



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)
-

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)
-
-

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

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 _____

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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:
