



## Veterans Group Registration Packet

Save the Registration Packet to your computer. Complete the three forms by TYPING the information in the document. Electronically Sign your name in the appropriate signature blocks. OR print, sign, and scan the document. EMAIL it to [info@prtr.org](mailto:info@prtr.org). No handwritten forms will be accepted. **Thank you!**

Packet received by: \_\_\_\_\_ (Promise Ranch staff member) Date: \_\_\_\_\_

### PARTICIPANT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Phone: \_\_\_\_\_

TEXT-Capable Phone: \_\_\_\_\_

*(required for receiving notice about cancellations due to weather)*

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

Referral Source: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ *\*For Mounted Horse Activities, weight limit is 175.*

#### Military Experience:

Branch \_\_\_\_\_ Years of Service \_\_\_\_\_

Injuries as a result of Service \_\_\_\_\_

Current Treatments or Therapies \_\_\_\_\_

Please describe your goals for participation in Veterans Group:

What do you feel is important for the group facilitator to know about you?

## Participant's Health History

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Please indicate current or past challenges in the following areas:

System	Current/Past Issue?	Comments
Vision		
Hearing/Auditory		
Sensation/Sensory		
Communication/Speech		
Heart		
Breathing		
Circulation		
Digestion/Elimination		
Behavior		
Emotional/Mental Health		
Pain		
Muscular		
Bone/Joint		
Thinking/Cognition		
Allergies		
Other		

Medications (Rx and OTC/homeopathic medication; name, purpose, dose, frequency):

  
  
  

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

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

## Authorization for Emergency Medical Treatment

Please complete in full – this form will be provided to first responders in the event of an emergency.

Participant Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Do you wear contact lenses? Y / N

Do you require an Epi-Pen? Y / N

Current Medications (Name, purpose, dose, frequency):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ (*indicate: Home | Cell | Work*)

TEXT-Capable Phone: \_\_\_\_\_

*(required for receiving notice about cancellations due to weather)*

Secondary Phone: \_\_\_\_\_ (*indicate: Home | Cell | Work*) \_\_\_\_\_

**Consent Plan:** In the event that 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 organization, I authorize Promise Ranch Therapeutic Riding to:

- 1) Secure and retain medical treatment and transportation if needed, including Flight for Life.
- 2) Release the ill/injured person's records upon request to the authorized individual or agency involved in the emergency medical treatment. This authorization includes X-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) listed above is/are unable to be reached in a timely manner.

**Consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Non-consent Plan:** I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property of Promise Ranch Therapeutic Riding.

- In the event emergency medical aid/treatment is required, I wish the following procedure(s) to take place:

**Non-consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Helmet Requirement**

I acknowledge that Promise Ranch requires me/my child to wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM STANDARD F 1163 equestrian helmet at all times during mounting, riding, and dismounting horses, because the helmet may prevent or reduce the severity of some head injuries. I also acknowledge that Promise Ranch strongly recommends that I wear the same protective headgear while around and working on the ground with horses.

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

### **Photo Release**

- I do ....
- I do not ..... consent to and authorize the use and reproduction by Promise Ranch of any and all photographs and any other audio/visual materials taken of me for media/social media, promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

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

### Confidentiality Agreement

I, \_\_\_\_\_, understand that I may be given, or may overhear sensitive information about participants while on the premises, and/or participating in the activities of Promise Ranch. I agree to use my utmost discretion if the need arises to discuss sensitive information about a participant with Promise Ranch instructors, volunteers, family members, board members, or any other individual otherwise associated with Promise Ranch. I understand that all information (verbal and written) given and overheard, is confidential, and I agree not to share it unnecessarily with anyone without the expressed written consent of the participant and/or their parent/guardian/spouse.

**Signature:** \_\_\_\_\_

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

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual named below (referred to as “I” or “me” or the “Participant”) desires to enter upon the premises of Promise Ranch Therapeutic Riding (“PRTR”), a Colorado nonprofit corporation, and to engage in the Activity (as defined herein). As lawful consideration for being permitted by PRTR to enter upon its premises and participate in the Activity, I agree to all the terms and conditions set forth in this agreement (this “Agreement”).

### WARNING:

**Under Colorado Law, 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, pursuant to section 13-21-119, Colorado Revised Statutes.**

1. The Activity. I desire to enter upon the premises of PRTR in order to: *(select all that apply)*
- Participate in Adaptive/Therapeutic Riding Lessons, Equine Facilitated Learning, Hippotherapy, or other therapies or similar services, as described more fully in the Registration Packet completed by me and attached to this agreement
  - Visit the PRTR premises without participating in any activities or receiving any services from PRTR
  - Provide volunteer services for PRTR, as described more fully in the Registration Packet completed by me and attached to this agreement
  - Other: \_\_\_\_\_

The activities described above, inclusive of any services provided by PRTR or its employees, volunteers, agents, or representatives associated with those activities, are collectively referred to herein as the “Activity”.

2. Acknowledgement of Risk. I understand and acknowledge:
- (a) that the Activity, including, without limitation, my mere presence at the PRTR premises whether or not any services are being provided to me, is an inherently dangerous activity due to the presence of horses and other domestic and wild animals, the presence of hazardous equipment and materials, the remote location of the PRTR premises, and other factors, without limitation;
  - (b) that engaging in the Activity necessarily creates a risk of serious injury, death, and/or property damage;
  - (c) without limiting the foregoing, that with respect to equine activities, as defined by C.R.S. § 15-21-119, equine activities are inherently dangerous and that no amount of care, caution, instruction, or supervision can eliminate such risks and dangers, known or unknown, which dangers include but are not limited to:
    - (i) the propensity of the equine to behave in ways that may result in injury, harm, or death to persons on or around the equine, which propensities include but are not limited to kicking, biting, striking, stomping, stumbling, rearing, and bucking;
    - (ii) the unpredictability of the equine’s reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals, and environmental conditions such as weather;
    - (iii) the susceptibility of equines to certain hazards such as surface or subsurface conditions;
    - (iv) the possibility of collisions with other equines or objects;

- (v) the potential for tack and/or other equipment to fail, resulting in falling or loss of control;
  - (vi) and the potential for 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;
- (d) that any injuries that I sustain may be compounded by emergency response or rescue operations and by other factors not in the control of PRTR; and
- (e) that I am entering the PRTR premises and participating in the Activity voluntarily and with full knowledge of the risks and dangers involved.

3. Assumption of Risk. Despite the dangers and risks described and acknowledged herein, I feel that the possible benefits of equine activities are greater than and outweigh all risks assumed. I fully understand and acknowledge that observing and/or participating in the Activity may not only involve risk of serious injury or death, economic loss, property damage or loss that may result from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others and/or the condition of equipment, the premises, or other property, and I voluntarily agree to assume this risk.

4. Waiver and Release of Liability. I hereby expressly waive and release any and all claims, now known or hereafter known, against PRTR and its officers, directors, employees, agents, volunteers, contractors, affiliates, successors, and assigns (collectively, "**Releasees**"), whether on account of injury, death, property damage, or otherwise, arising out of or attributable to my participation in the Activities and my presence on the PRTR premises, whether arising out of the negligence of PRTR or any Releasees or otherwise. I covenant not to make or bring any such claim against PRTR or any other Releasee, and forever release and discharge PRTR and all other Releasees from liability under such claims. I shall defend, indemnify, and hold harmless PRTR and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, incurred by/awarded against such indemnified party and arising out of or resulting from any claim of any third party related my participation in the Activities or my presence at the PRTR premises.

5. Safety Equipment and Instruction. I acknowledge that PRTR maintains strict policies for the use of helmets and other safety equipment appropriate for the Activity. I agree that I will use safety equipment as I may be directed by PRTR's representatives, therapists, and volunteers, at all times during my presence on the PRTR premises and/or during my participation in the Activity. Without limiting the foregoing, I agree that if the Activity involves the use or presence of horses, I will at all times wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM Standard F 1163 equestrian helmet. Furthermore, I agree and acknowledge that my safety and security, and the safety and security of others present on the PRTR premises, are dependent upon me following the express instruction and direction of PRTR's representatives, therapists, and volunteers, as relating to the conduct of the Activity, and I represent that I will follow all such reasonable instruction and direction to the best of my ability.

6. Effect of Signature by Guardian. If this Agreement is executed on my behalf by a person purporting to be my guardian or otherwise having the authority to enter into agreements on my behalf, such person shall be deemed to have entered into this Agreement both on my behalf and also in his or her own separate capacity, and all of the provisions hereof shall be deemed to bind both me and such other person. By signing this agreement, such guardian or person is representing and warranting that he or she has such authority to enter into this Agreement on my behalf and also that he or she agrees to be bound by its terms.

7. Miscellaneous. This Agreement constitutes the sole and entire agreement of PRTR and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Company and me and their and my respective successors and assigns (including successor guardians or successor conservators of mine). All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Colorado without giving effect to any choice or conflict of law provision or rule (whether of the State of Colorado or any other jurisdiction). Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Douglas County, Colorado and I hereby consent to the exclusive jurisdiction of such courts.

**BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

**PARTICIPANT:**

Name (print): \_\_\_\_\_

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

Emergency  
Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency  
Contact Phone: \_\_\_\_\_

**GUARDIAN OF PARTICIPANT (as applicable) AND WITNESS:**

*Guardian:*

Name (print): \_\_\_\_\_

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

*Witness:*

Name (print): \_\_\_\_\_

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

**Received by Promise Ranch Staff:**



**CONSENT, DISCLOSURE AND AUTHORIZATION FORM**

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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

As used in this form, the words “I,” “me,” “my” and similar references means the patient whose name appears above, or the parent, legal guardian or other legally responsible person on behalf of the minor or incapacitated patient named above.

**Acknowledgment of Receipt of Notice of Privacy Practices**

I have read and understand Promise Ranch’s HIPAA Notice of Privacy Practices, which contains information on the uses and disclosures of my protected health information (“PHI”). I understand that Promise Ranch has the right to change its HIPAA Notice of Privacy Practices from time to time and that whenever an important change is made, Promise Ranch will post a new notice in the office. I may contact Promise Ranch at any time to obtain a current copy of the HIPAA Notice of Privacy Practices. I may also access a copy on its website, [www.prtr.org](http://www.prtr.org).

**Consent to Use and Disclose Protected Health Information for Treatment, Payment and Health Care Operations**

I hereby consent and authorize Promise Ranch to use and disclose my health information, which includes all or any part of my medical records at Promise Ranch and any other information concerning my diagnosis or treatment, as well as demographic information, by and to its workforce members and to health care professionals, insurance companies, medical facilities, physicians and vendors or suppliers involved, or who may become involved, with my treatment, the payment for my treatment and/or the health care operations of Promise Ranch. I understand that, for example, my health information may be used or disclosed by Promise Ranch to: provide for my care and treatment; communicate among various health care professionals who are involved in my care or treatment; bill for and obtain payment for care and treatment provided by Promise Ranch; provide information to and obtain payment from my health insurance company or plan; assess and review the quality of my care; and conduct its business and health care operations. In addition, I understand Promise Ranch may release my protected health information as required by law or court order.

**Client Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Disclosures to Authorized Individuals**

I understand that Promise Ranch may release my PHI to a family member, friend, or other person I indicate is involved in my care unless I object. I designate the following person(s) listed below as a person or persons involved with my health care and/or payment for my health care (circle as applicable), to whom the information circled “yes” below may be released:

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

[indicate as applicable] **Health Info:** Yes  | No

**Payment Info:** Yes  | No

# CONSENT, DISCLOSURE AND AUTHORIZATION FORM

## Contact Information

I wish to be contacted in the following manner (Please check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Home Telephone<br>(h) _____     | <input type="checkbox"/> Detailed Message                | <input type="checkbox"/> Call Back Message Only |
| <input type="checkbox"/> Work Telephone<br>(w) _____     | <input type="checkbox"/> Detailed Message                | <input type="checkbox"/> Call Back Message Only |
| <input type="checkbox"/> Cell Telephone<br>(c) _____     | <input type="checkbox"/> Detailed Message                | <input type="checkbox"/> Call Back Message Only |
| <input type="checkbox"/> Mail to Home Address<br>(below) | <input type="checkbox"/> Mail to Work Address<br>(below) |   |

Mailing address: \_\_\_\_\_

I understand that if I have checked the box "detailed message," I agree that Promise Ranch may leave any of the following detailed messages at the indicated telephone number: appointment reminders, insurance/financial issues, and any other information regarding care/treatment.

## Consent and Authorization

***I have read and understand the terms of this document. I have had an opportunity to ask questions about the use or disclosure of my health information and about the contents of this form. I acknowledge, consent and agree to the terms and conditions of this document:***

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_

Authorized Individual (Parent/Guardian) Name \_\_\_\_\_

Authorized Individual Signature \_\_\_\_\_

Basis of Authority (parent, guardian): \_\_\_\_\_

### Use of Consent and Authorization

A copy of this consent and authorization may be used in place of the original.