



Please mark any of the following that have been a recent or past issue, and provide specific comments where applicable. These items will not be used to prevent anyone from participating; rather, they are to assist us in best meeting your needs:

Mental health therapy \_\_\_\_\_

Grief/Loss \_\_\_\_\_

Trauma \_\_\_\_\_

Special assistance at school \_\_\_\_\_

Substance abuse \_\_\_\_\_

Family problems \_\_\_\_\_

Has the student had prior experience with therapeutic riding or hippo-therapy? YES NO  
If so, when and where?

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**Does the student...**

Have a history of seizures? Y/N

Follow simple directions? Y/N

Have speech or language difficulties? Y/N

Have communication difficulties? Y/N

Have a fear of animals/horses? Y/N

Walk independently? Y/N

Have limited range of motion? Y/N

Have decreased strength/endurance? Y/N

Have poor balance (sitting/standing)? Y/N

Have problems with gross motor skills? Y/N

Have altered sensation? (specify) Y/N

Have heart/circulation problems? Y/N

Have digestion/elimination problems? Y/N

Have bone/joint problems? Y/N

Have allergies or breathing issues? Y/N

Have emotional/behavioral difficulty? Y/N

**GOALS**

What would you like to accomplish in our program?

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**ADDITIONAL COMMENTS**

Please provide any additional information that you feel would be helpful in class selection and lesson planning for this participant

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Participant/Parent Guardian Signature

Date

**WHISPERING MEADOWS RANCH, INC.**  
**5011 John Anderson Highway Flagler Beach, FL 32136**

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Participant's Name: \_\_\_\_\_  
In case of Emergency, contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Medical Facility: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Please indicate any allergies: \_\_\_\_\_

**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 Whispering Meadows Ranch, or while being on the property of Whispering Meadows, I authorize Whispering Meadows Ranch 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.

Volunteer/Participant Consent Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
(If volunteer/participant is under 18 years of age, both signatures are required)

**NON-CONSENT PLAN**

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

Volunteer/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent Guardian \_\_\_\_\_  
(If volunteer/participant is under 18 years of age, both signatures are required)  
Volunteer/Participant Name: \_\_\_\_\_

**WHISPERING MEADOWS RANCH, INC.**  
**5011 John Anderson Highway Flagler Beach, FL 32136**

**UNCONDITIONAL GENERAL RELEASE**

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I acknowledge that I will engage in horseback riding and other equestrian activities at Whispering Meadows Ranch in Flagler Beach, Florida. I represent that I am experienced in horsemanship or it has been explained and I understand and accept that equestrian activities can be dangerous and hereby accept and assume all risks to my person and property incident to such activities.

I hereby waive, release and relinquish all rights and claims I may now or hereafter have against Whispering Meadows Ranch, Richard and Helene Davis, owners of the land and buildings upon which it operates it's business, to any or all injury to myself, and damage to my personal property which may arise, directly or indirectly from my presence on said premises or my participation in such activities. This waiver and release shall bind me, my heirs and legal representatives.

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

Signature of Participant/Volunteer/Rider: \_\_\_\_\_

Signature of Parent or legal Guardian: \_\_\_\_\_

PrintName: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Participants Date of Birth: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please call us at (386) 439-3195 or (386) 503-6312 with any questions.**

**Send completed forms to:**

**Whispering Meadows Ranch  
5011 John Anderson Highway  
Flagler Beach, FL 32136**