

WAIVER AND INDEMNITY

I the undersigned, _____ (full names of Parent/ Legal Guardian)

do hereby warrant that I am the legal guardian of: _____
(full names of child) ("my child")

presently of _____
_____ (residential address details)

and do hereby state that:

1. all participation by myself and my child in any therapeutic, sporting or recreational activities in association with SARDA and whether as a participant or as a spectator or in any other manner whatsoever, are entered into freely and voluntarily by myself and my child and entirely of my and my child's own accord and with my consent; and
2. I have independently investigated and understand the risks and dangers involved in such activities as aforesaid and particularly as they relate to myself and my child; and
3. I accept that all and any risks and/or liability which may arise or be incurred by myself or my child in any such activities as aforesaid, are assumed by and to be borne by me entirely.

In the circumstances I hereby indemnify SARDA and each of its directors, officers, trustees, employees, volunteers and agents (in each of whose favour this constitutes a stipulatio alteri**) from all and any risk and/or liability whatsoever and howsoever arising directly or indirectly out of or in connection with the activities described above including, without limitation, any liability in connection with:

1. any harm or bodily injury sustained by myself and/or my child; and/or
2. death of myself and/or my child; and/or
3. any loss of or damage to property sustained by myself and/or my child; and/or
4. any claims for losses and/or damages including consequential damages which I, my child and/or any of our dependants or our estates might obtain.

(Explanatory Note: ** for the sake of clarity, a stipulatio alteri is a provision contracted for the benefit of a third party and which is capable of being accepted by that third party and becoming binding in that third party's favour against the persons providing the indemnity.)

SIGNED AT _____ ON THIS _____ DAY OF _____ 200__

Witness:

1. _____
Full name
Signature

 Signature of Parent/legal Guardian
 for and on behalf of my child and
 warranting my capacity as such

OR

 Signature of Applicant acting on my own behalf

PHOTO RELEASE

I DO

I DO NOT

Consent to and authorize the use and reproduction by SARDA of any and all photographs and any other audio/visual materials taken of me for promotional material (e.g. printed, website, email etc.), educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____
Rider, Parent, or Legal Guardian

**All our services are offered free of charge.
SARDA is fully reliant on Donations for the continuation of our
program.**

Donations are welcome on a

Monthly

Termly or

Annual Basis

Rider Health History

Name _____ Date of Birth: _____

Diagnosis _____

Please indicate current or past difficulties in the following areas including surgeries:

	YES	NO	COMMENT
Vision			
Hearing			
Sensation			
Speech or communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Pain			
Bone/Joint			
Allergies			
Thinking/Cognition			
Other			

Date of last Tetanus injection *(it is recommended that everyone involved with horses has a tetanus injection every 3 years)*

Please list all medications **currently** being taken, including over-the-counter medication:

Describe abilities/difficulties in the following areas (include assistance or equipment required)
FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

SOCIAL (i.e. Work/school including grade completed, leisure interest, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. Why are you applying for riding? What would you like to accomplish?)

Doctor or Therapist Statement
(To be filled out completely by the Rider's Doctor or Therapist)

The following conditions, if present, may represent precautions or contraindications to therapeutic horse riding. When completing this form
 Please note whether these conditions are present and, if present, to what degree.

ORTHOPEDIC		MEDICAL/SURGICAL	
Spinal fusion		Allergies	
Spinal instability/Abnormality		Cancer	
Atlantoaxial Instability		Poor Endurance	
Scoliosis		Recent Surgery	
Kyphosis		Diabetes	
Lordis		Peripheral Vascular Disease	
Hip subluxation/dislocation		Varicose veins	
Osteoporosis		Hemophilia	
Pathologic fractures		Hypertension	

Rider: _____ DOB: _____ Height: _____ Weight: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

Past/Prospective surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: YES NO Date of last seizure: _____

Shunt present: YES NO Date of last revision: _____

Special precautions/needs: _____

Independent Ambulation: YES NO

Assisted Ambulation: YES NO

Wheelchair: YES NO Braces/Assistive

Devices: _____

For those with Down Syndrome: AtlantoDens Internal X-ray results

Date: _____ Result: _____

Neurologic Symptoms of AtlantoAxial Instability: _____

Is horse riding contraindicated? YES NO

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that SARDA will weigh the medical information above against the existing precautions and contraindications.

Name/Title: _____ MD/Pyshio/OT/ST Other _____

Signature: _____ Date: _____

Phone: () _____ Fax: () _____

Authorization for Emergency Medical Treatment

Name of Rider: _____ DOB: _____

Address: _____

_____ Post Code: _____

Doctor's Name & Centre: _____

Medical Aid Company: _____

Policy Name: _____ Policy Number: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact **(in order)**:

Name: _____ Relationship: _____

Phone: _____ Phone: _____

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Name: _____ Relationship: _____

Phone: _____ Phone: _____

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In the event of emergency medical aid/treatment being required due to illness or injury during the process of receiving or giving services, or while being on the property, I authorize SARDA to:

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

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(s) listed above is unable to be reached.

Date: _____ Consent Signature: _____

Rider/ Parent/ Legal Guardian

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 or giving services or while being on the SARDA property. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

Rider/ Parent/ Legal Guardian

South African Riding for the Disabled RULES AND POLICIES
(PLEASE READ & RETAIN THIS SHEET FOR YOUR INFORMATION!)

CLOTHING

1. Leather shoes with heels to prevent the foot from sliding through the stirrup are preferred, rather than tennis shoes. Sandals and slip-on shoes are not allowed. Braces and prostheses may be worn with whatever shoes are required for them
2. Long pants are required. (NEVER wear shorts or dresses/skirts). The saddle can bruise unprotected legs. Stretch pants or riding pants are recommended for comfort
3. All riders must wear a SARDA approved riding helmet that will be provided unless otherwise stipulated by a qualified therapist

ATTENDANCE

1. It is the attendance policy of SARDA that following three (3) unexcused and/or unnotified absences, a rider will be asked to leave
2. We must be notified 24 hours before the scheduled lesson times for the absence to be excused. The exception to this is for an emergency or sudden illness, which will also be considered an excused absence if we are notified as soon as possible after the onset of the illness or emergency

SCHEDULE CHANGES

1. In case of rain, mounted classes may be cancelled. Ground lessons may be scheduled instead
2. If you are not sure if we will be open, please call the centre during office hours - 8am to 1.30pm. The phone number is **(021) 794 4393**.

GENERAL POLICIES

1. Absolutely NO SMOKING in or near the stables
2. Visiting dogs are not permitted on the grounds
3. Children must be supervised at all times. PLEASE DO NOT LEAVE YOUR SLEEPING CHILD IN THE CAR. The stables are not secure and there are many inherent dangers in and around the grounds including open water
4. Please remind your children: No rock throwing. No digging. No kicking dirt. No running. No yelling
5. No one is allowed near a horse or to feed them tidbits unless directly supervised by a volunteer or instructor
6. Please do not come to the stables wearing open toed shoes or sandals. NO ONE is allowed to come barefooted, not even babies
7. Parking is only permitted in the parking area; please close the gate behind you
8. No one is allowed into the barn, stables or yard unless accompanied by a parent, legal guardian or instructor

RIDER FORMS

Application forms, Liability and Medical Release forms and The Doctor or Therapist statement must also be updated annually. ***Please inform us of any change in address, phone numbers or medical condition, including changes in medications.***

A responsible adult must remain with all minor children at the stables at all times. Riders who have guardians must have their guardian or other approved adult stay with them at all times

THE FIRST DAY CHECKLIST

Please bring the following with you when you come for your evaluation or first day of class:

- Signed and completed Application Form
- Signed and completed Authorization for Emergency Medical Treatment
- Signed and completed Participant's Medical History and Physician's Statement
- Signed and completed Release and Waiver
- Appropriate riding apparel: Jeans, Jodhpurs or long pants, Closed shoes, preferably hard soled with heels – no loafers, flats or sandals
- Medications if needed.