



STANDING TALL LIFE SKILLS

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1:

\_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Best way to contact parents/guardians: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about Standing Tall Life Skills, Inc.? \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL**

Participant's Name: \_\_\_\_\_

*Please Print*

In case of Emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate any allergies: \_\_\_\_\_

If your child has food allergies, please provide the snacks and drinks.

Please indicate any medical issues that may effect your/your child's participation at Standing Tall \_\_\_\_\_

\_\_\_\_\_

**CONSENT PLAN** I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Standing Tall, or while being on the property of Wildwood Stable or Standing Tall, I authorize Standing Tall to:

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

Participant Consent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NON CONSENT PLAN**

I do not give consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at Standing Tall, or while being on the property. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Signature of Parent/Guardian \_\_\_\_\_  
*(If participant is under 18 years of age)*

**PHOTO RELEASE**

\_\_\_\_ I **consent** to and authorize \_\_\_\_ I **do not** consent to nor do I authorize the use and reproduction by of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Name \_\_\_\_\_

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

Signature of Parent/Guardian \_\_\_\_\_  
*(If participant is under 18 years of age)*

**POLICY OF CONFIDENTIALITY**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Standing Tall Life Skills and not discuss or disclose any sensitive information about any person or their family.

Name \_\_\_\_\_

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

Signature of Parent/Guardian \_\_\_\_\_  
*(If participant is under 18 years of age)*

**LIABILITY RELEASE**

That I, \_\_\_\_\_ or that I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by Standing Tall Life Skills Inc. (STLS) or Wildwood Stables (WWS) and recognizing that horseback riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury or death. However, I feel that the possible benefits to myself, child or ward are greater than the risk assumed.

I hereby, intending to be legally bound, for myself and my child or ward, heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against STLS, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of property on which Standing Tall operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of STLS, its board of directors, trustees, agents, instructors, therapists, aids, employees, representatives, volunteers, owners of property on which STLS operates, successors or assigns.

**WARNING**

**Under Tennessee Law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20.”**

I, the undersigned, have read this waiver of liability in its entirety. I understand the terms of this release and have signed this release voluntarily and with full knowledge of the effects thereof.

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

Signature of Parent/Guardian \_\_\_\_\_  
*(If participant is under 18 years of age)*

**NEED TO KNOW MEDICAL OR SOCIAL INFORMATION**

**Please let us know if there are any medical concerns or conditions that we should be aware of during the you’re your child is participating in Standing Tall Life Skills Program:**

Serious Illnesses: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizures: \_\_\_\_No \_\_\_\_Yes Type: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Mobility Independent \_\_\_\_ Yes \_\_\_\_No Assisting Devices (walker, leg braces, etc.): \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list any counseling or mental health concerns you feel we should be aware of:

\_\_\_\_\_

Learning Disabilities			
Cognitive			
Emotional/Psychological			
Behavior			
Other			

***Please let us know about any other information that will help us better serve your child:***

\_\_\_\_\_

## Rules for A Successful Participation in Standing Tall

*NOTE: Horses are prey animals.*

*They may instantly become unpredictable if scared or confused. Always use caution around all horses.  
Parents, you are responsible for the actions and conduct of your children at all times.*

1. **Safety is always paramount around horses!**
2. Parents are should have their child at the site at least 10 minutes prior to start time.
3. Park in the designated area. Do not block another car.
4. Speed limit is 5 MPH.
5. Parents are encouraged to use this time for self-care.
6. Use caution around horses. No running, screaming, or unruly behavior around horses!
7. Never stand directly in front of or behind a horse.
8. Do not go into pastures, paddocks, or round pens where horses are present without your instructor.
9. Do not feed the horses treats.
10. **Unsupervised children are not allowed at this facility at anytime. Please keep your children with you at all times.**
11. Treat all equipment with care. Return helmets, tack, grooming buckets, toys, cones, and tools to their proper place after use.
12. Dress appropriately: long pants, shoes with heels (preferably boots) and a helmet are required.
13. Helmets must be worn by all students whether doing groundwork or riding.
14. No animals other than horses are allowed on the premises of the barn or arena.
15. No bikes or skateboards allowed.
16. No alcoholic beverage or smoking allowed on premises.
17. If your child has food allergies, please provide those approved snacks and drinks.

*I have read and understand what is written and agree to follow the rules and regulations set forth by Standing Tall.*

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

Signature of Parent/Guardian \_\_\_\_\_  
*(If participant is under 18 years of age)*