



Authorization for Emergency Medical Treatment Form

Rider Full Name: _____ DOB: _____ Age: _____
Best Phone: _____ Best Email: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Physician's Name: _____ Physician's Phone: _____
Health Insurance Company: _____ Medical Facility: _____

Allergies to medications: _____
Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize RED Arena to :

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

Consent Plan

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

Date: _____ Consent Signature: _____
Client, Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case off illness or injury during the process of receiving services or while being on the property of the RED Arena. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____
Client, Parent or Legal Guardian



Location: Dripping Springs or San Marcos

RED Arena, Inc.
1601 Bell Springs Rd, Dripping Springs, TX 78620
1708 Centerpoint Rd, San Marcos, TX 78666
512.807.6505 www.REDarena.org

Rider

Full name: _____ DOB: _____
Primary Physician: _____ Phone: () _____

Rider History

Diagnosis: _____
Onset date of diagnosis: _____
Precautions with diagnosis if any: _____
Height: _____ Weight: _____
Current Medications: _____
Medication Precautions if any: _____

Type of Seizures if any: _____
Date of last seizure: _____ Intervention if any: _____
Allergies: _____

Current Status

Expresses pain or discomfort: *with words with sign language with crying not able to express*
Feels hot/cold: *yes no* **Has bladder/bowel control:** *yes no* **G-Tube** *yes no* **Shunt:** *yes no*
Demonstrates violent outbursts: *never rarely sometimes* **For example:** _____

	Independent	Minimum Assistance	Moderate assistance	Maximum assistance	Not applicable
Moving from laying to sitting					
Moving from sitting to standing					
Standing balance					
Walking without assistive devices					
Walking with assistive devices					
Wheelchair mobility					
Walking on stairs					

Schedule options for weekly riding:

Previous riding experience:

Goals for riding:

Other PT/OT/Speech/Emotional Therapists goals for riding:

Participant's hobbies/interests:

***** Office use *****

Evaluation Date: _____ Paperwork complete/submitted: _____ Sched Options: _____

Single Leg Stance	
Trunk strength – sit-ups	
Trunk strength – prone ext	
Mount / Dismount	
Sensory Integration	
Helmet	

Therapist Recommendations: PT / OT / ST / TRI With: ____ HH ____ SW Pad / E or W saddle

Precautions:

LTG:

STG1:

STG2:

Supervising Therapist Date

Supervising CRI Date



Physician's Statement

Participant Name: _____ DOB: _____

Diagnosis: _____

Medications: _____

Type of Seizures (if any): _____

Ongoing referral for weekly PT / OT x 12 months.

Surgery : _____ Date: _____

Surgery: _____ Date: _____

Surgery: _____ Date: _____

Atlanto-Occipital stability has been confirmed by x-ray for patients with Down Syndrome.

I understand this patient would like to participate in equine assisted therapies and/or activities which involves being near and riding on horses. There are no restrictions or contraindications with regard to this patient's physical condition to limit participation in horseback riding with a licensed therapist or PATH certified instructor.

Concerns/precautions (if any): _____

Physician's Signature

Date

Physician's Printed Name



Waiver of Liability for RED Arena, Inc.

In consideration of my visiting and utilizing the land and facilities of RED Arena,

I (parent name) _____,

Legal Guardian of _____ (if parent signing for a minor) hereby

freely agree to and make the following contractual representations and agreements. I fully realize the dangers of participating near horses, in horseback riding, grooming, tacking, leading as well as participating in any and all activities at RED Arena including but not limited to reading, job training, volunteering, walking and camps. I fully assume the risks associated with such participation including, by way of example and not limitations, the following: the dangers of falling off and breaking a limb, collisions with other horses, golf cart use, fence posts, gates, other riders, other horses, fixed and moving objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions; the dangers of contact with biting insects, reptiles, and mammals; the dangers of participating in any play activity including drowning in the tank of the property; and the possibility of serious physical and/or mental trauma including death.

I hereby waive, release, and discharge for myself, my heirs, executors, administrators, legal representatives, assigns and successors in interest (hereinafter collectively termed "successor") any and all right and claims which I have or which may hereafter accrue to me against RED Arena, Jennifer Young, David Young, Board of Directors, any of their employees, contractors, volunteers, designates or heirs, any property owners, law enforcement agencies, all public entities, special districts and properties (and their respective agents, officials and employees) through or by which the events will be held for any and all damages which may be sustained by me directly or indirectly in connection with , or arising out of my participating with activities at RED Arena of travel to or from RED Arena.

I agree that it is my sole responsibility to be familiar with the arena and the programs that I am/my child is attending. I understand and agree that situations may arise during participating in activities at RED Arena that may be beyond the immediate control of the property owners and I must partake in any and all activities so as to neither endanger others or myself. I accept responsibility for the condition and adequacy of my horse equipment and any other related personal equipment used at Red Arena. While riding a horse at RED Arena and any of the adjoining properties being utilized or leased by RED Arena, I/ my child will wear an ANSI, SNELL, or ASTM rated helmet, properly affixed to my/my child's head, and I assume all responsibility and liability for the selection and fit of such a helmet.

I, (parent or adult rider) _____ fully understand the risks and choose NOT to wear a helmet/have my child wear a helmet during equine activities.

I have no physical or mental condition which to my knowledge would endanger myself or others if I participate in these events, or on these premises of RED Arena, or would interfere with my ability to participate in activities at RED Arena.

I agree for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for all the expenses (including legal fees) incurred by the other party or parties in defending his, her or themselves against my claim.

This agreement may not be modified orally and a waiver of any provision shall not be construed as a modification of any other provisions herein or as consent to any subsequent waiver or modification.

WARNING:

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN 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.

Date: _____

Signature of Adult Participating

PARENT OR GUARDIAN OF MINOR: I as parent or guardian of the below named minor, hereby give my permission for my child or ward to participate in activities at RED Arena, 1601 Bell Springs Rd, Dripping Springs TX 78620, and 1708 Centerpoint Rd, San Marcos, TX 78666, and further agree, individually and on behalf of my child to the terms of the above.

Date: _____

Signature of Parent or Guardian

Including all visitors with me on the property please fill in below :
Printed Names:

_____	_____
_____	_____
_____	_____
_____	_____

All persons participating on or near the horses must have an Authorization of Medical Treatment on file.