



TROT
Therapeutic Riding Of Tri-Cities

Path to Success Application

Please fill out application in all areas applicable to participant

Participant's Name: _____ DOB: ____/____/____ Age: _____ Height: _____ Weight: _____

Parent/Guardian/Caregiver (if applicable): _____ Phone: _____

Email: _____ School Name/Year (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Participant Disability: _____

Participant Mental Illness: _____

Psychological, Emotional, Behavioral, or Social Issues: _____

Participant Functional Limitations: _____

Participant Adaptive Equipment: _____

Participant Allergies or Other Health Concerns: _____

EPI-Pen? YES NO

Please Describe Participant Prior Horse Experience: _____

Other Groups/Therapies Currently Participating In: _____

How Did You Hear About TROT? _____

Participant/Family GOALS: _____

Cognition and Processing Skills

Is the participant age appropriate in the following skills?

Educational/Cognitive Skills	YES	NO	Language Skills	YES	NO
Knows Numbers			Makes sounds		
Knows Letters			Uses words		
Knows Left/Right			Combines two (2) or more words		
Knows Prepositions			Speaks in complete sentences		
Communicates Feelings			Understands "No"		
Makes Choices			Letter sound identification		
			Signs or uses gestures		
			Uses picture symbols		

Social Skills	YES	NO
Recognizes Name		
Makes Eye Contact		
Waves/Says Hello/Bye		
Shares Toys/Items		
Knows Safety Awareness		
Interacts with Peers		
Appropriate Conversation		
Takes Turns		

Skills	(Circle One)		
Follows Directions	Often	Sometimes	Maybe
Attention to a Task	Poor (0-1min)	Fair (1-5 mins)	Average (5 mins)
Frustration Tolerance	Poor	Fair	Average
Problem Solving	Poor	Fair	Average

Personality Profile

Describe participant strengths: _____

Favorite activities or topics: _____

Fears and Dislikes: _____

Participant history/background: _____

Process: Once we receive the application, you will receive a call from our coordinator who will conduct a phone interview and may set up a meet and greet at no cost. Classes are of limited size. We will be matching participants by age and similar abilities to ensure the most worthwhile learning.

Payment: Enrollment fee of \$80.00 must be paid in full by the first day of class. Check method of payment below:

- Online: www.trot3cities.org
 Cash
 Check: Payable to Therapeutic Riding of Tri-Cities

Authorization for Emergency Medical Treatment Form

Participant's Name: _____ DOB ____/____/____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Physician's Name: _____ Address: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Caretaker (if applicable): _____ Phone: _____

In the event of an emergency where medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the TROT premises, I authorize TROT to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to be 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 physician. This provision will only be invoked if the person(s) above are unable to be reached.

Photo Release

For valuable consideration, acknowledged as received, I hereby grant permission and consent to Therapeutic Riding of Tri-Cities (TROT), its successors, licensees and assigns, to take still and moving photographs, digital images and films, including television footage (collectively "Work") of me:

I hereby further grant and assign to TROT the unrestricted and unbridled consent and authority, without further consent, inspection or approval, to use and reproduce the Work and to circulate, publish and publicize the Work by all means, including, without limitation all forms of media in newspapers, television, printed media, brochures, pamphlets, instructional materials, books, electronic media, website, social media (i.e., Instagram, Facebook, Twitter, Etc.) and clinical matters, and to alter the same without restriction, and without my inspection or approval. I hereby release TROT and its legal representatives and/or assigns from all claims relating to such Work.

With regards to the foregoing material, no inducement or promises have been made to me to secure my signature to this Release other than the intention of TROT to use or have used such Work for the primary purpose of promoting and aiding TROT and its purposes.

_____ NO, I do not give my consent to this Release

_____ YES, I do give my consent to this Release

Signature: _____ Date: _____

(Parent, legal guardian, or legally competent adult over 21)

Participant Release, Waiver of Liability, Assumption of Risks and Indemnity Agreement

In consideration of being permitted to participate in the Therapeutic Riding of Tri Cities, Instructional Riding for Special Needs persons herein by this reference (“Event”) on the premises located at 6208 W. Argent Road, Pasco, WA., (“Premises”), the volunteer named below, individually and on behalf of any marital community, heirs, children, successors and assigns (collectively “Releasor”) knowingly and voluntarily agrees to release, defend, indemnify and hold Therapeutic Riding of Tri Cities (TROT), a Washington Non-Profit Corporation, harmless, including without limitation, its employees, managers, directors, officers, agents, attorneys, successors and assigns (collectively “Releasee”) as follows:

1. Prior to participating in the Event, Releasor shall inspect the Premises and the Event and inspect all related equipment to be used. If Releasor believes any of the foregoing are unsafe, Releasor shall immediately advise TROT management of such condition, and refuse to participate in the Event. If Releasor feels in any reasonable way during the Event that anything or any participant becomes unsafe, Releasor will immediately take all precautions to avoid all such dangers and REFUSE TO FURTHER PARTICIPATE AND ASSIST TO KEEP ANY PARTICIPANT OUT OF HARMS WAY.
2. Releasor fully understands and acknowledges the risks associated with participating in the Event at the Premises and fully and unconditionally assumes and accepts each such risk. Releasor hereby stipulates that Releasee has read the warning and understands the dangers of being around horses and children with spontaneous and possibly angry or violent tendencies where serious injury or death may occur.
3. Releasor knowingly and voluntarily agrees to defend, indemnify and hold Releasee harmless for any and all losses and/or damages to Releasor or third parties in the Event and third parties not associated with the Event, including, without limitation, any injury, disability, paralysis or death, regardless of cause and however caused and whether caused in whole or in part by the negligence of the Releasee named below.
4. Releasor hereby expressly acknowledges that any injuries received may be compounded or increased by negligent or delayed rescue or emergency operations over which Releasee may or may not have control and further assumes any and all risks associated with any such delayed rescue or emergency operations.
5. Releasor further expressly agrees that this Release, is intended to be as broad and as inclusive as permitted by the laws of Washington State, and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. This release, waiver of liability, assumption of risk and indemnity agreement has legal effect and releasor is hereby informed of the right to seek independent legal review of this instrument prior to signing. If releasor fails to seek the advice of an attorney prior to signing this instrument, releasor shall be deemed to have knowingly and voluntarily waived any and all rights to seek legal review of this instrument, and any claim or cause of action that arises out of or is related to the participation of the event at the premises. If, despite this release, the releasor makes a claim against any of the covered parties that make up releasee, releasor shall reimburse releasee for any and all costs and expenses, including attorney’s fees, that releasee has paid in order to hold releasee harmless.

RELEASOR HAS READ THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT RELEASOR HAS FORFEITED SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, HAS SIGNED THIS INSTRUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE OF ANY KIND

BEING MADE TO RELEASOR, INTENDS THE SIGNATURE BELOW TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY, INCLUDING ANY GROSS NEGLIGENCE OF RELEASEE, AND KNOWINGLY AND VOLUNTARILY WAIVES ANY AND ALL CAUSES OF ACTION AGAINST RELEASEE TO THE GREATEST EXTENT ALLOWED BY LAW.

Premises located at: 6208 W. Argent Road, Pasco, WA 99301

Signature of Releasee (TROT)	Print Name of Releasee	Date
Signature of Releasor	Print Name of Releasor	Date
Parent/Guardian Signature (If Releasor is a Minor)	Print Name of Parent/Guardian	Date