

Registration and Release Form

Participant: _____ DOB:_____

Parent/Legal Guardian: _____

Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Loss Circumstances: (death, life limiting illness, accident, other)

_____

Your relationship to participant: (self, spouse, child, sibling, parent, friend)

_____

Was counseling and/or therapy utilized prior to, during and/or following the loss circumstance? _____ If so, was it helpful? _____

Would it be helpful for the counselor/therapist involved to be a part of one or more Mane Support sessions? _____. If so, please list their names and phone numbers.

_____

_____

I, _____, give my permission for the staff of Mane Support to contact the above named counselor/therapist.

_____ _____

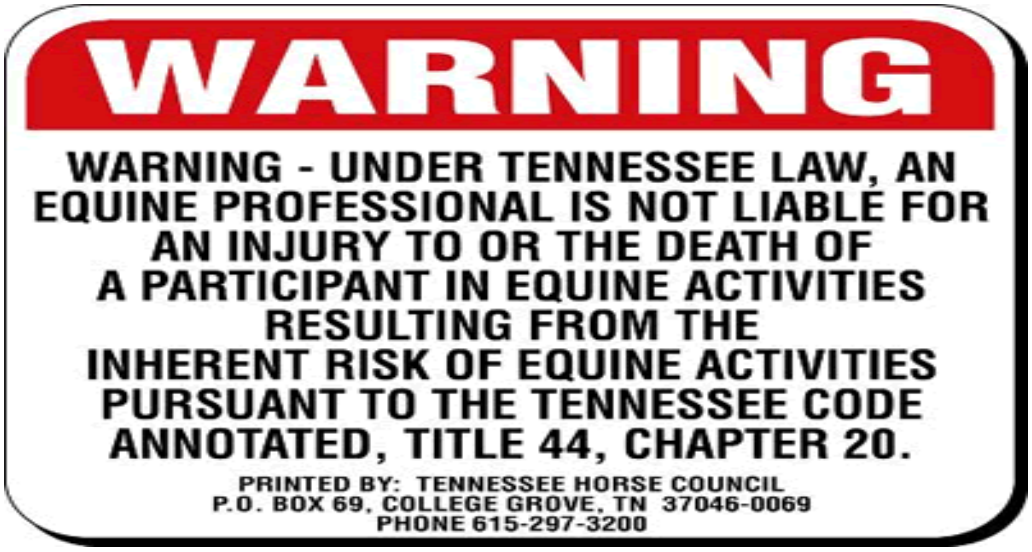
Signature of Participant or Parent/Legal Guardian Date

Mane Support
Liability Release Form

Please Read Carefully Before Signing

I hereby request that the participant named be accepted into Mane Support.

I understand that under the Tennessee Equine Activity Statute, persons who participate in equine activities may incur injuries as a result of the risks involved in such activities. "The general assembly also finds that the state and its citizens derive numerous economic and personal benefits from such activities. It is therefore, the intent of the general assembly to encourage equine activities by limiting the civil liability of those involved in such activities."



Initial Here _____

I acknowledge that the scope of Mane Support and its programs have been fully explained to me, including the potential for injury which can occur from:

1. the propensity of horses to behave in dangerous ways that my result in injury to the participant
2. the inability to predict an equine's reaction to sounds, movements, objects, persons or animals
3. the hazards of surface or subsurface conditions

I consider these risks to be offset by the benefits that might be received by the participant named. These benefits may include improved self-esteem and communication skills, development of problem solving, coping and social skills. Activities with the horses can be educational and even FUN!!!
Initial Here _____

I have read and understand the "Suggestions for Protective Clothing for Mane Support." and "When Should I Stay Home" information.
Initial Here _____

Because we are devoted to providing a safe environment, electronic devices will not be allowed during sessions.
Initial Here _____

I understand that there is a charge for Mane Support sessions, that is payable each week of attendance. This is a payment of choice.

The normal session rate is $75.00 per session

I agree to pay _____ amount at the time of each visit.

I also understand that I must contact Mane Support at 865-387-1716
24 hours prior to the session, if there is to be a cancellation, lateness or change of schedule. We understand that there are some situations that would prohibit this advanced notification.
Initial Here _____

I hereby waive any claim which I or the participant may have against Mane Support Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, Spirit of Hope and Healing LLC, Valley View Equestrian Center and all horse owners whose horses are not owned by Mane Support or Mane Support, arising out of any injury which the participant may sustain.

Initial Here _____

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and/or spectator. In consideration, the undersigned does agree to hold harmless and indemnify Mane Support, Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, Spirit of Hope and Healing, it's employees, Valley View Equestrian Center and all horse owners whose horses are not owned by Mane Support and further release them from any liability, or responsibility for accident, damage to person or property, loss, injury or illness to the undersigned. I have read and understand this release.

I have read and understand the provided information and agree with the terms in their entirety.

Participant (print):_____

Participant (signature):_____

Parent or Guardian, if participant is a minor: _____

Witness (print):_____

Witness (signature):_____

Date: _____



Mane Support Photo Release

Throughout the Mane Support sessions, it is a possibility that pictures and/or videos will be made. These are the property Mane Support and will be used for the sole purpose of community education and marketing of Mane Support.

I understand and agree to this Photo Release in reference to the participant(s) listed below.

_____ _____

Parent/Guardian's Name Date

_____

Participant's Name(s)

Participants Medical History

Participant:_____

Date of Birth:_____ Height: _____ Weight: _____

Any Illnesses Diagnosed: _____

_____

Past/Prospective Surgeries: _____

_____

Medications: _____

_____

Special Precautions/Needs/Support Bandages/Allergies: _____

_____

Impairments in Vision, Dexterity, Flexibility, Movement: _____

_____

_____ _____

Participant or Parent/Guardian Signature Date

_____ _____

Mane Support Staff Signature Date

Authorization for Emergency Medical Treatment

Name: _____ DOB: _____
Address: _____ Phone: _____
Physician's Name: _____ Phone: _____
Health Insurance Company: _____
Allergies to Medications: _____
Current Medications: _____

In the event of an emergency, contact:
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

In the event emergence medical aid/treatment is required due to illness or injury during a Spirit of Hope session or while on the property where Mane Support is conducted, **I authorize** Mane Support to:

1. Secure and retain medical treatment and transportation if needed; and
2. Release client 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 other treatment procedures deemed "life-saving" by the physician. This provision will only be invoked if the emergency contact 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 of illness or injury during a Mane Support session or while on the property where Mane Support is being conducted. In the event emergency treatment/aid is required, I wish the following procedures to take place.

_____

_____

_____

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

Suggestions for Protective Clothing

Participants **must** wear:

- socks
- **closed toe shoes**

Participants **must** remove any dangling jewelry or other loose items that may put them at risk.

In case of inclement weather, please dress in layers for comfort.

Winter: Please wear a coat, hat and gloves.

Summer: Please wear sunscreen and insect repellant as needed for outside activities.

When Should I Stay Home?

As a courtesy to all of the participants and counselors of Mane Support, please stay home and take care when:

- the participant has a fever
- the participant has something contagious
- the participant has an injury that prevents them from participating fully in the program activities

Mane Support will be closed during inclement weather and designated holidays. A representative will contact you to ensure clear communication of these dates and times.