



Participant Information Sheet

Please fill out this application completely and accurately and return it to M.E.S.A.
PO Box 516, Pinedale, WY 82941

| M.E.S.A.PARTICIPANT | PARENTGUARDIAN/ INFORMATION |
|--|---|
| Name: _____ Date: _____ Age: _____ Date of Birth: ____/____/____ Male ___ Female ___ Height: _____ Weight: _____ Grade Level: _____ School Attending: _____ Address: _____ _____ Home Phone: _____ Cell Phone: _____ Email: _____ Diagnosis- Primary: _____ Secondary: _____ Details: _____ _____ _____ Primary language spoken/understood: _____ | Name: _____ Relation: _____ Address: _____ _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ |
| | EMERGENCY CONTACT INFORMATION (If different from Parent/Guardian Above) |
| | Name: _____ Relation: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ |

General Information

Favorite activities, hobbies or topics? _____

Favorite Color: _____ Favorite TV/Movie Characters: _____

Favorite Music: _____ Favorite Type of Animal or Have Pets? _____

Other Favorite Things / Interests: _____

Any fears or dislikes? _____

Family Do's and Don'ts: _____

Anything else we should know? _____

Has the participant ridden a horse? ___ Yes ___ No If yes, what kind? ___ Pony Ride ___ Western ___ English ___ Trail Ride

Please Explain: _____

Goals - MUST BE COMPLETED!!

What is (are) the participant's Life Goal(s)? _____

What would the participant like to accomplish while at MESA? _____

Recommendation (For New Participants Only): Name and contact information for counselor/professional who made the recommendation for the participant to join MESA? _____

Sensory Concerns

No concerns (If there are no concerns, skip ahead to **Cognition/Processing**)

Please mark applicable concerns below with an 'X':

Vision:

- Partially sighted/legally blind
 Totally blind

Please describe the amount of vision the participant has:

Hearing:

- Partial hearing loss
 Total hearing loss

Please describe how he/she best communicates:

Please describe sensitivities in the following areas:

Visual (seeing): _____

Auditory (hearing): _____

Olfactory (smelling): _____

Tactile (touching): _____

Proprioceptive (movement): _____

What sensory situations upset him/her? _____

Assistive technology used: _____

Physical Concerns

No concerns (If there are no concerns, skip ahead to **Sensory**)

Does the participant have difficulty with the following skills?

Mark with 'X' for yes:

- Sitting unassisted
 - For how long? _____
- Standing unassisted
 - For how long? _____
- Walking unassisted
- Running unassisted
- Using hands independently
- Releasing objects
- Bearing weight on hands
- Climbing stairs
- Bearing weight on legs

Have there been any seizures in the last year? Yes No

If yes, when? _____

Type of seizure? _____

Describe general balance: _____

Concerns with temperature: _____

Concerns with Pressure sores/ skin breakdown: _____

Shunt/catheters: _____

Concerns with Muscle spasms/tightness: _____

Concerns with Speech: _____

Hand/eye coordination: _____

Are you extra sensitive to the sun? Yes No

Endurance: _____

Are you extra sensitive to hot/cold temperatures?

Yes No

Primary means of mobility (i.e. power / manual wheelchair, cane, walker, etc)? _____

Transfers (please circle one):

No Assist

Partial Assist

Total Assist

Cognition and Processing No Concerns (if there are no concerns in the following areas, skip ahead to **Medical Information**)

Is the participant proficient in the following skills? Mark with an 'X' for yes:

Educational

- Knows numbers
- Knows letters
- Knows left/right
- Knows prepositions
- Communicates feelings
- Makes choices

Social

- Recognizes name
- Makes eye contact
- Waves: says hi/bye
- Shares toys/items
- Knows safety awareness
- Interacts with peers
- Appropriate conversation
- Takes turns
- Understands personal space

Language

- Makes sounds
- Says words
- Combines 2 or more words
- Speaks in complete sentences
- Understands "No"
- Letter sound identification
- Signs or uses gestures
- Uses picture symbols

Follows Directions: 1-step 2-step 3-step Complex

Attention to task: Poor (0-1 min) Fair (1-5 min) Avg (5 min) Good

Frustration Tolerance: Poor Fair Average Good

Problem Solving: Poor Fair Average Good

Learning Style: Visual/learns by seeing Auditory/learns by hearing Kinesthetic/learns by doing

**Behavioral & Emotional Concerns**

___ No Concerns (if there are no concerns in the following areas, skip ahead to **Sensory Concerns**)

Does the student have any behavioral or Emotional concerns? ___ Yes ___ No If yes, please explain _____

Show violence? ___ Yes ___ No If yes, please explain _____

Successful Intervention Strategies used (behavioral, rewards, consequences, etc.): _____

Medical Information Please list all medications the participant is currently taking. Attach additional pages if needed.

| Medication | Schedule | Reason | Side Effects |
|------------|----------|--------|--------------|
| | | | |
| | | | |
| | | | |

Allergies Please list ALL known allergies (foods, environmental, medications, animals, etc).

| Allergy | Reaction | Control Techniques/Medications |
|---------|----------|--------------------------------|
| | | |
| | | |
| | | |

Dietary Restrictions Please list any food restrictions.

Personal Care/Independence ___ No Concerns (if there are no concerns in the following areas, skip ahead to **General Info**)

M.E.S.A. does not provide personal care. If you or the participant needs assistance in the below areas, you will need to provide an aide/caretaker.

Will a care provider be attending the program with the participant? ___ Yes ___ No

Please circle the most appropriate answer:

| | | | |
|------------------|-------------|----------------|--------------|
| Toileting: | Independent | Partial Assist | Total Assist |
| Bladder Control: | Normal | Occasional | Incontinent |
| Bowel Control: | Normal | Occasional | Incontinence |
| Dressing: | Independent | Partial Assist | Total Assist |

M.E.S.A. THERAPEUTIC HORSEMANSHIP, INC.

EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE

AND ASSUMPTION OF ALL RISKS

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (the "Agreement") is hereby given by _____ on his/her own behalf OR as the parent or guardian of _____ to M.E.S.A. THERAPEUTIC HORSEMANSHIP, INC., a Wyoming not for profit corporation, as the equine activity sponsor (the "Sponsor"), and to each officer, director, agent, employee, volunteer, equine professional (as defined in the Act referenced herein), instructor, therapist, aide, heir, personal representative, successor and/or assign of the Sponsor (who also shall be included within the word "Sponsor") and agrees as follows:

In consideration for the opportunities provided by the Sponsor to the undersigned, including any minor or legal ward in whose behalf the undersigned signs this Agreement (collectively, the "Participant"), for the enjoyment of equine activities and the use of the Sponsor's facility and equipment, the Participant hereby agrees as follows:

1. This Agreement is given in part within the scope of the Wyoming Recreational Safety Act, Wyoming Statutes § 1-1- 121, et seq, and that I and/or the minor participant, assume all inherent risks related to the participation of such recreational activity. All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Sponsor the fullest protection of a release, waiver of claim and recovery, right to sue and assumption of all risks that is afforded by the Act, and by other applicable statutes and general law.

2. The Participant hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the dangers and/or conditions which are an integral part of equine activities which may cause, contribute to or result in the death or personal injury of the Participant or damage to the Participant's property (the "Risks"), including, but not limited to:

- The propensity of equines to behave in ways (such as, but not limited to, buck, stumble, fall, rear, bite, kick, run, and make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break) that may result in injury, harm, or death to persons on or around the equine;
- The unpredictability of an equine's reaction to sounds, sudden movement, persons, other animals, or unfamiliar objects.
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.
- The inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptiles, birds or insects, and the effects of such reactions.
- The dangers and risks of tack or harness, loosening, slipping or breaking for whatever reason.
- The dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity.
- The risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason.
- Any negligent act or omission by the Sponsor which causes or results in the death or personal injury of the Participant or damage to the Participant's property.

3. The Participant hereby expressly assumes all risks and dangers of injury, loss, damage or death which are in any way resulting from the inherent risks of equine activities and/or associated with the Risks enumerated in paragraph 2 above.

Initial: _____
Date: _____

4. The Participant hereby releases and waives all rights which he/she may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the inherent dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, and the right to sue or to bring any actions against the Sponsor in connection therewith. The Participant agrees to completely indemnify and hold the Sponsor harmless from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including medical costs and attorney's fees, which are occasioned by, or otherwise attributable to, matters for which the Participant has hereby assumed the risk and is responsible in accordance with this Agreement.

5. The Participant agrees to comply with all rules and regulations posted or otherwise communicated by the Sponsor. The Participant agrees that the Sponsor has made reasonable and prudent efforts to determine the Participant's ability to engage in the Equine Activity offered by the Sponsor and the Participant has disclosed all known physical and psychological conditions to Sponsor to assist Sponsor in evaluating the Participant for participation in the Equine Activity offered by the Sponsor.

6. The Participant agrees that mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the Participant in such activity as well as to the person or property of others.

7. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.

8. This Agreement shall be construed under Wyoming law in such manner as will render it, and each provision of it, fully enforceable; provided, however, that if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in Sublette County, Wyoming.

9. If this Agreement is executed by the undersigned for and on behalf of a minor Participant as named below, the undersigned hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Participant, his/her heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his/her own behalf.

10. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned.

WARNING

Under Wyoming law, an equine activity sponsor or 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.

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE NOT RELIED UPON THE SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

Print Name: _____ Date: _____

Signature: _____

FOR MINORS UNDER 18 YEARS OF AGE:

Print Name of Minor: _____ Date: _____

Address: _____

Phone Numbers: Cell (_____) _____ Home: (_____) _____



M.E.S.A. Therapeutic Horsemanship, Inc.

Physician's Statement

Date: _____

Dear Health Care Provider:

Your patient, _____, is interested in participating in programs with the M.E.S.A. Therapeutic Horsemanship (hereafter referred to as M.E.S.A.). In order to safely provide this service, M.E.S.A. requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to participation in some programs. Therefore, when completing this form, please note whether these conditions are present, and to what degree. Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in the selected programs, please feel free to contact M.E.S.A. at the address/phone indicated below.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion
Spinal Joint Instability/Abnormalities

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thoughts Control Disorders
Weight Control Disorder

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia

Other

Age – under 5 years
Indwelling Catheters/Medical Equipment
Medications – i.e. Photosensitivity
Poor Endurance
Skin Breakdown

Physician's Notes & Comments: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that M.E.S.A. will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to M.E.S.A. for ongoing evaluation to determine eligibility for participation.

Physician's Signature: _____ Date: _____

M.E.S.A. Therapeutic Horsemanship, Inc.

Physician's Statement

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + -

Neurologic Symptoms of Atlanto Axial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

| | Y | N | Degree of Impairment or Comments |
|-------------------------|---|---|----------------------------------|
| Auditory | | | |
| Visual | | | |
| Tactile Sensation | | | |
| Speech | | | |
| Cardiac | | | |
| Circulatory | | | |
| Integumentary/Skin | | | |
| Immunity | | | |
| Pulmonary | | | |
| Neurologic | | | |
| Muscular | | | |
| Balance | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning Disability | | | |
| Cognitive | | | |
| Emotional/Psychological | | | |
| Pain | | | |
| Other | | | |

Physician's Name & Title: _____ MD DO NP PA Other _____

Signature: _____ **Date:** _____

Address: _____

Phone: (_____) _____ License/UPIN Number: _____

Precautions and Contraindications for Equine Assisted Activities and Therapies

Please consider thoughtfully this brief list of conditions that may exclude individuals from participating in EAAT Activities provided by M.E.S.A. The severity of the Precautions will determine whether or not your child could participate safely. Contraindications will prevent any person from participating in the MESA program.

Please visit with the MESA director if you have any concerns.

| Precautions | Contraindications |
|---|--|
| <ul style="list-style-type: none"> - Challenging behaviors - Fatigue levels - Medical equipment - Paralysis below T-6 - Spinal Curvature, fixation/fusion - Poor balance - Seizures - Medications - Sensory limitations - Allergies | <ul style="list-style-type: none"> - Lack of physician's release for EAAT - Children under 3 years old - - Weight over 200 lbs. - - Atlantoaxial Instability - Inability to communicate pain - Poor head control - Persistent primitive reflexes - Low skin integrity on weight bearing surfaces - Females with indwelling catheters - Complete spinal cord injury above T-6 - Insufficient spinal mobility to accommodate the movement of the equine - Larger individuals who are unable to sit unassisted on a flat surface with a back rest |

Grounds for Dismissal from Program

Dismissal of a participant from M.E.S.A. may occur due to any of the following reasons:

- The inability of the program to sufficiently meet the participant's needs physically or mentally
- The presence of contraindications, and possibly precautions if severe enough, for the chosen activity
- If a participant becomes a danger to themselves, our staff, or our horses
- If a participant displays uncontrolled negative behavior that has potential to be unsafe
- The participant displays the inability or unwillingness to follow directions related to safety

During the first infraction, possible alternatives are discussed with the participant or parent/guardian with the program manager to best suit the needs of the participant. *Subsequent infractions are grounds for dismissal.*

All terms listed above are for the benefit and safety for all the participants, staff, volunteers, and horses in the program. I have read the above and understand the terms in which I or my child may be dismissed from the M.E.S.A. Therapeutic Horsemanship program.

Participant Name: _____

Signature: _____ Date: _____
Client or Parent/Legal Guardian

PHOTO RELEASE _____ **I DO** _____ **I DO NOT** consent to and authorize the use and reproduction by M.E.S.A. Therapeutic Horsemanship, Inc. of any and all photographs and other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of M.E.S.A. Therapeutic Horsemanship, Inc. including social media, newspaper ads, calendars, and photo books.

Participant Name: _____

Signature: _____ Date: _____
Client or Parent/Legal Guardian



Authorization for Emergency Medical Treatment

Participant's Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

In the event of emergency, please contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Consent Plan In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in M.E.S.A. Therapeutic Horsemanship programs, or while being on the property of the M.E.S.A. Therapeutic Horsemanship, I authorize the M.E.S.A. Therapeutic Horsemanship staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) listed above is unable to be reached.

Date: _____ Consent Signature: _____
Client (if 18 years or older), Parent or Legal Guardian

Non-Consent Plan I do not give my permission for emergency medical treatment/aid in the case of illness or injury during the process of participating in M.E.S.A. Therapeutic Horsemanship programs or while being on the property of the M.E.S.A. Therapeutic Horsemanship.

In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____
Client (if 18 years or older), Parent or Legal Guardian