



**Mane Support**  
*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, Inc.

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 has 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 may 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 of Mane Support 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 Mane Support is 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. These are as follows:

\$75.00 per session

Contact us for group rates.

I agree to pay \_\_\_\_\_ amount at the time of each visit. If payment is not made, a 25.00 late fee will be assessed at the next visit.

I also understand that I must contact Mane Support, (865)233-3090, 24 hours prior to the session, if there is to be a cancellation, lateness or change of schedule. Mane Support understands 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, Vera Acres, and all horse owners whose horses are not owned by Mane Support arising out of any injury which the participant may sustain while involved in Mane Support.

**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, therefore of Mane Support the undersigned does agree to hold harmless and indemnify Mane Support, Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, Vera Acres, 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 of Mane Support, Inc. 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.

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Parent/Guardian's Name

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Date

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Participant's Name(s)



**Mane Support**  
**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's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Mane Support**  
**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 of an emergency, medical aid/treatment is required due to illness or injury during a Mane Support session or while on the property where Mane Support is conducted, **I authorize** Mane Support, Inc. 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

*To be signed in the presence of Mane Support personnel*



**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.

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Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent or Legal Guardian

*To be signed in the presence of Mane Support personnel*



## Helmet Policy Release Form

I understand the risks of being around horses and am declining the opportunity to wear a helmet, as suggested by Mane Support, Inc.

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, owners of horses not owned by Mane Support, Vera Acres arising out of any injury which the participant may sustain while involved in Mane Support.

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, therefore of Mane Support the undersigned does agree to hold harmless and indemnify Mane Support, Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, owners of horses not owned by Mane Support, Vera Acres 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:** \_\_\_\_\_



### *Suggestions for Protective Clothing for Mane Support*

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 repellent 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 is closed according to the Blount County Schools schedule. If you have questions, please call the Mane Support office at (865)233-3090.**