



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

<p style="text-align: center;">M.E.S.A. PARTICIPANT</p> <p>Name: _____ Date: _____ Age: _____ Date of Birth: ____/____/____</p> <p>Male ___ Female ___ Height: _____ Weight: _____ Grade Level: _____ School Attending: _____</p> <p>Address: _____ _____</p> <p>Primary Phone: _____ Email: _____</p> <p>Primary Diagnosis: _____ Secondary: _____ Details: _____ _____</p> <p>Primary language spoken/understood: _____</p>	<p style="text-align: center;">PARENTGUARDIAN/ INFORMATION (Only fill out information if different from participant)</p> <p>Name: _____ Relation: _____ Address: _____ _____</p> <p>Primary Phone: _____ Alt. Phone: _____ Email: _____</p> <hr/> <p style="text-align: center;">EMERGENCY CONTACT INFORMATION (If different from Parent/Guardian Above)</p> <p>Name: _____ Relation: _____ Primary Phone: _____ Alt. Phone: _____ Email: _____</p>
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<p><u>Physical Concerns</u> ___ No concerns (If there are no concerns, skip ahead to <u>Sensory</u>)</p> <p>Does the participant have difficulty with the following skills? Mark with 'X' for yes:</p> <p>___ Sitting unassisted For how long? _____ ___ Standing unassisted For how long? _____ ___ Running unassisted ___ Using hands independently ___ Releasing objects ___ Bearing weight on hands ___ Climbing stairs ___ Bearing weight on legs</p> <p>Have there been any seizures in the last year? Yes ___ No ___</p> <p>If yes, when? _____ Type of seizure? _____</p>	<p>Describe general balance: _____ _____</p> <p>Concerns with temperature: _____ _____</p> <p>Concerns with Pressure sores/ skin breakdown: _____ _____</p> <p>Shunt/catheters: _____ Concerns with Muscle spasms/tightness: _____ _____</p> <p>Concerns with Speech: _____ Hand/eye coordination: _____ Is the participant extra sensitive to the sun? Yes ___ No ___ Endurance: _____ Is the participant extra sensitive to hot/cold temperatures? Yes ___ No ___ Primary means of mobility (i.e. power / manual wheelchair, cane, walker, etc)? _____</p> <p>Transfers (please circle one): No Assist Partial Assist Total Assist Not Sure</p>
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<p><u>Behavioral & Emotional Concerns</u> ___ No Concerns (if there are no concerns in the following areas, skip ahead to <u>Sensory Concerns</u>)</p> <p>Does the student have any behavioral or Emotional concerns? ___ Yes ___ No If yes, please explain _____ _____</p> <p>Does the participant show violence? ___ Yes ___ No If yes, please explain _____ _____</p> <p>Successful Intervention Strategies used (behavioral, rewards, consequences, etc.): _____ _____</p>
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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, if applicable: _____

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

Please check areas of concern or delay.

Educational

- Knowing numbers
- Knowing letters
- Knowing left/right
- Making Choices
- Communicating feelings

Social

- Recognizing own name
- Making eye contact
- Waving: says hi/bye
- Sharing toys/items
- Knowing safety awareness
- Interacting with peers
- Appropriate conversation
- Taking turns
- Understanding personal space

Language

- Making sounds
- Saying words
- Combining 2 or more words
- Speaking in complete sentences
- Understanding "No"
- Letter sound identification
- Signing 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

Medical Information If the participant is taking medication, please list any medications and their side effects that would be important to know during lessons.

Dietary Restrictions Please list any food restrictions.

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

Allergy	Reaction	Control Techniques/Medications

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 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

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?

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.

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 action 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 I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by MESA Therapeutic Horsemanship, Inc and my individual instructor. This may include, but is not limited to, waiting in my vehicle until I am asked to start the lesson either in person or via telephone; washing my hands prior to each lesson; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

10. I agree to cancel my services should I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my instructor once I have notified them of these risks in regards to my future services during this pandemic.

11. I am aware of the risks of contracting Covid-19 or other communicable diseases while receiving face to face services from MESA Therapeutic Horsemanship, Inc.

12. 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.

13. 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.

Participant Name: _____ **Date:** _____

Participant Signature: _____

Parent/Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____

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"> - 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 res - Violence to horses or volunteers

I acknowledge that my child does not have any of the Contraindications listed above that would jeopardize the safety of my child, other participants, or volunteers during MESA lessons or other MESA activities.

In addition, if my child does have any Precautions listed above, I have discussed the concern with the MESA Director prior to starting the 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 any other audio/visual materials take or me or my child for promotional material, educational activities, exhibitions or for any other use for the benefit of M.E.S.A., including the production of calendars & photo books as well as social media sites and newspaper publications.

Participant Name: _____

Signature: _____ Date: _____



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 program, 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: _____

Physician's Signature: _____ Date: _____

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

Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight*: _____
 Participant Address: _____ Phone: _____
 Diagnosis: _____ Date of Onset: _____
 Special Precautions /Needs: _____
This section MUST be complete. *M.E.S.A. horses are unable to carry riders over 200 lbs.

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			

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 Name & Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

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



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

Permission to Obtain & Release Information

Parent:

I request you to obtain and release information regarding your child, _____, please complete and return this form. If you have any questions, my contact information is provided below.

Name & Title of Contact Person	Address
Phone Number	Email

I, the undersigned, hereby request and authorize:	
School District or Public Agency:	Sublette Co School District # _____
Address:	
School District or Public Agency Contact Person:	SCSD# _____

I hereby release to or obtain from:	
Agency:	
Address:	
Agency Contact Person:	

Information Provided for:	
Name of Child:	Date of Birth:

Information Requested:
Official child academic/administrative records (identifying information, grade level completed, grades, class attendance records, and group aptitude and achievement assessment results)
Medical and/or related health records, including:
Special Education confidential file (Evaluation, Eligibility & IEPs)
Participation, development or implementation of the IEP and exchange of applicable agency documents.
Other (specify):

Purpose of Disclosure

This permission is valid for one year from the date signed. A copy of this form is as effective as the original.

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and the written revocation must be given to the agency/organization I authorized to release information. I recognize that records, once received by the school district or public agency, may not be protected by the HIPPA Privacy Act and economic education records protected by the Family Educational Rights and Privacy Act (FERPA). I also understand that my refusal to sign, such refusal will not interfere with my child's ability to obtain health care.

Signature	Relationship	Date