ALL STAR EQUESTRIAN FOUNDATION, INC.
P. O. BOX 892
MANSFIELD, TEXAS 76063
817-477-1437 FAX: 817-473-9175
Website: allstarfoundation.org

RIDER'S APPLICATION FORM (TO BE COMPLETED ANNUALLY)

Name _____Date of Birth ____/___/____ Age _____

Parent or Legal Guardian (if under 18 years of age) _____

Address _____City_____State_____ Zip _____

Home Phone _____Cell Phone _____ Work Phone _____

Email address (please print) _____

Medical Diagnosis or Special Concerns _____

Physician _____Phone _____Hospital _____

Health Insurance Provider _____Policy # _____

How did you hear about All Star? _____

----------HEALTH HISTORY----------

PHYSICAL FUNCTION (i.e. mobility skills such as transfers, ambulatory equipment, driving, bus riding, etc)

_____
_____
_____

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

_____
_____
_____

GOALS (i.e., why are you applying for therapeutic horseback riding? What would you like to accomplish?

_____
_____

And/or SEIZURE STATEMENT

Information required for all riders with any <u>seizure activity within last 10 years</u>:
Does rider have seizures now or has had seizures in the past ten years? ( )Yes ( )No

Date and type of last seizure: _____/_____/_____ _____

Typical aura/pre-seizure sensations or behaviors during seizures _____
_____
_____

Typical motor activity during seizure: _____

Average duration of seizures: _____ Current frequency of seizures:_____

Description of behavior during the recovery state and its duration: _____

Signature _____ Date: _____
(Rider, or if under 18 years of age – Parent/Legal Guardian

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name _____Date of Birth ____/___/____ Age _____

Parent or Legal Guardian (if under 18 years of age) _____

Address _____City_____State_____ Zip _____

Home Phone _____Cell Phone _____ Work Phone _____

Email address (please print) _____

Medical Diagnosis or Special Concerns _____

Physician _____Phone _____Hospital _____

Health Insurance Provider _____Policy # _____

Allergies to Medications: _____

Current medications _____

Medical condition requiring special precautions _____

IN THE EVENT OF AN EMERGENCY, CONTACT

Name _____Relation _____Phone _____

Name _____Relation_____ Phone _____

CONSENT PLAN

In the event of an emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of this agency in any type capacity, I authorize ALL STAR EQUESTRIAN FOUNDATION, INC. to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to authorized individual or agency involved in the medical emergency treatment. This authorization includes but is not limited to: x-ray, surgery, hospitalization, medication and/or any treatment procedure deemed "life saving" by the physician or attending medical personnel. This provision will only be invoked if the person or persons named above are unable to respond or if the parent or legal guardian named above is unable to be reached.

Signature _____Date _____
Volunteer (or Parent/Guardian if under 18 years of age)

NON-CONSENT PLAN

I DO NOT give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of this agency.

1. Parent, legal guardian, or person authorized to make medical decisions for me will remain on site at all times during equine assisted or related activities.
2. In the event of emergency treatment/aid is required; I wish the following procedure to take place:

Signature _____Date _____

Rider/Volunteer (or Parent/Guardian if under 18 years of age)

----------PHOTO RELEASE----------

PHOTO CONSENT

I hereby grant ALL STAR EQUESTRIAN FOUNDATION, INC.permission to take or have taken still and/or moving photographs and films including television pictures of (rider) _____ and consent and authorize the ALL STAR to use and reproduce the photographs, films and pictures, and to circulate and publicize the same, by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional material, books, and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signatures to this release other than the intention of ALL STAR to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding this corporation and its work.

Signature _____ Date_____

Rider, if under 18 years of age, Parent/Legal Guardian

PHOTO NON-CONSENT

I do not give my consent to ALL STAR EQUESTRIAN FOUNDATION, INC. to take or have taken still and/or moving photographs and films including television pictures.

Signature _____ Date_____

Rider, if under 18 years of age, Parent/Legal Guardian

----------RIDER LIABILITY RELEASE----------

I, the undersigned, adult student or Parent/Legal Guardian of _____,a minor rider, would like to participate at ALL STAR EQUESTRIAN FOUNDATION, INC, which is located on the grounds of C. A. MOORE PROPERTIES, INC. I acknowledge the risks and potential for risks of horseback riding. I understand that I/my son/daughter/ward, will be working with and around horses, as well as, riding horses at ALL STAR; however, I feel that the possible benefits to myself/my son/daughter/ward are greater than the risk assumed. I, the undersigned rider and/or parent/legal guardian, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waiver and forever release, acquit, discharge, and hold harmless all claims for damages, assigns of personal injuries and/or personal damages known or unknown, or in any way growing out of any activities assigned or related against ALL STAR EQUESTRIAN FOUNDATION, INC or C. A. MOORE PROPERTIES, INC., its board of directors, trustees, agents, instructors, employees, representatives, successors, assigns, volunteers, owners of the property on which either corporation listed above operates, for any and all manner of claims, demands, and damages of every kind or nature whatsoever, which rider may now, or in the future, have against these corporations.

Under the *Texas Law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional or farm owner or lessee is not liable for an injury to or the death of a participant in farm animal activities, including an employee or independent contractor, resulting from the inherent risks of farm animal activities.*

Signature _____ Date_____

Rider, if under 18 years of age, Parent/Legal Guardian

----------CONFIDENTIALITY POLICY----------

It is agreed and mutually understood that riders and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. ALL STAR shall preserve that right of confidentiality for all individuals in its program. The staff, riders, volunteers, and/or board members shall keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family. Information (written or verbal) will not be shared with anyone without the express written consent of the rider and/or their parent or legal guardian.

Signature _____ Date_____

Rider, if under 18 years of age, Parent/Legal Guardian

ALL STAR EQUESTRIAN FOUNDATION
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Website: allstarfoundation.org

Rider Rules & Regulations

I and my family understand and agree to abide by the following rules and regulations:

Safety Requirements

Individuals may not be allowed to participate in the program if any of the following situations occur:

1. Rider's physical condition is in any way exacerbated by riding or receiving services at ASEF.
2. An appropriate horse is no longer available for the Rider.
3. The Rider's behavior poses safety concerns for the Rider, Staff, Volunteer or Horse (at the discretion of the Instructor)

Rules and Regulations

(1) Riders/Guardians/Parents are required to sign a variety of forms annually, including but not limited to a photo release, liability release, emergency medical form, and attending physician form. All forms must be completed and signed **prior** to any participation at ASEF activities.

(2) If a Rider is under 18 years of age or has a legal guardian, a designated adult must be on the premises at all times while the Rider is on ASEF property unless prior approval has been obtained.

(3) *WARNING: Under the Texas Law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional or farm owner or lessee is not liable for an injury to or the death of a participant in farm animal activities, including an employee or independent contractor, resulting from the inherent risks of farm animal activities.*

(4) Off-limit areas are posted. For the safety of everyone, ASEF staff and volunteers will support this guideline. Designated viewing area is in the aisle of the arena on the bleachers. ASEF requests that all children are supervised while on ASEF premises. ASEF requests that the children not be allowed to run or make excessive noise in the aisle and that they do not play at the end of the arena by the driveway on the outside of the gates.

(5) **Personal pets are not allowed on property,** with the exception of service dogs.

(6) Any person mounted on a horse on ASEF premises is required to wear an ASTM-SEI approved riding helmet during all equine scheduled activity hours. Therapeutic riders are also required to wear same helmet anytime they are in the arena or doing groundwork with horses. Approved helmets are available at ASEF for rider's use. Riders with their own personal helmets are requested to get new helmets after their helmet is 5 years old.

(7) Photo releases are required paperwork and we ask that permission is requested before photos are taken of riders, parents, instructors, volunteers and/or staff.

(8) Riders should dress appropriately for horse related activities. This includes but is not limited to comfortable, **closed toe safe shoes/boots with preferably leather heel**, weather appropriate attire, sunscreen if applicable, etc.

(9) Out of respect for others, and during scheduled activities, riders, staff and volunteers will not be permitted to bring alcohol onto ASEF premises.

(10) Out of respect for others, no one will be permitted to bring drugs of any kind onto ASEF premises.

(11) Riders, staff or volunteers are requested not to wear revealing clothing or any clothing advertising alcohol, drugs, firearms, gang colors, sexual content, or other in appropriate subject matter.

(10) **NO SMOKING ON THE PREMISES** except in designated area in front of office (includes vapor smoking)

(11) For the safety and respect of others, NO weapons of any kind are permitted within the working area of scheduled activities.

(12) ASEF is private property. For admittance outside of operating hours, prior authorization is needed. Contact Veronica in the office.

(13) Violation of any of these rules may result in immediate termination from the program.

I have read and understand what is written and agree to rules and regulations set forth by ASEF. I understand and I am aware of the Texas Farm Animal Liability Act (item 3 above).

Printed Name of rider:	Date:
Signature of Rider (or parent/guardian if rider is under age 18)	

Revised 10/2022

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ALL STAR EQUESTRIAN Rider Policies

Punctuality: It is extremely important for a rider to arrive approximately 10-15 minutes prior to their scheduled session
Late Arrival policy: If a rider is late to the scheduled session time, ASEF cannot guarantee he/she will be able to ride. Horses may be untacked and volunteers released 15 minutes after the scheduled start time of the class. ASEF appreciates good communication.

Attendance/Cancellation/Fee Policy

ASEF will have the proper staff, volunteers and horse waiting for the rider's arrival. In order to maximize the rider's progress, it is critical that he/she attend all scheduled classes. Arriving late or missing classes impairs the rider's ability to progress, disrupts staff schedules, limits other riders' chances to get scheduled in classes and may affect agency coverage. It is important that we maximize our class times. *ASEF reserves the right to change this policy.*

Please note the following:

1. If you must cancel a class, please call the office at 817-477-1437 **24 hours or more in advance,** or if you know well in advance please write your name on the Absence Sheet in the office or on the tack room door.
2. For funded/scholarship riders, all cancellations made less than 24 hours prior to a class will result in a $25 cancellation fee billed on the following month's statement. *Agencies will not pay for missed class, so families need to be prepared to pay out of pocket.*
3. For private pay riders, unless the class was cancelled by ASEF or you have a major medical emergency or injury, you will still be required to pay for your class.
4. **Three cancellations in a row could result in the loss of your scheduled class time and/or scholarship. Fees may be waived with a Doctor's written excuse or a major medical occurrence.**
5. If you are returning after an injury or hospital stay, you **must** have a signed release from the attending doctor to return to ASEF services.
6. ASEF's schedule leaves little to no room for scheduling make-up lessons. Therefore, cancellations will not guarantee that a make-up lesson can be rescheduled.
7. For each semester, one half of the rider's fees are due the first day of the semester and the remaining one half is due halfway through the semester. A rider will not be allowed to start a new semester with an outstanding balance.

Weather Policy

1. ASEF will cancel classes in the event of hazardous road conditions or if there is a severe national weather service warning for Johnson County. In the event ASEF cancels classes, there will be no charge for classes that day.
2. In the event of a class cancellation due to inclement weather, ASEF will notify the rider or the Rider's representative. Please make sure that ASEF has a current phone number and email for notification purpose.

ALL STAR EQUESTRIAN FOUNDATION Age, Weight, Helmet and Boot Policies

Age Limitations

Individuals must be at least 2 years old to participate in ASEF's therapeutic horsemanship program.

Weight Limitations

At this time, we are unable to accept new riders over 200 lbs. Rider plus tack should not exceed 20% of the horse's weight, and ASEF is only able to accept riders according to the current string of special horses we have at any given time. Extenuating circumstances could prevail if a rider is evaluated and approved by ASEF staff.

Helmets

Every therapy rider whether mounted or working on the ground with their horse is required to wear an approved ASTM-SEI horseback riding helmet. Helmets are available for use at ASEF. If a rider owns their own helmet, it needs to be replaced every 5 years.

Boots/Shoes

Each therapy rider needs to wear boots or shoes with a heel and preferably leather sole while riding. This prevents their feet from slipping through the stirrups. If a rider is unable to wear boots or hard soled shoes, they may ride in specially adapted tack without stirrups. ASEF has a boot exchange with many sizes of boots available for use, check in the office.

I have read and understand what is written and agree to follow the policies and procedures set for by All Star Equestrian Foundation.

Printed Name of rider:	Date:
Signature of Rider (or parent/guardian if rider is under age 18)	

Revised 06/25/19

ALL STAR EQUESTRIAN RIDER *** ANNUAL MEDICAL RELEASE FORM

MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED

PART 1 – *TO BE FILLED OUT BY RIDER OR GUARDIAN*

A. Rider's Name _____ DOB_____ Age _____ Sex _____
Rider's Phone #: ( ) _____
Street Address _____ City _____State_____ Zip _____
Parent or Legal Guardian if applicable: _____ Phone Number: _____
B. Person to notify in case of an Emergency ( )Check here if it is the same as above
Name & Phone #: _____Relationship to Rider: _____
****

PART 2 – *****MUST BE FILLED OUT AND SIGNED BY PHYSICIAN*****

Participant's Medical History & Physician's Statement:

DIAGNOSIS: _____
Emotional or Psychiatric Disorder and onset: _____
Weight: _____ **Height:** _____ **Blood Pressure:** _____/_____

Please Check Appropriate Box:

Normal/Abnormal	Normal/Abnormal	Normal/Abnormal	Normal/Abnormal
( ) Vision ( )	( ) Cranial nerves ( )	( ) Skin ( )	( ) Reflexes ( )
( ) Hearing ( )	( ) Respiratory ( )	( ) Coordination ( )	( ) Neck Integrity ( )
( ) Verbalization ( )	( )Gastrointestinal( )	( ) Genitourinary ( )	

If any of the above are marked abnormal please explain:
_____
_____

*1. Down Syndrome ( )Yes ( )No
Cervical spine x-rays ( )Yes ( )No Date of last X-ray ___/___/____
Neurological symptoms of Atlantoaxial instability ( )Yes ( )None
*2. Catheter – Bladder ( ) Indwelling ( ) Outdwelling ( ) Intermittent
*3. Scoliosis or Spinal Curvature ( ) Yes ( )No **Degree of curvature:** _____
*4. Seizures/Epilepsy ( )Yes ( )No Controlled ( )Yes ( )No ( )New
Date of last seizure: ___/___/_____ Type of Seizure: _____
5. Does this person have rods in their back ( )Yes ( )No
6. Shunts ( )Yes ( )No ( )New
Date of Last Revision: _____
7. Heart disease/heart defect/chest pain ( )Yes ( )No ( )New
Surgery required: ( )Yes ( )No ( )New
8. Diabetes ( )Yes ( )No ( )New
9. Concussion or serious head injury ( )Yes ( )No ( )New
10. Major surgery or serious illness ( )Yes ( )No ( )New
11. Heat exhaustion or stroke ( )Yes ( )No ( )New
12. Blindness/major visual problem ( )Yes ( )No ( )New
13. Hearing Impaired-hearing aid ( )Yes ( )No ( )New
14. Serious Bone or joint disorder ( )Yes ( )No ( )New
If yes, what type: _____
15. Allergic to the following: Epipen on premises necessary ( )Yes ( ) No
Medicines/Foods_____
Insect bites ( )Yes ( )No Latex allergy ( )Yes ( )No
16. Asthma ( )Yes ( )No Controlled ( )Yes ( )No
Inhaler on premises necessary ( )Yes ( )No
17. Tendency to bleed easily ( )Yes ( )No
18. Date of last Tetanus _____/_____/_____
19. Wheelchair ( )Yes ( )No Walker ( )Yes ( )No
Braces ( )Yes ( )No Crutches ( )Yes ( )No
20. Missing limb ( )Yes ( )No If Yes, what limb _____

Current Prescription Medication

First Medication _____
Amount/Time _____
Date Prescribed ____/____/_____

Second Medication_____
Amount/Time _____
Date Prescribed ____/_____/_____

Third Medication _____
Amount/Time_____
Date Prescribed ____/____/_____

Fourth Medication _____
Amount/Time_____
Date Prescribed ____/____/_____

Fifth Medication_____
Amount/Time_____
Date Prescribed ____/_____/_____

Sixth Medication _____
Amount/Time _____
Date Prescribed ____/____/_____

Please check any of the following that apply:
Non Verbal ( )
HIV ( )
Hepatitis ( )

PLEASE RETURN ORIGINAL SIGNATURE OF MD, DO, NP OR PA *(NO FAXED SIGNATURES OR STAMPS ACCEPTED)*

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted services. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title (Please Print) _____ MD DO NP PA
Signature _____ Date: _____
Phone _____ License/UPIN Number:_____

Please return Original to All Star Equestrian by mail or given too Client:
P.O. Box 892, Mansfield, Texas 76063 817-477-1437 fax 817-473-9175