



Storm Harbor Equestrian Center

245 Harmony Rd
Slippery Rock, PA 16057
Phone: 724-738-4010 Fax: 724-738-4014
www.sru.edu/stormharbor



Participant Rules

1. All participants must wear...
 - A helmet at all times while riding and while in the arena or stall area.
 - Long pants when riding.
 - Hard-soled shoes or boots with a small heel while riding and while in the arena or stall area.
 - A nametag.

Participants are asked to refrain from wearing dangling jewelry or clothes that are excessively baggy.

2. Participants must be at least 4 years old to participate in riding lessons.
3. If you are unable to attend your scheduled lesson, call ASAP. After 3 absences with no notification, your lesson time will be voided.
4. Lessons will be cancelled in the event of...
 - Severe Thunderstorms
 - Snowy/icy road conditions
 - Temperature above 90°F

An employee will contact you if lessons are cancelled. You may call to inquire about the status of lessons.

5. Arrive 5-10 minutes early for your lesson. If you are late, your lesson time will be cut short.
6. Sign in/out when entering and exiting the barn.
7. Parents are asked to stay outside of the arena during lessons. Parents and guests may view lessons from the classroom, where there is seating available.
8. There is NO SMOKING in the facility or on the grounds.
9. Do not feed anything to the horses unless approved by the director or an employee.

I have read and understand the Participant Rules.

Signature (parent/guardian signature if under 18)

Date



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Participant's Application and Health History

GENERAL INFORMATION

Participant: _____
 DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F
 Address _____
 Phone: _____ Alternative #: _____ Email: _____
 Employer/School: _____
 Address: _____
 Phone: _____
 Parent/Legal Guardian Name (if under 18) _____
 Caregivers: _____
 Address (if different from above): _____
 Phone: _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

Areas	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
Other			

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MEDICATIONS (include prescription and over-the-counter, Name, dose and frequency):

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHOSOCIAL FUNCTION (e.g., work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e., why are you applying for participation? What would you like to accomplish?)

Signature: _____ Date: _____

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PHOTO RELEASE

- I DO

- DO NOT

Consent to and authorize the use and reproduction by Storm Harbor Equestrian Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

_____ Date: _____
Signature (parent/guardian signature if under 18)

LIABILITY RELEASE

_____ (print name) would like to participate at the Storm Harbor Equestrian Center. I acknowledge the risks of equine activities and horseback riding. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors, and administrators, waive and relinquish and release forever any and all claims for damages against the Storm Harbor Equestrian Center, its board of directors, instructors, therapists, aides, volunteers, and employees for any and all injuries and/or losses that I/my child/my ward may sustain while participating at the Storm Harbor Equestrian Center, or in programs run by the center. I have read and understand all information provided.

_____ Date: _____
Signature (parent/guardian signature if under 18)

I have either reviewed or decline reviewing the Zoonoses packet (available at center): Yes No



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Emergency Medical Treatment

Name _____ Phone _____
Date of Birth _____ Physician's Name _____
Preferred Medical Facility _____
Health Insurance Company _____ Policy # _____
Last Tetanus Shot Date _____

In case of emergency, contact:

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the Storm Harbor Equestrian Center, I authorize the Storm Harbor Equestrian Center to secure and retain medical treatment and transportation if needed, and release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Sign below ONE of the following plans:

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) above is unable to be reached.

Signature (parent/guardian signature if under 18) _____ Date _____

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 property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Signature (parent/guardian signature if under 18) _____ Date _____



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Confidentiality Policy

It is the policy of the Storm Harbor Equestrian Center to keep confidential all medical, social, referral, personal, and financial information regarding participants, volunteers, and staff. This information will not be shared or disclosed to individuals outside the operation of this center without the express written permission given by the individual concerned.

It is understood by all the individuals working or volunteering at this center that this confidentiality code will be maintained and adhered to in order to protect the privacy and personal dignity of all individuals associated with the day-to-day operations of this center.

Confidential information may be shared between center staff in cases where it will assist planning for the equestrian lesson.

Violation of this policy by anyone involved at the Storm Harbor Equestrian Center can result in immediate expulsion from all activities at the center, as determined by the program director and the board of directors.

I understand and will observe the confidentiality policy of the Storm Harbor Equestrian Center.

Signature (parent/guardian signature if under 18)

Date