



MORNING STAR ADAPTIVE RIDING CENTER

Participant Application

(This form must be completed and returned before the first session. Signatures are required on each page.)

General Information

Participant Name: _____
Date of birth: _____
Mailing Address: _____
City/ST/Zip: _____
Phone: _____
Participant Email: _____

If applicant is under 18 years old or has a legal guardian, please provide the following information

Parent/Guardian: _____
Relationship to Participant: _____
Mailing Address: _____
City/ST/Zip: _____
Phone: _____
Email: _____

Acknowledgement of Eligibility and Participation Requirements

I understand that participation in any Morning Star program requires:

- a current diagnosis from a licensed health care professional
- submission of this completed form
- submission of completed Medical History and License Health Care Provider Statement
- interview with Morning Star staff
- any additional documentation that may be deemed necessary to determine eligibility

I further understand that Morning Star Riding Academy will make a final determination of the

participant's initial eligibility for services and will review continuing eligibility as needed. Continued eligibility may be impacted by multiple factors including, but not limited to, changes in weight, physical deterioration, and decreased cognitive function that puts participant, staff, and/or horses at increased risk. I also understand that all documentation and interview requirements must be met before the first session is scheduled.



Participant or Parent/Guardian Signature

Date

Liability Release

I acknowledge the risks and potential risks of equine-related activities, including horseback riding. However, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assignees, executors, or administrators, waive and release forever all claims for damages or otherwise against Still Waters Equestrian Academy, Morning Star Riding Center, its Board of Directors, Officers, Employees, Contractors and/or Volunteers for any and all injuries and/or losses I/my child/my ward may sustain while participating in equestrian programs at Still Waters Equestrian Academy, Morning Star Riding Center.

WARNING: Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to sections 25-21, 249 to 25-1, 253.

I understand and agree that Still Waters Equestrian Academy, Morning Star Riding Center, its Board of Directors, Officers, Employees, Contractors and/or Volunteers will have **no liability** in the event of any accident that may occur.

No person can be accepted for participation in a Still Waters Equestrian Academy, Morning Star Riding Center equestrian program until this release has been signed and submitted. All activities will be under supervision and, although reasonable effort will be made to avoid any accident, Still Waters Equestrian Academy, Morning Star Riding Center will have **no liability**.

I acknowledge that any involvement with horses is a high-risk activity. I have read this Liability Release and fully understand and agree with its content.



AGREED:

Participant or Parent/Guardian Signature

Date

Photo Release

I DO NOT consent to and authorize the use and reproduction by Still Waters Equestrian Academy/Morning Star Riding Center of any and all photographs and audio/visual materials taken of me/my child/my ward for promotional purposes or for any other use for the benefit of the Morning Star Riding Academy programs, including but not limited to social media, web site, and publications.



Participant or Parent/Guardian Signature

Date

Emergency Medical Treatment Authorization

Participant Diagnosis: _____

Describe any medical conditions requiring special consideration in case of emergency, including allergies or seizures, and current medications and dosages. (Attach additional page if needed.)

Primary Health Care Provider: _____

Preferred Medical Facility: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Preferred Phone: _____

Alternate Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury while riding or being on the property of Still Waters Equestrian Academy/Morning Star Riding Center, I authorize Still Waters Equestrian Academy/Morning Star Riding Center staff to secure and retain medical treatment and transportation, if needed.



Participant or Parent/Guardian Signature

Date

Mail or email completed form to:

Morning Star Riding Center, 18221 S. 68th Street, Hickman NE 68372

info@stillwaterseq.org