



## Therapeutic Riding Waiver

### Better Together Therapy Riding Centre

Lilliput, Castletown Geoghegan, N91 HK59

+353 (83) 319 0608 | Email: better.together.tr@gmail.com

The form must be completed thoroughly and submitted to Better Together Therapy Riding Centre prior to your arrival, Thank you!

General information	
Name of applicant:	Gender:
Address:	
Date of birth:	Current age:
<ul style="list-style-type: none"><li>• For us to have the correct size of pony or horse, we must know the height and weight of the rider in advance of the lesson.</li><li>• Please ensure to complete all information and submit to the Centre prior to your arrival. Thank you!</li></ul>	
Height:	Weight:
1 <sup>st</sup> Point of contact – name:	Mobile no:
Relationship to applicant:	
*Email address: Please Check Box for Riding Centre permission to send emails at this address: <input type="checkbox"/>	
2 <sup>nd</sup> Point of contact – name:	Mobile no:
Relationship to applicant:	
*Email address: Please Check Box for Riding Centre permission to send emails at this address: <input type="checkbox"/>	
Names of any other family members who are clients of Better Together Therapy Riding Centre:	
<p>I acknowledge THAT HORSE RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with the health &amp; safety requirements and policies of the establishments. I confirm that to best of my knowledge all the above details are correct. I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times. Helmet use: If the Child/Rider finds it difficult or opts not to wear a riding helmet, the Parent/Guardian/Rider is aware of additional risks when helmets are not worn. A parent or guardian of riders under the age of 16 must sign this form. RIDERS AGED 16 YRS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that I ride entirely at my own risk. RIDERS UNDER 16 YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. DATA PROTECTION ACT: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to Insurers and other parties in the event of any injury or incident. I understand that my details may be used by Better Together Therapy Riding Centre for communications to their clients but will not be sold or passed onto any third parties.</p>	
Print Name:	Relationship to Applicant:
Signature:	Date:
PHOTO PERMISSION: Unless otherwise stated by you. Better Together Therapy Riding Centre will assume they may photograph you or your child whilst on our premises for assessment/instruction purposes or promotion of Better Together Therapy Riding Centre in future online and printed publications/social media. Please only sign here if you DO NOT WISH us to photograph you or your child:	



## Additional rider information

### Better Together Therapy Riding Centre

#### PERSONAL INFORMATION

Hobbies, interests, likes, dislikes:

Is there any further information you think we should be aware of?

Has the Applicant ever done therapeutic riding before? Where and how many times?

Has the Applicant ever suffered injury or discomfort whilst horse back riding? If yes, please describe:

#### MEDICAL INFORMATION

1. Has the Applicant been diagnosed with a medical condition/disability? Please give details:

2. Has the Applicant ever had epileptic episodes? If so, when did the last episode occur? Please enclose a letter from GP re: epileptic episodes and their recommendation for therapeutic riding:

3. Atlantoaxial Instability. Applicants with Down Syndrome: Has the Applicant been assessed for Atlantoaxial Instability? Please give details of results/enclose letter with recommendations:

Does the Applicant have difficulty in any of the following areas? If so, please specify.

1. **Physical:** Mobility, balance, posture (Does the participant wear orthopaedic supports? – e.g., back brace, splints etc.):

2. **Sensory:** Sight, sound, touch, smell, taste, vestibular (balance and the sense of movement) and/or proprioception (sense of body position in space):

3. **Communication** (expressive and receptive): Verbal skills, listening, ability to follow instruction. Does the applicant use sign language to communicate?

4. **Cognition:** Understanding, concentration, memory:

5. **Psychosocial:** social interaction, self-esteem etc:

*Therapeutic Riding:* Has the Applicant been referred for therapeutic riding? Yes  No

*If the Applicant is currently attending physiotherapy/occupational therapy or any other treatment/special education programme, does their therapist recommend therapeutic riding as a support to their on-going treatment or special education programme? If so, please attach a letter with recommendations.*

*If the Applicant is attending GP or Medical Consultant for a specific medical condition, please discuss with them before attending and attach a letter of recommendation.*

Is the Applicant on any medication? Yes  No

If yes, please state which medication and for what reason:

Is the Applicant allergic to anything? Yes  No

If yes, please list all allergies: