



Checked and Approved by:

\_\_\_\_\_

Date: \_\_\_\_\_

Rider Check List	___
Chimp Mail	___
Rider Contact	___
Rider Emergency	___
Quickbooks	___
Equiforce	___
Scanned	___
Attached	___
Ready to be Filed	___

\*Staff use only\*

## **New Kingdom Trailriders Rider Forms Checklist 2022**

\_\_\_\_ Student Registration Form

\_\_\_\_ Authorization for Emergency Medical Treatment

\_\_\_\_ Medical Release

\_\_\_\_ AAI Medical Release

\_\_\_\_ General Liability Release

\_\_\_\_ Mental Health History

\_\_\_\_ Photo Release

\_\_\_\_ Equine Liability Release

\_\_\_\_ Handbook Agreement

\_\_\_\_ Assumption of Risk Waiver

Date \_\_\_\_\_

# New Kingdom Trailriders STUDENT REGISTRATION FORM

Student Name \_\_\_\_\_

Primary Contact (Self/Parent/Guardian):

Name \_\_\_\_\_

Relationship to Student or Self: \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Secondary Contact:

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Student Diagnosis/What qualifies rider for the program \_\_\_\_\_

Student Age \_\_\_\_\_

Student Gender \_\_\_\_\_

Primary Method of Contact:    Phone            Email

Student's Riding Goals for 2021:

1.

2.

3.



# New Kingdom Trailriders Medical Release

## MEDICAL RELEASE

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

In my opinion, the individual named above, can participate in supervised equestrian activities. I have reviewed the listed precautions and contraindications. Considering the individual's mental and physical health, the following precautions need to be observed:

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## MEDICAL HISTORY UPDATE:

Please note any changes in patient's medical history over the year (i.e. major illnesses, surgeries, improvement or deterioration of health).

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## ADDITIONAL INFORMATION:

*(For the safety of our horses, if this information is not completed and initialed by the physician, we reserve the right to refuse services at New Kingdom Trailriders.)*

Rider height: \_\_\_\_\_ Physician initial: \_\_\_\_\_

Rider weight: \_\_\_\_\_ Physician initial: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name: (printed or stamped) \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## PRECAUTIONS

Hip subluxation/dislocation  
Scoliosis > 30  
Osteoporosis  
Hydrocephalus/Shunt  
Seizure disorders

## CONTRAINDICATIONS

Osteogenesis Imperfecta  
Atlantoaxial dislocation condition  
Total hip arthroplasty  
Spinal fusion  
Spinal instability  
Spinal chord injury above T12

# New Kingdom Trailriders

## AAI MEDICAL RELEASE

### **(FOR STUDENTS WITH DOWN SYNDROME ONLY)**

Rider Name: \_\_\_\_\_

Rider D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

I have completed a neurological exam examining for symptoms consistent with atlantoaxial instability (AAI) and focal neurologic disorder.

After completing the neurological exam, the individual named above does not reveal signs of AAI or decrease in neurologic function.

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

In my opinion, the individual named above may participate in mounted equine activities:

Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Additional Information:**

*(For the safety of our horses, if the height and weight information is not completed and initialed by the physician, we reserve the right to collect this information on-site, at New Kingdom Trailriders. Physician signature required.)*

Rider height: \_\_\_\_\_ Physician initial: \_\_\_\_\_

Rider weight: \_\_\_\_\_ Physician initial: \_\_\_\_\_

\*Physician's Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's comments:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# Mental Health History:

We strive to have an open space here at NKT and invite you to share some additional information with us, to allow us to better serve you.

\_\_\_\_\_ I have a personal mental health history. (If initialed, please see below)

\_\_\_\_\_ I do NOT have a personal history of mental health. (If initialed, please continue to next page)

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\_\_\_\_\_ I would like to disclose information about my mental health history. (If initialed, continue below)

\_\_\_\_\_ I would NOT like to disclose information about my mental health history. (If initialed, continue to next page.)

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Some of my symptoms are:

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Some of my triggers are, and my reaction looks like: (mental or physical)

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Some of my coping skills are:

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Some things I want to work on with my mental health are:

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**GENERAL LIABILITY RELEASE:** I, \_\_\_\_\_  
(Print participant's Name)

Would like to participate in New Kingdom Trailriders' Therapeutic Horseback riding program. I acknowledge the risks and potential for risks of horseback riding and agree to assume all risks of personal injuries and damages regarding involvement in the program. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. Therefore, in return for being permitted to participate and intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby forever waive and release all claims for damages against New Kingdom Trailriders, its Board of Directors, Property Owners, Sponsors, Instructors, Therapists, Aides, Volunteers, Visitors, Employees, Agents, or others on its behalf liable for any and all injuries and/or losses, I/my son/my daughter/my ward may sustain while participating in the New Kingdom Trailriders therapeutic horseback riding program and agree to indemnify them from all loss, expense, damages and costs they may incur by reason of any claim for damages brought against them. I have read, understand and agree to all of the terms of this liability release and indemnity agreement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Parent / Guardian Signature if Participant is under 18

**PHOTO RELEASE:**

\_\_\_\_\_ I consent to and authorize the use and reproduction by New Kingdom Trailriders, its advertising agencies, news, radio, and any other persons, of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward, for the promotional printed material, educational activities, exhibitions, newspapers, television, brochures, pamphlets or for any other use for the benefit of the program.

\_\_\_\_\_ I DO NOT consent to or authorize the use and reproduction by New Kingdom Trailriders, its advertising agencies, news, radio, and any other persons, of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward, for the promotional printed material, educational activities, exhibitions, newspapers, television, brochures, pamphlets or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Parent / Guardian Signature if Participant is under 18

# EQUINE LIABILITY RELEASE

## WARNING:

Under the Equine Activity Liability Act, adopted by the State of Illinois each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.

I, \_\_\_\_\_ (**Print Participant's Name**) would like to participate in New Kingdom Trailriders' therapeutic riding program.

I acknowledge that anyone engaged in this program as a staff member, rider, volunteer or bystander is assuming certain inherent risks that are an integral part of equine activities, including, but not limited to:

- (1) The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them.
- (2) The unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things.
- (3) Certain hazards such as surface and subsurface conditions.
- (4) Collisions with other equines or objects.
- (5) The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

Each participant who engages in an equine activity expressly assumes the risk of and legal responsibility for injury, loss or damage to the participant or the participant's property that results from participating in an equine activity.

Having read and understood the above description of the liability of equine activities, I agree to release New Kingdom Trailriders, its staff, volunteers, committees or board members from any liability except where negligence can be proven.

Date \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent or guardian's signature if participant is under 18 years old)



# New Kingdom Trailriders Policies and Procedures Agreement

I, \_\_\_\_\_ have received and read the NKT Rider Handbook. By initialing below, I indicate that I understand and agree with these NKT policies:

*Please initial:*

- \_\_\_\_\_ Rider Eligibility
- \_\_\_\_\_ Lesson Fees and Payment
- \_\_\_\_\_ Absence Policy
- \_\_\_\_\_ Lesson Cancellations
- \_\_\_\_\_ Financial Assistance/Scholarships
- \_\_\_\_\_ Riding Schedule/Lesson Availability
- \_\_\_\_\_ Lesson Description
- \_\_\_\_\_ Clothing Requirements for Riders
- \_\_\_\_\_ Rider/Parent/Caregiver Responsibilities
- \_\_\_\_\_ Refusal Policy
- \_\_\_\_\_ Parental/Caregiver Participation
- \_\_\_\_\_ Rider Opportunities
- \_\_\_\_\_ Barn Rules
- \_\_\_\_\_ Communication

Signed: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

