



440 South Street, Morristown NJ 07960 - 973-644-3355 - seatonh@verizon.net

Application and Health History

Background Information

Today's Date: ____/____/____

Client's Name: _____ DOB: ____/____/____ Gender: ____M____F

Age: ____years ____months Height: _____ Weight: _____ Hand Preference: ____L____R

Mother's Name: _____ Father's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Email Address: _____

Mother's Occupation: _____ Work No.: _____

Father's Occupation: _____ Work No.: _____

siblings:

_____ Age: _____

_____ Age: _____

_____ Age: _____

Referral Source: _____ Language Spoken: _____

Primary Medical Diagnosis: _____

Secondary Medical Diagnosis: _____

Precautions: _____

Insurance Information

Insurance Company: _____ Patient ID #: _____

Phone #: _____ Address: _____

Current Skills

Please describe your child's....

Eye contact

Gestures

Speech Sounds

Words

Sentences

Behaviors

Gross Motor Skills

Fine Motor Skills

Sensory Processing

Hearing

Vision

Feeding Skills

Respiration/Circulation

Psycho/Social Function and Mental Health

Allergies

Primary Concerns and Goals

Name of person completing this form: _____
Relationship: _____
Signature: _____
Date: _____ / _____ / _____

PHOTO RELEASE

I DO/ DO NOT consent to and authorize the use and reproduction by Seaton Hackney Stables of any and all photographs and any other audio/visual materials taken of my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Parent or Legal Guardian

PHYSICIAN'S STATEMENT

Dear Doctor,

Your patient, _____ is interested in participating in equine assisted therapies and activities at Seaton Hackney Stables. To safely provide this service, our center requests that you complete the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine assisted therapies and activities. Therefore, when completing this form, please note whether these conditions are present and to what degree

Absolute Contraindications for Adaptive Riding

- Acute mental health disorders that would be unsafe (e.g., fire-setting, suicidal, animal abuse, violent behavior)
- Acute herniated disc with or without nerve root compression
- Chiari II malformation with neurologic symptoms
- Atlantoaxial instability, a displacement of the C1 vertebra in relation to the C2 vertebra as seen on x-ray or computed tomography of significant amount (generally agreed to be greater than 4 mm for a child), with or without neurologic signs as assessed by a qualified physician; this condition is seen in diagnoses with ligamentous laxity such as Down Syndrome or juvenile rheumatoid arthritis.
- Coxa arthrosis, a degeneration of the hip joint; the femoral head is flattened and functions like a hinge joint versus a ball and socket joint. Sitting on a horse puts extreme stress on this joint.
- Seizures uncontrolled by medications
- Hemophilia with recent history of bleeding episodes
- Indwelling urethral catheters
- Medical conditions during acute exacerbations (e.g., rheumatoid arthritis, herniated nucleus pulposus, multiple sclerosis, diabetes)
- Open wounds over a weight-bearing surface
- Pathologic fractures without successful treatment of the underlying pathology (e.g., severe osteoporosis, osteogenesis imperfecta, bone tumor)
- Tethered cord with symptoms
- Unstable spine or joints including unstable internal hardware

Precautions/Considerations for Patient Selection

- Age (minimum age is 5)
- Cognitive ability
- Sitting balance
- Poor head control/inability to wear a helmet
- Spasticity/Muscle stiffness/Joint stiffness
- Height and weight
- Mobility and alignment
- Limited mobility and/or malalignment
- Fear or anxiety
- Environmental considerations
- Cranial deficits
- Heterotopic ossification/myositis ossificans
- Osteoporosis
- Joint subluxation/dislocation
- Spinal fusion/fixation
- Spina bifida/Spinal instability/abnormalities
- Hydrocephalus/shunt
- Seizure disorder
- Medications
- Poor endurance
- Skin breakdown
- Allergies
- Blood pressure control
- Physical/sexual/emotional abuse
- Exacerbations of medical conditions
- Migraines
- Medical instability
- Thought control disorders
- Weight control disorders
- Respiratory compromise
- Heart conditions
- Recent surgeries
- Substance Abuse
- PVL

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted therapies and activities, please feel free to contact the center at the address or phone number indicated above.

Sincerely,

Seaton Hackney Stables

PHYSICIAN'S STATEMENT

Patient: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Potential Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of Last Revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation Y N Wheelchair Y N Down Syndrome: Y N Atlanto Dens

Interval X-Rays, date: _____ Result: + --

Neurologic symptoms of AtlantoAxial Instability: _____

Please indicate current past or special needs in the following systems/areas, including surgeries:

Auditory: _____

Visual: _____

Sensory Processing: _____

Speech: _____

Cardiac: _____

Circulatory: _____

Integumentary/Skin: _____

Immunity: _____

Pulmonary: _____

Neurologic: _____

Muscular: _____

Balance: _____

Orthopedic: _____

Allergies: _____

Learning Disability: _____

Cognition: _____

Emotional/Psychological: _____

Pain: _____

Other: _____

To my knowledge there is no medical reason why this patient cannot participate in equine assisted therapies and activities.

However, I understand that Seaton Hackney Stables will weigh the medical information above against the existing

precautions and contraindications..

Name/Title: _____ MD DO NP PA Other: _____

Signature: _____

License/UPIN Number: _____

Address: _____ Phone: _____ Date: _____

PLEASE STAMP WITH THE PRACTICE ID

Seaton Hackney Stables reserves the right to decide if we are unable to serve an applicant due to unavailable resource(s) and/or safety concerns including PATH Intl. guidelines relating to contraindications for participation.

Participation Criteria

Mounted Programs:

- Physically able to sit symmetrically with torso upright and legs astride the horse during dynamic movement
- Physically able to maintain head and neck position independently in proper alignment with dynamic movement
- Weigh less than 225 pounds
- Able to tolerate riding safety helmet
- Able to accommodate movement of the horses without pain
- Adequate range of motion in hip(s) to sit astride

All Programs:

- Does not exhibit physical or behavioral conditions that are contraindicated by PATH Intl.
- Have current signed and dated paperwork - including Registration and Release Form, Medical History Form, and Annual Update Form
- Benefit physically, emotionally, socially and/or cognitively from services provided at Seaton Hackney Stables
- Complete an intake assessment where trained staff evaluate eligibility
- Safety awareness around animals
- Ability to express pain or discomfort
- Behave in a manner that is safe for self, horses and others

Age and Weight Requirements:

Minimum age for participants is 4 years old, there is no maximum age limit. Participants involved in mounted activities may not exceed 225 lbs. Due to the weight limits of the current horse herd.

SEATON HACKNEY STABLES POLICIES

SEATON HACKNEY instructors/staff will make final determination for participation based on the intake evaluation and on available resources such as: instructor availability, volunteer availability and horse suitability.

If an individual is discharged from participation, SEATON HACKNEY will provide a reason for discharge. Reasons for discharge might include, but are not limited to the following:

- 1) Participant's mobility or weight prevents center personnel from serving clients safely.
- 2) Participant's status or behavior becomes a threat to the safety of self, horses, or others.
- 3) Center does not have suitable horses or pony for participants
- 4) Center personnel cannot safely manage the participant in any situation including an emergency dismount

Alternatives to mounted lessons may be offered to individuals who may not be best served by therapeutic riding. These might include participating in ground lessons and barn activities. Seaton Hackney reserves the right to discontinue an individual's participation in any program should it be deemed to be in the best interest of either the participants or Seaton Hackney.

Lesson Description: All equine-assisted services are planned for safety and therapeutic benefit with the individuals educational, physical, social, emotional and/or recreational goals in mind. Participation with similar goals may be grouped together. Lessons may include warm-up exercises, skill development, activities or games to reinforce goals, and trail rides.

PARENTS MUST STAY ON PROPERTY DURING LESSONS

Equine assisted services are contradicted:

- 1) If staff/volunteers are unable to safely manage the participants in any situation, including an emergency dismount
- 2) If staff/volunteers cannot manage participants behaviors (including any extreme behaviors) wth verbal prompts.
- 3) If safety, comfort or well-being of staff, volunteers or the horse is compromised in any way for any reason
- 4) If medically inappropriate baked on PATH Intl. guidelines, precautions, contraindications

Please Fill Out (Up to 4 riders if from same family)

#2 Rider's name: Age:

#1 Rider's Name: Age:

#3 Rider's Name: Age:

#4 Rider's name: Age:

Home or Cell Phone: () _____ Email Address: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Emergency contact: Name: _____ Phone number(s): () _____ [Info](#)

pertaining to the least experienced rider on this waiver:

I am here for: Trail Ride Lesson/Pony Ride Camp Troop/PEP Other: _____ The last time I rode consistently: Never within a year within the last 3 years more than 3 years ago

Warning: I expressly understand that horseback riding can be strenuous and requires a certain degree of fitness. I understand that overweight riders, older riders and/or those who may have calcium deficiency and riders who underwent surgery have an increased risk of injuries in case of a fall. I understand that the horse I will be riding, and the pace of the ride will depend both on my answers on this form and on my riding ability as established by the person in charge of the ride.

ADDENDUM FOR COMMUNICABLE DISEASES

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest position holder immediately; and, I, for myself and on behalf of my heirs, children, wards, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Seaton Hackney Stables, Equishare USA, LLC. and the Morris County Park Commission, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of horses kept on premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases.

Participant or Guardian's signature: _____ Date signed: _____

ADDENDUM FOR THE USE OF THE MOUNTING DECK/PLATFORM MOUNTING BLOCKS AND OTHER IMPLEMENTS

I, for myself and on behalf of my heirs, children, wards, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Seaton Hackney Stables, Equishare USA, LLC. and the Morris County Park Commission, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of horses kept on premises used to conduct the event ("RELEASEES"), WITH RESPECT TO MOUNTING OR DISMOUNTING A HORSE MAKING USE OF A MOUNTING BLOCK, MOUNTING DECK, PLATFORM OR ANY OTHER MEANS OF GETTING ON OR OFF A HORSE AS SUCH USE INVOLVES INHERENT RISKS, INCLUDING BUT NOT LIMITED TO THE RISK OF FALLING, SLIPPING, OR INJURIES DUE TO THE UNPREDICTABLE NATURE OF HORSES AND VARYING CONDITIONS OF THE MOUNTING IMPLEMENTS.

Participant or Guardian's signature: _____ Date signed: _____

EQUISHARE USA, LLC/ PONYSHARE / SEATON HACKNEY STABLES
LIABILITY WAIVER, RELEASE & HOLD HARMLESS AGREEMENT

For Lessons, Pony Rides, Trail Rides, Camp and /or any activities offered by any of the above-named entities at/or away from the Farm I acknowledge the risks involved in riding, interacting with or being around, horses and ponies. Together with the undersigned (parent/guardian if minor child) named:

**I, THE UNDERSIGNED, EXPRESSLY AGREE TO WAIVE THE RIGHT TO PURSUE LEGAL ACTION FOR INJURIES OR LOSSES THAT OCCUR
ON ANY OF THE ABOVE PROPERTIES REGARDLESS OF WHO IS AT FAULT.**

I / WE understand and agree to hold harmless and indemnify Marc J. Schumacher, the Stables, Equishare USA, LLC., PonyShare, M.A.R.C., Seaton Hackney Stables, the County of Morris, the Morris County Park Commission, as well as any Township or entity, School, Recreation Department or Committee involved in this activity, their employees, instructors, stable hands, independent contractors, position holders, clients, riders and visitors (collectively and individually referred to as "the Operators") and further release them from any liability or responsibility for accident, damages, injury, or illness to the undersigned and/or to any family member, friend, ward or spectator accompanying the undersigned on the premises of Seaton Hackney Stables at 440 South Street, Morris Township, NJ 07960 or at any location where the activity takes place as a result of my association with the above Operator(s). I/We understand and agree that I/we and/or my ward(s) and/or guest(s) may be kicked, struck, stepped on, bitten or may fall off. I also realize that the equipment, while regularly inspected may occasionally fail to operate properly (for instance, as a result of the horse being startled and responding abruptly to an outside stimulus: An example of such occurrence could be a stirrup or a girth breaking or loosening or being dislodged as a result of a sudden equine reaction or un-proper positioning of the rider.) I also understand that checking the above-mentioned equipment does not necessarily result in preventing its faulty operation or breakage. I acknowledge that the Stables or aforementioned entities require wearing protective headgear and that if I or my ward is riding without such it will be against the Operator's policy and as a result of my/their own decision and I will be deemed liable for any and all resulting injuries for not wearing such.

I state that I have read, understood and agreed to the following:

I am aware that the Operators have a number of ASTM approved helmets available at no charge & a number of Body Protectors available at no charge. There is no guarantee that these will appropriately fit or prevent an injury. Should I or my ward or minor child decide to ride with a non-approved ASTM helmet, a bicycle helmet, any other form of head protection or no helmet at all, it will be at my own risk.

I am aware that horses are often unpredictable and that a very calm horse may sometimes spook at something not noticeable to the human eye. As a result, I understand that I can possibly fall and get injured. While doing its best to allocate the most suitable, available horse to each particular rider, based upon their age, size and level of experience, I understand that the Operators do not make any claims of suitability of a particular horse for a specific rider and cannot be made liable for such lack of suitability.

I have been made aware of this, that, while the equipment is checked on a regular basis, it sometimes may fail to operate as expected: A girth may become loose, a stirrup may break, a saddle may prove uncomfortable, etc... While doing their best to upkeep and maintain the equipment in good repair, I understand that the Operators do not make any guarantees as to its soundness, suitability or good repair for each and every instance this equipment is used.

Should the need arise for any medical treatment, and I am not able to be reached, I give my permission for the hospital to provide treatment as deemed necessary by the attending physician.

I hereby declare that I am physically fit. I do not, and have not, suffered from, any of the following conditions, which I understand may lead to a dangerous situation with regards to other persons or myself during riding activities: Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, uncontrolled diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and sever joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition, that requires the regular use of drugs. I hereby declare that I have no physical or mental condition that should prevent me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness. I further declare that in the event I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of riding activities, I will notify the instructor / guide / employee of the insured immediately and before moving away from immediate vicinity.

***In addition, the Undersigned hereby acknowledges that (s)he has read the following paragraph from New Jersey Equine limited Act: WARNING:
UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL
ACTIVITIES RESULTING FROM INHERENT RISK ANIMAL ACTIVITIES PURSUANT TO P.L.1997.C287(C.5:15-1 ET SEQ***

1. _____ 2. _____

Please sign above and go to back of page.