Cincinnati Therapeutic Riding and Horsemanship
1342 U.S. Highway 50, Milford OH 45150
Phone: 513-831-7050/Secure Fax: 844-716-2708
www.ctrhohio.org

Rider Information and Consent Form 2023

Name: ____ Date of Birth: __________________________

____
Address City County State Zip

____
Email How did you hear about CTRH?

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 Cincinnati Therapeutic Riding and Horsemanship to:

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

In case of emergency, please print two names to contact:

____
Name Relationship Phone

____
Name Relationship Phone

Physician's Name: ______________________________Phone: _____________________
Preferred Medical Facility: ____
Is there a Third Party Payer (CCDD, etc.)? ____

Do you receive Medicaid? ______________ If yes, what type? _____________________

Consent Plan: 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 below is unable to be reached.

Consent Signature: ____ Date: ___________________
Rider/Parent/Guardian/Caregiver
Print Name ____ Phone: _________________

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

____
____

Non Consent Signature: _____________________________________ Date: __________________
Rider/Parent/Guardian/Caregiver OVER →

Does applicant have any fears we should know? (i.e., falling, fear of heights, animals, etc.)

____

Does applicant have any history of animal abuse? (if yes, please explain)

____

List any medical conditions which might be relevant in an emergency. (i.e., bee sting, allergy, heart condition, etc.)

____

Please list any additional information that would be helpful for our instructors and volunteers? If you are a returning rider please list any changes the CTRH staff need to be aware of. (i.e., change of medications, surgeries, etc.)

____

Release of Liability

I, ___________________________________, a rider, parent or legal guardian of a rider, would like to participate in the Cincinnati Therapeutic Riding and Horsemanship Program. I acknowledge that risks are inherent in horseback riding and equine activity. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive, release and exonerate Cincinnati Therapeutic Riding and Horsemanship, its Trustees, Board of Directors, officers, instructors, therapists, aides, volunteers, independent contractors and/or employees from any and all tort and civil liability, damages and claims arising from or related to all activities associated with Cincinnati Therapeutic Riding and Horsemanship, including but not limited to any injuries and/or losses I/my son/ daughter/ward may sustain while participating in Cincinnati Therapeutic Riding and Horsemanship. I understand that some of the inherent risks in equine activity include, but are not limited to:

A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
C. Hazards, including, but not limited to, surface and subsurface conditions;
D. A collision with another equine, another animal, a person, or an object;
E. 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.

I agree that I have been given sufficient time to read, understand and ask questions, if any, concerning the nature and scope of the Voluntary Waiver and Release Agreement.

______________________________ Date

____ Participant Signature

____ Parent/Guardian/Caregiver (if participant is a minor)

Photo Release: I do_______ I do not_______ consent to and authorize the use and reproduction by Cincinnati Therapeutic Riding and Horsemanship of any and all photographs and any other visual materials taken of me/my son/ daughter/ward for promotional printed material, educational activities or for any other use for the benefit of the program.

______________________________ Date

____ Signature of Rider/Parent/Guardian/Caregiver

COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

AS OF MAY 12, 2020 – REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS AND CLIENTS.

I, ________________________________, am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Cincinnati Therapeutic Riding and Horsemanship (CTRH); attending an event; and/or receiving face-to-face services from CTRH during the time of a pandemic outbreak, and /or Ohio Governor Mike DeWine's declaration of Responsible Restart Ohio.

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 Coronavirus or other disease or illness and agree to release, indemnify and hold harmless CTRH and its officers, managers, agents, employees, volunteers, participants and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization, from any and all claims, demands, causes of action or damages resulting or related in any way to such receiving of services, providing services, attending an event or volunteering at or through CTRH.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Governor DeWine, as well as my individual provider or practitioner. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective a mask and gloves as needed.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, 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 provider once I have notified them of these risks in regards to my future services or attendance during this pandemic.

CTRH will engage in regular cleaning and sanitizing of the facility, horse tack, grooming supplies and office, restrooms, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from CTRH.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: ____ DATE: _______________________

IF SIGNING ON BEHALF OF YOUTH UNDER AGE 18, PLEASE PROVIDE NAME(S) OF ALL YOUTH THIS APPLIES FOR:

____ (Participant Name)

Participant Demographic Information

Cincinnati Therapeutic Riding and Horsemanship is a nonprofit organization supported by philanthropic contributions. Many grant applications request anonymous demographic information be included. Your assistance is greatly needed to help maintain management programming fees. Every participant is asked to complete the following information, which will be kept confidential and used only for the purpose of securing philanthropic support.

Participant fees cover a small percentage of the total costs of programming and services. These fees are offset by philanthropic contributions from individuals, corporations, foundations/grants and other generous investors.

Participant Date of Birth: ______/______/______ Age: _________

Gender: ___ Male ___ Female

When did participant first start coming to CTRH? ____

County and State of Residence: ____

Diagnosis: ____

____

Ethnicity: ___ White/Caucasian ___ Hispanic Origin ___ Black/African American

___ American Indian ___ Asian/Pacific Islander ___ Other: ___________

Household Income: *grantors often ask about anonymous income data to determine the amount of funding to award CTRH*

___ Less than $25,519

___ $25,520 - $34,479

___ $34,480 - $43,439

___ $$43,440 - $52,399

___ $52,400 - $61,359

___ $62,360 - $70,319

___ $70,320 - $79,279

___ $79,280 - $88-239

___ $80,240 - $99,999

___ $100,000+

___ Prefer Not to Answer

Total Number in Household: ____ Total Number under age 19 in household: ___

Self / Parent / Guardian Occupation: ____

Self / Parent / Guardian Employer: ____

Does Employer offer Matching Gift Program? ___ Yes ___ No

Would you consider requesting a Matching Gift for CTRH in the future? ___ Yes ___ No

Does Employer provide grants and/or sponsorships in support of nonprofits? ___ Yes ___ No

Would you consider working with CTRH to request a grant or sponsorship from Employer? ___ Yes ___ No

If yes, please share your contact information: ____

Form Completed by: ___ Self ___ Parent/Guardian ___ Spouse ___ Aide

Form Completed on Date: ______/______/______