Helen Woodward Animal Center Equine Assisted Learning Program
Participant Registration & Release Forms**

Please Print Legibly



Participant Name: _____ DOB: _____

If Under 18, Parent/Guardian Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____

E-mail Address: _____

In case of emergency:

Contact #1: _____ Phone: _____

Contact #2: _____ Phone: _____

Name(s) of referring agency, mental health professional or educator:

_____ Phone: _____ Email: _____

_____ Phone: _____ Email: _____

_____ Phone: _____ Email: _____

How do you hope to benefit from this activity?

What strengths or skills do you have that will help you achieve success with this activity?

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Describe your experience with horses:

(Note: previous experience with horses is not necessary to benefit from this activity)

What challenges are you currently facing in your life?

Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Sleep Difficulties | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Anxious Mood | <input type="checkbox"/> Irritable Mood | <input type="checkbox"/> Comfort Eating |
| <input type="checkbox"/> Excessive Worrying | <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Poor concentration/Focus |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Relationship Stress |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Excess Energy | <input type="checkbox"/> Drug/Alcohol mis-use |
| <input type="checkbox"/> Loss of Interest | <input type="checkbox"/> Low self esteem | <input type="checkbox"/> Difficulty with self expression |

What other information do you want us to know that will be helpful to understand you?

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Liability Release

_____ (Participant Name) would like to participate in the Equine Assisted Learning program at the Helen Woodward Animal Center. I acknowledge the risks and potential for risks of horseback riding and or participating in un-mounted equine activities. However, I feel that the possible benefits to me/ my son/ my daughter/my ward are greater than the risk assumed. I understand that participating in Helen Woodward Animal Center's activities involves the risk of injury to me [or to my child under 18 years of age or person who is my legal ward], whether I [or my child under 18 years of age or someone who is my legal ward] or someone else causes it. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, including catastrophic injuries. In consideration of my [or my child under 18 years of age or person who is my legal ward] participation in the activities offered by Helen Woodward Animal Center, I, for myself [or on behalf of my child under 18 years of age or person who is my legal ward] understand and voluntarily accept the risks and agree that Helen Woodward Animal Center, its officers, directors, employees, volunteers, agents and independent contractors, will not be liable for any injury, including without limitation, any personal, bodily or mental injury, any economic loss or any damage to me [or my child under 18 years of age or person who is my legal ward] resulting from any negligence of Helen Woodward Animal Center or anyone acting on Helen Woodward Animal Center's behalf.

By signing below, I acknowledge and agree that I have read the statement above, understand the nature of the activities and risks, and agree to the terms.

Date: _____

Signature: _____

Print Name: _____

If Under 18:

Participants Name: _____

Relationship to Participant: _____