



## Participant's Application and Health History

To be completed by the participant or parent/legal guardian

### GENERAL INFORMATION *(please print)*

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ M F

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

Phone (home and cell): \_\_\_\_\_

Employer/School: \_\_\_\_\_

Emp/School Address: \_\_\_\_\_

Emp/School Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Caregivers: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

How did you hear about the program: \_\_\_\_\_

### HEALTH HISTORY

Diagnosis \_\_\_\_\_ Date of Onset: \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Seizures			
Allergies			

**MEDICATIONS:** *(include prescription, over-the-counter, name, dose and frequency)*

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*Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):*

**PHYSICAL FUNCTION:** *(i.e., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)*

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**PSYCHO/SOCIAL FUNCTION:** *(i.e., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)*

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**GOALS:** *(i.e., Why are you applying for participation? What would you like to accomplish?)*

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Signature \_\_\_\_\_

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

### PHOTO RELEASE

I hereby authorize Wish Upon a Horse Therapeutic Riding Center (“WUAH”) to use my (or my child’s/ward’s) photographic or video image(s) in its website, newsletter, or any other publication. WUAH may also distribute the image to newspapers, televisions or other media, including the internet, for use in advertisements, stories or news items pertaining to WUAH or its equine assisted programs.

I acknowledge that only WUAH is authorized to use the image(s). I am not giving my authorization for use of any image by any organization, any other person or company. I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken, by submitting said revocation in writing and signed by me. I hereby release WUAH and its directors and officers from any legal responsibility or liability for disclosure of the images.

If the person whose image is being used is under the age of 18, this authorization must be signed by a parent or legal guardian.

I \_\_\_\_\_ DO CONSENT TO USE OF IMAGES AS SET FORTH ABOVE

I \_\_\_\_\_ DO NOT CONSENT

Signature \_\_\_\_\_

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