**Hospice Visit Application**

*Please submit the following application prior to your visit to Ride for Joy. If you have any questions, please email jdidericksen@rideforjoy.org or call 208-454-8894.*

* Applications can be submitted in any of the following ways:
  + Scan and email to jdidericksen@rideforjoy.org
  + Fax to 1-208-550-3208.
  + Mail to:

Ride for Joy

28379 El Paso Rd.

Caldwell, ID 83607

|  |
| --- |
| *Ride for Joy is committed to maintaining strict confidentiality of all information pertaining to students, families, staff, volunteers, or other persons affiliated with Ride for Joy. Any information provided will be kept confidential and shared with Ride for Joy team members only on a need-to-know basis during and after your time at Ride for Joy.* |

**APPLICATION**

How did you hear about Ride for Joy?

□ Web Search □ Healthcare Provider: □ Ride for Joy Booth at an Event □ Friends or family □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Condition/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assisted Living/Hospice Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Primary Care Physician’s Name:

Preferred Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### **CONSENT PLAN**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the premises of Ride for Joy, I authorize **Ride for Joy** to:

1. Secure and retain medical treatment and transportation if needed.

2. Release client records upon request to the authorized individual or agency involved in the

medical emergency treatment.

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) above is unable to be reached.

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

*(Guardian signature if participant is a ward)*

**OR**

***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 services or while being on the premises of Ride for Joy. In the event emergency treatment/aid is required, I wish the following procedures to take place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Non-Consent* Signature**: **Date**:

*(Guardian signature if participant is a ward)*

**RELEASE AND INDEMNITY AGREEMENT**

I the undersigned, for myself and/or on the behalf of my ward, in consideration of participation of me and/or ward in the programs of the Ride for Joy Therapeutic Riding Program now and at any time in the future, acknowledges and agrees to the following: The use, riding, or handling of a horse involves a risk of physical injury to any individual undertaking such activities, and that any horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based on instinct or fright, which is also an inherent risk assumed by a horseback rider. Ride for Joy operates on a working horse farm, training and boarding facility and there are risks associated with being on the premises. Horses and equipment present potential risks of damage to persons and property. The undersigned expressly assumes such risks, and with full appreciation of the risks associated with the premises, does hereby agree to release, defend, indemnify and hold harmless the Ride for Joy Therapeutic Riding Program, Inc., its board of directors, officers, trustees, agents, instructors, employees, vendors, representatives, and volunteers, the owner of the horse, their successors, heirs, assigns, representatives, agents, servants, employees and insurers, together with all persons acting for, by or through them or any of them (hereinafter “releases”) from all injuries, claims, or damages to person or property that are suffered by the undersigned, his/her agents, children, or other persons accompanying the undersigned, which may occur while on the premises, save and accept those injuries to persons and property caused by releases’ gross negligence, which shall be defined as recklessness and extreme deviation from the normal standards of reasonable care and control. This release of all claims and indemnity shall be binding upon the heirs, representatives, executors, administrators, assigns, and successors of the undersigned, and no promise inducement or agreement not herein expressed has been made to the undersigned. The terms of this release and indemnity agreement are contractual in nature and are not mere recitals.

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  *(Guardian signature if participant is a ward)*

**PHOTO RELEASE**

##### I (check one) □ **DO** □ **DO NOT** consent to and authorize the use and reproduction by Ride for Joy, without compensation, of any and all photographs and any other audio/visual materials taken of myself and/or my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

*(Guardian signature if participant is a ward)*

I acknowledge that I have read, understand, and agree to the following (provided on the following pages):

* Ride for Joy Rules
* Idaho Equine Activities Immunity Act

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

*(Guardian signature if participant is a ward)*

**RULES FOR PARTICIPANTS**

1. All required forms must be fully completed, signed, and submitted before an applicant will be considered for the Ride for Joy program.
2. If the participant is under 18, a parent or other designated adult caregiver must remain in the Ride for Joy area at all times while the participant is on Ride for Joy property.
3. Ride for Joy is located on the premises of a working horse farm. Only staff and volunteers are allowed beyond designated Ride for Joy visitor areas. All guests accompanying a participant must remain in the waiting area located near the Ride for Joy arena. Participants and guests may not approach or touch horses anywhere on the premises without the permission of a Ride for Joy staff member.
4. All children must be supervised at all times while at Ride for Joy.
5. If a Ride for Joy staff member deems that anyone on the premises who accompanied a participant is creating an unsafe environment for the students, horses, volunteers and/or staff, they will be asked to leave the property and the Ride for Joy participant they accompanied will forfeit all or part of his/her ride time.
6. All participants and visitors must walk at all times on the premises and not bring items that may be distracting such as balloons or noise-making toys.
7. Participants should be punctual for classes so everyone can ride for his or her allotted time. Participants arriving more than 10 minutes late may not be able to ride.
8. Mounted lessons typically last 45 minutes; however the instructor may shorten the lesson as is appropriate for the participant. Mounted lessons may be conducted in the indoor arena or outdoor arena and may be changed to ground lessons due to weather (rain, high winds, excessive heat etc.) or horse health issues.
9. Participants must be dressed appropriately for horse related activities or they will not be permitted to ride. This should include, but is not limited to:
   1. Comfortable, closed-toe and closed-heel shoes and socks
   2. Long pants
   3. Weather appropriate attire (jacket, gloves, etc.)
10. All participants must wear an ASTM-SEI certified riding helmet to participate, which Ride for Joy provides. All riding helmets provided by the student must be approved by the instructor and be less than five years old.
11. Prior to taking any photos or video taping, the parent, instructor, and volunteers must all grant permission. Do not use flash photography.
12. Personal pets are not allowed on Ride for Joy premises, including in a car in the parking lot.
13. Ride for Joy is a tobacco, drug and alcohol free environment. Smoking is strictly prohibited in all areas on the premises. Anyone showing signs of intoxication or substance impairments will be asked to leave the premises immediately. Second offenses will result in being permanently banned from all Ride for Joy programs and events.
14. Ride for Joy strives to provide a safe, supportive, and compassionate environment. Hostile or threatening behavior of any kind will not be tolerated. This includes, but is not limited to, physical or verbal abuse, gossip, insults, ridicule, harassment or discrimination of any kind.
15. In the event of an incident or emergency, each person in the areas should stay calm and listen for instructions from the riding instructor in charge. Given the unpredictable nature of horses, it is best for everyone to remain still and silent unless it is necessary to move out of harm’s way.

*Ride for Joy reserves the right to make exceptions to the above policies, based on circumstances existing at the time but not contemplated by the policy as set forth herein.*

**IDAHO EQUINE ACTIVITIES IMMUNITY ACT**

**TITLE 6**

**CHAPTER 18**

**EQUINE ACTIVITIES IMMUNITY ACT**

**6-1802. LIMITATION OF LIABILITY ON EQUINE ACTIVITIES.**

**(1) Except as provided in subsections (2) and (3) of this section, an equine activity sponsor or an equine professional shall not be liable for any injury to or the death of a participant or equine engaged in an equine activity and, except as provided in subsections (2) and (3) of this section, no participant nor participant's representative may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant or equine engaged in an equine activity.**

(2) The provisions of this chapter do not apply to the horse or mule racing industry as regulated in chapter 25, title 54, Idaho Code.

(3) Nothing in subsection (1) of this section shall prevent or limit the liability of an equine activity sponsor or an equine professional:

(a) If the equine activity sponsor or the equine professional:

(i) Provided the equipment or tack and the equipment or tack caused the injury; or

(ii) Provided the equine and failed to make reasonable and prudent efforts to determine the ability of the participant to engage safely in the equine activity, determine the ability of the equine to behave safely with the participant, and to determine the ability of the participant to safely manage the particular equine;

(iii) Owns, leases, rents or otherwise is in lawful possession and control of the land or facilities upon which the participant or equine sustained injuries because of a dangerous latent condition which was known to or should have been known to the equine activity sponsor or the equine professional and for which warning signs have not been conspicuously posted;

(iv) Commits an act or omission that constitutes willful or wanton disregard for the safety of the participant or equine and that act or omission caused the injury;

(v) Intentionally injures the participant or equine;

(b) Under liability provisions as set forth in the products liability laws; or

(c) Under the liability provisions set forth in chapter 9, title 6, Idaho Code.