

*Rescue me not only with your hands but with your heart...I will respond to you. Rescue me not because of my past but because of my future... I will relax and enjoy. Rescue me not simply to save me but to give me a new life...I will appreciate your gift. Rescue me not with a hidden agenda but with a desire to teach me trust...I will be loyal and true. Rescue me with true love in your heart...I will give you these things all the days of my life. By Terri Onorato. dedicated to Country my first "rescue".*

*Dear Prospective Cranberry Sunset Farm Rider and Parents,*

*Welcome to our program! We are delighted at the prospect of working with you and your family to provide the unique benefits of riding. Please fill out the attached forms. Once we receive and review all forms we will assess each participant's needs and help place them in an appropriate group. This form also contains a list of conditions that may suggest precautions or contraindications to horseback riding.*

*Any questions about the program, or you wish to arrange a visit, please contact Leslie Ballotti [leslieballotti@hotmail.com](mailto:leslieballotti@hotmail.com) or 860 930 4301*

*Sincerely,*

*Leslie Ballotti*

## ENROLLMENT GUIDELINES

The goal of Cranberry Sunset Farm Therapeutic Riding is to provide a safe, effective, and enjoyable lesson each time we put a rider on a horse. Therefore, we ask that you carefully review the following enrollment guidelines. They have been established by Cranberry Sunset Farm and the North America Riding for the Handicapped Association, which governs over 600 therapeutic riding programs in the United States.

### **Student Must:**

Complete all forms and have the Liability Release form signed by a witness

A physician statement must also indicate that participant can ride with the seizure-disorder

Have ability to assume sitting posture and tolerate movement

Have ability to make eye contact or interpret commands

Have sufficient tolerance and attention span to benefit from 20 min of sustained activity

### **Contraindications to Participation:**

Some Seizure disorders

Atlanto-Axial instability

Uncontrolled behavior, loud outbursts and/or unmanageability

Open sores

Unstable spine

Serious heart condition

Spontaneous fractures or recent fracture

Severe allergies

Acute arthritis

Obesity

Inability to safely transfer from ramp to horse

Dislocation of the lens of the eye

Recent surgery without physician's release

## BASIC RULES

Walk when on the premises

Use appropriate voices and avoid sudden movements particularly near the horses

No gum or candy while riding or while in riding arena

Wear appropriate clothes and shoes for riding. Avoid loose or floppy items

Wear a currently ASTM-SEI approved helmet for all riding and stable activities

Do Not approach or feed any AniniR1 unless accompanied by Cranberry Simset Farm instructor or volunteer

Prior to lesson inform instructor of any changes in rider's medical condition

Those waiting please remain outside the riding arena and ask permission for flash photography

### Liability Release-required

\_\_\_\_\_ (participants name) would like to participate in the Cranberry Sunset Farm therapeutic riding program. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Cranberry Sunset Farm and E.A.R.S., its Board of Directors, Instructors, Therapists, Aids, Volunteers and Farm owner and members for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. This hold harmless agreement shall extend to all activities engaged in including but not limited to equine assisted therapy and horseback riding.

**I have read and understood the foregoing and fully consent to the provisions contained herein:**

\_\_\_\_\_ Dated \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Dated \_\_\_\_\_

Print Name \_\_\_\_\_ \*Witness must be non-farniiy member over 18y

## RELEASE OF LIABILITY FOR CRANBERRY SUNSET FARM LLC

I, the undersigned, hereby affirm that I voluntarily sign this document, and that I understand it to be a contract which releases liability related to my participation in the activity of horseback riding at Cranberry Sunset Farm, LLC\_\_\_\_\_ (Initial).

**WAIVER:** I voluntarily agree to assume all risk of injury or death while at the premises of Cranberry Sunset Farm LLC and waive all claims related to liability for damage incurred at the premises, or while undertaking horseback riding. I hereby waive any claims or right to file suit and release Cranberry Sunset Farm LLC, and Leslie Ballotti, Geoff Ballotti, and all of its owners, officers, land owners, employees, and agents, for any reason arising out of the business of horseback riding and visiting the farm.

**ACKNOWLEDGEMENT OF RISK:** In doing so, I acknowledge that I am assuming all risks related to the activities surrounding horses and horseback riding, and I further acknowledge that I understand such risks include injury, harm or death to both my person and my property, and to guests of mine on the premises. I further understand that such risks includes the risk that this damage or injury may be caused by negligence, including my own negligence, and the ordinary negligence of others on the premises, which includes the ordinary negligence of agents, employees, instructors, or assigns of Cranberry Sunset Farm LLC, Riding at Cranberry Sunset Farm LLC, Leslie Ballotti, and Geoff Ballotti.

I agree that I have been informed that the inherent risks involved in riding and working around horses include bodily injury from using , riding, or being in close proximity to horses, among other risks, and further, that both horse and rider will be injured in normal use, riding ,caretaking, competition and schooling, including risks such as, but not limited to : The propensity of equines 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 such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (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 ability. I further understand that variations in terrain, and hazards in surface and subsurface conditions can also cause risk for those who participate in the activity of horses and horseback riding. I agree to assume all such risks and waive any claims related to these risks.

I have read the safety rules posted by Cranberry Sunset Farm LLC and agree to abide by them. I have carefully read this contract and fully understand its contents. I am aware that I am releasing legal rights, and in so doing, voluntarily agree to release these rights. I further understand that this contract is binding on myself, my family,

and any executor or guardian or power of attorney or anyone else who attempts to file a claim which has as its basis, an injury to myself or my property or to anyone related to my use of the premises.

Warning: Under Massachusetts 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 2D of chapter 128 of the General Laws.

I acknowledge that I have been informed of the law in Massachusetts concerning the limitation of liability for equine professionals.

Circle one: Rider          Instructor          Volunteer

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date of Birth (under 18) \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Photo Release Signature \_\_\_\_\_

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS.

### BASIC FARM RULES

Prior to lesson inform instructor of any changes in behavior or medications

Approved ASTM-SEI helmet required for riding. Wear appropriate shoes. Avoid loose, floppy clothing

Don't approach or feed any animal on the farm unless accompanied by Cranberry Sunset Farm staff

Walk while on premises, use appropriate voices (no screaming), and avoid sudden movements around horses

## Participant's Application and Health History

### GENERAL INFORMATION

Participant: _____			
DOB: _____	Age: _____	Height: _____	Weight: _____ Gender: M F
Address: _____			
_____			
Phone: _____	E-mail _____	Alternative #: _____	

Participant's Employer/School: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

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

\_\_\_\_\_

Phones: \_\_\_\_\_ // Home Cell Phones: \_\_\_\_\_ // Home Cell

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

How did you hear about the program? \_\_\_\_\_

### HEALTH HISTORY

Diagnosis \_\_\_\_\_ Date of onset \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

**MEDICATIONS** (include prescription, over-the-counter, name, dose and frequency)

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Describe your abilities/needs in the following areas (include assistance required or equipment needed):

**PHYSICAL FUNCTION** (Le, Mobility skills such as transfers, •sval16lig.. wheelchair use, riding):

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**PSYCHO/SOCIAL FUNCTION** (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animal, fears/concerns, etc)

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**GOALS** (Le, Why are you applying for participation? What would you like to accomplish?)

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- Would you be willing to take your child out of school early one day a week in order to participate in our program? \_\_\_\_\_
- In addition to riding, some students also choose to participate in unmounted sessions learning horsemanship skills and animal bonding. Please check here if you are interested in these programs \_\_\_\_\_

## Participant's Medical History & Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_

For those with Down Syndrome: AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + -

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

*Please indicate current or past special needs in the following systems/areas, including surgeries:*

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

In my opinion, this patient can receive riding instruction under appropriate supervision. In conjunction with the riding program, I concur in the referral of the patient to the staff physical therapist for evaluation and/or treatment of his abilities and/or limitations in performing exercises and in implementing an effective therapeutic riding program. Should direct physical therapy services be warranted, the following modalities may be included: neuromuscular re-education, neuromuscular facilitation, therapeutic exercises and activities, gross and fine motor coordination, sensory integrative activities, ADL training and balance training.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_