



Promise Ranch Therapeutic Riding
6530 East Highway 86
Franktown, CO 80116
(303) 817-6531
www.prtr.org

Registration Packet

Save the Registration Packet to your computer. Complete the 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. **Thank you!**

Packet received by: _____ Promise Ranch staff member Date: _____

CLIENT INFORMATION

First Name: _____	Last Name _____	
Birth date: _____	Age: _____	Gender: _____
Marital Status: _____	Primary Language: _____	
Address: _____		
County of Residence: _____	SSN: _____ - _____ - _____	
Phone: _____	TEXT-Capable Phone: _____ <i>(required for receiving notice about cancellations due to weather)</i>	
Living Situation: <input type="checkbox"/> Independent Living <input type="checkbox"/> Immediate Family <input type="checkbox"/> Extended Family <input type="checkbox"/> Shared Housing <input type="checkbox"/> Residential Facility <input type="checkbox"/> Homeless <input type="checkbox"/> Other		
Referral Source: _____		
Emergency Contact: _____	Phone: _____	
Are you Military - Active Duty, Retired or Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a disability we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments: _____ _____		
Therapy Type: <input type="checkbox"/> MH Individual Therapy <input type="checkbox"/> SUD Individual Therapy <input type="checkbox"/> Group Therapy		

Presenting Problem: (What is the primary reason for therapy now? Describe current precipitating event, primary stressors, primary symptoms and functional impairment.)

Relevant Family/Social History: (Summarize relevant data regarding significant interpersonal relationships, including parents, children, siblings, education, work history, military history, current support system, family history of mental illness or substance abuse and major traumatic events/losses, adverse childhood experiences.)

Therapeutic/Treatment Goals: (What would you like to see change through the course of therapy?)

TREATMENT HISTORY

Previous outpatient mental health services? ___Yes ___No Where/When?

MH/SUD Diagnosis (if known):

Obtain Release of Information for records from above (as needed) ___Yes ___No

Previous crisis contact? ___Yes ___No

Number of crisis unit visits w/o hospitalization in past 6 months _____

Most recent date: _____

Previous psychiatric hospitalization(s)? ___Yes ___No

Number of hospitalizations: _____ Most recent date: _____

Previous residential treatment? ___Yes ___No

Name of Program _____ Length of Stay: _____

Risk Assessment:

Danger to self (Intent, Plan, Means):

Past:

Danger to others (Intent, Plan Means):

Past:

Additional Risk Factors: Check all that apply

Family History of Suicide	Animal Cruelty
History of Domestic Violence	Fire Setting
Sexual Abuse	Emotional/Physical Neglect
Adverse Childhood	Substance Abuse
Trauma or Loss in Family	Self-Injurious Behavior
Physical Abuse/Emotional Abuse	Access to Firearms (family, friends)
Inappropriate Sexualized Behavior	Influenced by Delusions/ Hallucinations
Impulsivity/Threatening Behavior	Severe Hopelessness

Comments:

MEDICAL HISTORY

Primary Medical Care Provider _____ None _____ Unknown

Last Physical Exam: Within Past 12 months NOT within past 12 months Unknown

Are there any health concerns (medical illness/symptoms)? _____Yes _____No (If so, please describe)

Has client had ANY allergic/serious reactions to medication(s)? _____Yes _____No (If so, please describe)

Does client have any NON medication allergies (Food, pollen, bee strings, etc.)? _____No _____Yes (If so, please describe)

List name of any medication(s) client is taking at this time. (List all current medications including Psychiatric, OTC, herbal and homeopathic. Include Start date/Dose/Frequency.)

Compliance issues? _____Yes _____No (If so, please describe)

CRIMINAL JUSTICE HISTORY

Probation Parole None

Probation/Parole Officer Contact: _____ Phone: _____

Obtain Release of Information for records from above (as needed) Yes No

Offense/Legal History: (include jail/prison facility)

SUBSTANCE USE HISTORY

1. Have you ever used alcohol or drugs (such as wine, beer, hard liquor, pot, coke, heroin, or other opioids, uppers, downers, inhalants)? Yes No
2. Do you consider alcohol or drugs to be a problem in your life? Yes No
3. Clean & Sober _____ Month(s) _____ Year(s)

Check all that apply in the last 6 months:

Alcohol	Designer Drugs (GHB, PCP, Ecstasy)
Amphetamine	Inhalants (Paint, Gas, Aerosols)
Cocaine/Crack	Marijuana
Opiates (Heroin, Opium, Methadone)	Tobacco
Hallucinogens (LSD, Mushrooms, Peyote)	Caffeine (Energy Drinks, Sodas, Coffee, etc.)
Pain Killers (Oxy, Norco, Vicodin)	Over the counter

Comments/Frequency of use:

CAGE Questionnaire

Have you ever felt like you should cut down on drinking or drug use? ____ Yes ____ No

Have people annoyed or criticized your drinking or drug use? ____ Yes ____ No

Have you ever felt guilty about drinking or drug use? ____ Yes ____ No

Have you ever felt you needed a drink or to use drugs first thing in the morning to steady your nerves or get rid of a hangover? ____ Yes ____ No

BILLING AND PAYMENT INFORMATION

Please complete in full – this information is given to our accounting department.

For Mental Health Individual Therapy Clients:

- Private Pay is billed at \$120.00/hour. (Sliding fee scale may be applicable.)
- If you have insurance, Promise Ranch will bill for you. We advise you ahead of time what your responsibility is likely to be for deductibles, denied services, co-pays or co-insurance percentages.
- You are required to pay any balances due upon receiving our invoices.
- You may call our billing office and put a credit card authorization on file, we will charge your card automatically for fees you are responsible for.
- No shows or late cancelations (less than 24 hour notice) are charged \$50 per individual session.

Signature: _____ Date: _____

Client: _____

Parent/Guardian Name(s) if applicable: _____

Billing Name (if different): _____

Billing Address: _____

City, State, Zip: _____ County: _____

Preferred Billing Phone: _____ Home: Cell: Work:

Preferred Billing Email: _____

Primary Health Insurance Name: _____

Primary Policy Number: _____

Secondary Insurance Information: _____

Secondary Policy Number: _____

Insurance Guarantor's Name and Date of Birth: _____

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: