



Participant Application

Please Check the Program You are Interested in...

Operation Branded -Mustang Program is a program in which veterans, active duty military and first responders are paired with a wild mustang and, under the supervision of a professional trainer, help to gentle the mustang to be able to stand for haltering, leading, picking up all 4 feet and loading in a trailer. The participant has the option to adopt the gentled mustang after the program if he/she is an approved adopter with adequate facilities or can help the mustang find an approved adopter. This program is provided at no cost to the participant thanks to sponsorships.

Operation Branded- Basic Horsemanship/Riding Classes are individual or group classes offered to veterans and active duty military to learn basic horsemanship skills and riding if desired. This program is provided at no cost to the participant thanks to sponsorships. Weight limit applies to riding portions of the program.

Hippotherapy is Speech Therapy, Physical Therapy and/or Occupational Therapy taught by licensed therapists with the horse as an added element to therapy for ages 2 and up with head and trunk control. Riding is offered as part of some classes, but is not the only component. This program requires tuition, but may be eligible to be covered by insurance. Ask for more information. Weight limit applies to riding portions of the program.

Therapeutic Riding are horsemanship lessons and riding opportunities for individuals with disabilities ages 4 and up. Based on ability level, participants learn basic horsemanship (on and off the horse), basic horse care, equipment and tacking up. These riders are supported by a team of volunteers to help keep them safe while working with the horse and riding. This program is tuition based- see fee schedule. Weight limit applies to riding portions of the program.

Able-Bodied Lessons are horsemanship lessons offered to able-bodied individuals from ages 3 and up. Skills covered are basic horse care, equipment, tacking up and riding in the Western discipline. This program is tuition based- see fee schedule. Weight limit applies to riding portions of the program.

To Apply:

1. Fill out the application completely.
2. Return the application in person, by mail to 3917 Keener Ln. Harrison, AR, 72601 email to info@brandedequinetherapy.org or fax to (870)729-8510.
3. We will contact you as soon as your application has been processed to let you know our current availability. If there is a waiting list for the class you request, we will keep you informed and contact you as soon as an opening is available.

<input type="checkbox"/> Release/Indemnification <input type="checkbox"/> Medical completed <input type="checkbox"/> Dr Signature _____	OFFICE USE ONLY <input type="checkbox"/> On waiting list <input type="checkbox"/> NO Photos Allowed	<input type="checkbox"/> Scheduled/ Start date _____ <input type="checkbox"/> In Contacts <input type="checkbox"/> Welcome email _____
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Date	
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CONTACT AND PERSONAL INFORMATION							
Last Name:		First Name:		Preferred Name:			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		Height:		Weight:	
Parent(s)/Legal Guardian(s) if under 18:							
Email:			Home Phone:			Cell Phone:	
Street:						Apt:	
City:				State:		ZIP Code:	

HOW DID YOU HEAR ABOUT US?	
<input type="checkbox"/> Flier <input type="checkbox"/> TV <input type="checkbox"/> Doctor's Referral <input type="checkbox"/> Camp Jack <input type="checkbox"/> Volunteer <input type="checkbox"/> Facebook <input type="checkbox"/> Special Event <input type="checkbox"/> Other _____	

Information on this form may be used in the preparation of grant applications for participant funding; however, names will be kept strictly confidential.

THERAPEUTIC AND RIDING HISTORY
Participant Diagnosis (if any):
When was the diagnosis? <input type="checkbox"/> at birth <input type="checkbox"/> as the result of an incident (incident date _____) <input type="checkbox"/> other (date _____) (explain)
Do you/does the participant use any of the following aids? <input type="checkbox"/> wheelchair <input type="checkbox"/> cane <input type="checkbox"/> braces <input type="checkbox"/> walker <input type="checkbox"/> crutches <input type="checkbox"/> Other (please explain)
Have you/ has the participant ever been involved in horseback riding before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and for how long?
Are you/is the participant currently receiving any types of therapies?
Were you referred by a medical profession or government agency? <input type="checkbox"/> Doctor <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Counselor <input type="checkbox"/> Other (please explain)
What was the reason they referred you to Equine-Assisted Therapy?

MORE ABOUT YOU

Occupation:	Employer:
Military? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which branch, when and for how long?	First Responder? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which department, when and for how long?
Please provide proof of service/DD214	Please provide proof of service/employment
Parent/Legal Guardian(s) or Spouse Occupation:	
Parent/Legal Guardian(s) or Spouse's Employer:	

PROGRAM GOALS

What are your long-term goals for yourself/the participant? Please be specific.

- 1.
- 2.
- 3.

What are your short-term goals for yourself/the participant? (i.e. riding skills, behavioral changes, physical improvements, increased focus, etc) Please be specific.

- 1.
- 2.
- 3.

Additional information we need to know. (i.e. use of aids to regulate, health concerns, preferences,etc)

What is your availability? Preferred days/times? (preferences not guaranteed)

Participant Authorization for Emergency Medical Treatment

This form is valid for a period of one (1) year from date signed. Please attach the completed medical history to this form.

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Branded Equine Based Therapy Services to:

1. secure and retain medical treatment and transportation if needed; and
2. release participant records upon request to authorized medical personnel.

Participant's Name:	
In the event of an emergency contact:	Phone:
Or contact:	Phone:
Physician's Name:	Phone:
Preferred Medical Facility:	
Health Insurance Company:	Policy #:

Consent

Consent is given for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while on the property of the Branded EBTS. This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. The provision will only be invoked if the participant is not responsive and the emergency contact is unable to be reached.

Date:
Consent Signature: <i>(Participant if 18 or older OR parent or legal guardian)</i>

Non-Consent

Consent is NOT given for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while on the property of the Branded EBTS. In the event emergency aid/treatment is required, I wish the following procedures to take place: _____

Date:
Non-consent Signature: <i>(Participant if 18 or older OR parent or legal guardian)</i>

Photo Release

In consideration for being accepted into the Branded EBTS therapeutic horseback riding program and for the valuable benefits I receive from participating in the program and promoting the program I, _____, hereby authorize Branded EBTS, its advertising agencies or the news media to have photographs, films or other audio-visual materials taken of the participant for promotional material, educational activities, exhibitions or for any other use for the benefit of the Branded Equine Based Therapy Services equine program. **I hereby indemnify and hold Branded Equine Based Therapy Services harmless against any and all claims of damages arising out of the use of any such photographs or films of me or audio-visual materials containing the participants' image.**

Participant if 18 or older Parent(s) or Legal Guardian(s) if participant less than 18 years of age		
Name:	Signature:	Date:
Witness		
Name:	Signature:	Date:

I choose **NOT** to allow photographs, films, or other audio-visual material of myself/ my child to be used.

Social Media Policy:

Branded EBTS controls what is posted on the Branded Facebook and other social media platforms. Only those who signed photo releases may have photographs or videos posted. No participant names will be posted. Participants and families, please, if taking pictures/videos for personal use, respect the privacy of other riders by not posting photos/videos on social media that include other participants without their permission.

<i>Participant if 18 or older</i>		
Name:	Signature:	Date:
<i>Witness</i>		
Name:	Signature:	Date:

<i>Parent(s) or Legal Guardian(s) if participant less than 18 years of age</i>		
Name:	Signature:	Date:
<i>Witness</i>		
Name:	Signature:	Date:

Confidentiality:

I acknowledge and understand that all information, both written and verbal, regarding to participants at Branded Equine Based Therapy Services and confidential business matters shall be held in strict confidence at all times except as needed with the facilitation for therapy and/or business purposes.

<i>Participant if 18 or older</i>		
Name:	Signature:	Date:
<i>Witness</i>		
Name:	Signature:	Date:

<i>Parent(s) or Legal Guardian(s) if participant less than 18 years of age</i>		
Name:	Signature:	Date:
<i>Witness</i>		
Name:	Signature:	Date:

Participant Release and Indemnification Agreement

I acknowledge and understand the inherent risks of equine activities and that horsemanship experiences can result in injury and even death. In consideration for being accepted into the Branded Equine Based Therapy Services Program and for the benefits I receive from participating in the program, I, _____, (*participant if 18 or older, parent or guardian*) hereby consent to assume the risks of _____, (*participant*) participation in the horsemanship program sponsored by Branded Equine Based Therapy Services. (hereinafter “Branded EBTS”). I/we (*parent/legal guardian*) hereby consent to assume the risks of my/our participation in the horsemanship program sponsored by Branded EBTS.

Accordingly I hereby, intending to be legally bound, for myself, my heirs, assigns, executors, and/or administrators, waive and forever release, acquit, discharge and hold harmless, Branded EBTS; the owners of the facilities and properties on which Branded EBTS conducts its therapeutic and equine-related programs and activities, including but not limited to, the City of Town & Country and the City of Harrison; the officers, board members, directors, agents, employees, representatives, therapists, instructors, and volunteers of Branded EBTS.; and any other person associated with Branded EBTS. therapeutic and equine-related programs and activities, and the successors and assigns of each and all of the above-mentioned parties, from all manner of claims, demands, and damages of every kind and nature whatsoever I may now or in the future have against these parties due to any loss or personal injury, physical or mental condition, whether known or unknown to myself, and the treatment thereof, as a result of, or in any way connected with Branded EBTS therapeutic and equine-related programs and activities, **or growing out of acts or omissions or caused by negligence or in any way incidental to Branded EBTS therapeutic and equine-related programs and activities.** I have asked, or have had the opportunity to ask, any and all questions that I may have relating to the risks involved in therapeutic and equine-related programs and activities. I fully understand and accept these risks.

<i>Participant if 18 or older</i>		
Name:	Signature:	Date:
<i>Witness</i>		
Name:	Signature:	Date:
<i>Parent(s) or Legal Guardian(s) if participant less than 18 years of age</i>		
Name:	Signature:	Date:
<i>Witness</i>		
Name:	Signature:	Date:

If at any time a litigation arises against Branded EBTS. by party named as volunteer/legal guardian in this contract is responsible for all legal fees for all said parties.