**Ruck Up & Rebuild 2023**

**Please submit completed applications in one of the following ways:**

* Scan and email to jdidericksen@rideforjoy.org
* Fax: 1-208-550-3208.
* Mail: Ride for Joy

28371 El Paso Rd.

Caldwell, ID 83607

**\* Please email Julia at jdidericksen@rideforjoy.org or call 208-454-8894 with questions.**

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

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**APPLICATION**

## PARTICIPANT INFORMATION (please print)

Name:

Age: Height: Weight:

Home Address:

City: State: Zip: Home/Cell Phone: ( )

Email:

Employer/School: T-shirt Size:

Military Background: 🞎 Veteran 🞎 Active Service 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a DD-214 (or equivalent)? Y N (If yes, please include copy with this application.) Wounded Warrior Participant? Y N

**Emergency Contact Name(s)**

Phone: ( ) Alternate #: ( ) Alternate #: ( )

**How did you hear about Ride for Joy?**

🞎 Friend/Family Member 🞎 Healthcare Provider:

🞎 Web Search 🞎 Ride for Joy Booth at an Event 🞎 Other

***The following questions help our staff to determine the safest and most appropriate activities, horses, and tack for each individual participating in our programs.***1. Have you ever ridden at RFJ? 🞎 YES 🞎 NO

If yes, when?

If no, how many times have you ridden elsewhere (if any)?

2. Are you physically able to maintain an upright seated position with 🞎 YES 🞎 NO your torso vertical when seated astride a horse?

3. Are you physically able to maintain an upright head and neck position 🞎 YES 🞎 NO without assistance?

3. Do you use mobility devices or aids? 🞎 YES 🞎 NO

Please describe:

4. Do you use orthotic devices (braces, splints, etc.) 🞎 YES 🞎 NO

Please describe:

5. Do you have dietary restrictions or needs? 🞎 YES 🞎 NO

Please describe:

### HEALTH HISTORY

**Have you experienced one or more seizures? 🞎 YES 🞎 NO Type:**

If yes, please **elaborate** (frequency, last occurrence, and method of control):

***Please indicate current or past concerns in the following areas and any information relevant to your participation in equine-assisted activities:***

| **Concerns** | **Examples** | Y | N | Comments |
| --- | --- | --- | --- | --- |
| Vision impairments | Glaucoma, cataracts |  |  |  |
| Hearing impairments | Tinnitus, hearing loss |  |  |  |
| Response to sensory stimuli | Sensitivity to lights, noise, or physical touch |  |  |  |
| Communication | ASL, speech delays |  |  |  |
| Heart | Surgeries, implants |  |  |  |
| Circulation | Varicose veins, hemophilia, reduced circulation |  |  |  |
| Breathing | Asthma |  |  |  |
| Digestion | Gastronomy tube |  |  |  |
| Elimination | Catheters, colostomy, incontinence |  |  |  |
| Bone/Joint | Spinal surgeries, fusions, implants, osteoporosis, arthritis, breaks (If yes, when?) |  |  |  |
| Muscular | Weakness, cramps, injury |  |  |  |
| Balance and coordination | Dizziness, tremors, instability |  |  |  |
| Allergies | Hay, dust, dander |  |  |  |
| Pain | Headaches, joint pain |  |  |  |

**Other health concerns and diagnoses:**

Concern/diagnosis: Date of Onset:

Concern/diagnosis: Date of Onset:

**What can Ride for Joy do to support you in the following areas of health and wellness?**

**PHYSICAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COGNITIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMOTIONAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MENTAL HEALTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GOALS** (What would you like to accomplish through participating in equine-assisted activities?):

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Emergency Medical Treatment**

## Participant Name:\_ DOB:

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:

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.

Date: Consent Signature:

**RELEASE AND INDEMNITY AGREEMENT**

I the undersigned, for myself and/or on the behalf of my child in consideration of participation of me and/or child 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.

**Signature:**   **Date:**

**RIDE FOR JOY 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 child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**Signature:**   **Date:**

I acknowledge that I have read, understand, and agree to the following provided in the Participant Information Packet(located on the Ride for Joy Website):

* Ride for Joy Admission and Scheduling Policies
* Ride for Joy Rules
* Idaho Equine Activities Immunity Act
* Ride for Joy Policy for Discharge of a Participant

**Signature:**  **Date:**