



# Vermont Horse-Assisted Therapy, Inc. Student Application Form

Please print clearly

## SECTION 1: APPLICANT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CHALLENGE (check as many as appropriate):

Physical \_\_\_\_\_ Mental \_\_\_\_\_ Social \_\_\_\_\_ Emotional \_\_\_\_\_ Economic \_\_\_\_\_

Please specify \_\_\_\_\_

Health issues we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Medications we should know of? \_\_\_\_\_

\_\_\_\_\_

Allergies or allergies to medications? \_\_\_\_\_

\_\_\_\_\_

**IF APPLICANT IS UNDER THE AGE OF 18**, please provide **PARENT / LEGAL GUARDIAN** information:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**EMERGENCY CONTACT** (name / relationship to applicant):

\_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**CASE MANAGER** (if any)

NAME \_\_\_\_\_

AGENCY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Please return completed application with any required deposit to **VERMONT HORSE-ASSISTED THERAPY INC.,  
307 Culver Hill Road, Middlesex, Vermont 05602** on or before the student's first session.

**SECTION 2: PROGRAM**

Please indicate the program the student is applying for:

- PRIVATE LESSONS
- SEMI-PRIVATE LESSONS
- SPRING AFTER-SCHOOL PROGRAM
- FALL AFTER-SCHOOL PROGRAM
- COMBINED EQUINE SUMMER PROGRAM for girls aged 10-17
- SPONSORED GROUP PROGRAM (please specify sponsor agency or division)

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**SECTION 3: BILLING**

Unless otherwise agreed, payment is the responsibility of the student/parent and is due upon delivery of services. Lessons are to be paid in full on the date of the lesson. After-School Program family contributions and summer program tuition must be paid in full prior to the commencement of the program.

Who is responsible for the payment of services?

- STUDENT / PARENT
- OTHER INDIVIDUAL (please specify / address / telephone number)

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- AGENCY (please specify including billing address and special billing instructions)

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SIGNATURE OF APPLICANT, PARENT OR LEGAL GUARDIAN

DATE

**OFFICE USE ONLY**

Check no. \_\_\_\_\_ in the amount of \_\_\_\_\_

received from \_\_\_\_\_ on (date) \_\_\_\_\_

Instructor: \_\_\_\_\_



## Vermont Horse-Assisted Therapy, Inc. Liability Release Form

I, *(please print student's name)* \_\_\_\_\_ would like to participate in the Vermont Horse-Assisted Therapy Inc. therapeutic riding program.

I acknowledge the risks and potential for risks of horseback riding as well as its benefits. I hereby legally bind, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Vermont Horse-Assisted Therapy Inc., its Board of Directors, Pease Farm Stable LLC, its instructors, therapists, volunteers and/or employees, for any and all injuries and/or losses associated with participating in VHAT activities.

I also understand that under Vermont law, an equine activity sponsor is not liable for an injury to, or for the death of a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. 1039.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS RELEASE SHALL CONSTITUTE AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT  
AT CENTRAL VERMONT HOSPITAL IN BERLIN, VERMONT**

Accept \_\_\_\_\_ Decline \_\_\_\_\_

Please return completed application with any required deposit to **VERMONT HORSE-ASSISTED THERAPY INC.,  
307 Culver Hill Road, Middlesex, Vermont 05602** on or before the student's first session.



## Vermont Horse-Assisted Therapy, Inc. Media Release Form

### Photo Release

- I  DO  
 DO NOT

consent to and authorize the use and reproduction by Vermont Horse-Assisted Therapy, Inc. (a PATH Member Center) of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions, or for any other use to benefit the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print full name:

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