



Participant Application and Health History

To be completed by the participant or parent/legal guardian/caregiver

Participant Name: _____ DOB: _____ Age: _____

Height: _____ Weight: _____ Gender: _____

Current Residential Address: _____

Home Phone: _____ E-mail: _____ Alternate Phone (specify): _____

Employer/School: _____ Occupation: _____

Parent/Legal Guardian/Caregiver 1: _____ Occupation: _____

Parent/Legal Guardian/Caregiver 2: _____ Occupation: _____

Address (if different from above): _____

Phone (if different from above): _____

How did you hear about the program? _____

Health History

Diagnosis: _____ Date of diagnosis: _____

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			
Cognitive			
Allergies			

Send Complete Form to: TRAC Program, c/o Centenary University, 400 Jefferson St., Hackettstown, NJ
Or, email: Karen Brittle at karen.brittle@centenaryuniversity.edu



Health History, cont.

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

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking wheelchair use driving, bus riding, etc.)

COMMUNICATION (i.e. Describe speech/language diagnosis, therapies and any social-pragmatic problems)

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

Provide any additional information you feel it is important for us to know (i.e. work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns about participating, etc.).



PHOTO/VIDEO PERMISSION

EDUCATIONAL PHOTOGRAPHY RELEASE (**Mandatory**)

I hereby consent to allow Therapeutic Riding At Centenary/Centenary University to use photographs and/or videos of me/my child *exclusively* for the purpose of educating Centenary University student instructors. I understand that these will not be used for any promotional purpose without my written permission.

Signature of Participant/Parent or Legal Guardian _____

Date _____

PROMOTIONAL PHOTOGRAPHY RELEASE (**Optional**)

- ☐ I do
- ☐ I do NOT

consent to allow Therapeutic Riding At Centenary/Centenary University to use photographs and/or videos of me/my child for any purpose, and in any manner without limitation, including for print media, television, exhibition, publication, social media and any trade or advertising purpose. I understand that these photographs/videos may be used in promotional materials, electronic and print publications, and other uses of benefit to the TRAC program/Centenary University.

Participant Name: _____

Participant Signature _____ Date _____

(Parent/Legal Guardian if under 18 or adult where legal guardianship applies)



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND IDEMNITY AGREEMENT

I, _____ ("Participant"), hereby acknowledge that I have voluntarily elected to participate in the _____ Equine Activities _____ ("Program/Activity"), to be held in and around _____ The Centenary Equestrian Center _____ (location), from _____ (insert date(s)). **In consideration for being permitted by Centenary University to participate in the Program/Activity, I hereby acknowledge and agree to the following:**

ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and voluntary and that my participation is not required by the University.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with Centenary University's policies and procedures. I further agree to abide by all the rules and requirements of the Program/Activity. I acknowledge that the University has the right to terminate my participation in the Program/Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Program/Activity, or for any other reason in the University's discretion.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Program/Activity, including but not limited to traveling to and from Program/Activity site via private vehicle, common carrier, and/or University owned vehicle, behavior of the equine animals, conditions of facilities, injuries due to conditions of equipment, weather conditions, wildlife, negligent first aid operations, and there may be other risks not known to me or not reasonably foreseeable to me at this time. In addition, I understand that as a participant in the Program/Activity events, I will engage in physical activities, riding, competing, practicing, training, observing, and competing in Program/Activity events, during which I could sustain serious personal injuries, illness (including communicable diseases), property damage, or even death as a consequence of not only Centenary University's actions or inactions but also the actions, inactions, negligence or fault of others, conditions of the equipment used, facility conditions, weather conditions, negligent first aid operations and procedures and I understand that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness (including communicable diseases), property damage, disability, or death that I may sustain by any means is my sole responsibility except for those occurrences due to the CENTENARY University's negligence or intentional acts.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Centenary University, Its governing board, directors, officers, employers, agents, volunteers, and any students (hereinafter referred to as "Releases") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness (including communicable diseases), property damage or death that I may suffer as a result of my own negligent acts.

ASSUMPTION OF RISK: Under New Jersey law, a participant and spectator are deemed to assume the inherent risks of equine animal activities created by equine animals, weather conditions, conditions of trails, riding rings, training tracks, equestrians, and all other inherent conditions. Each participant is assumed to know the range of his or her ability and it shall be the duty of each participant to conduct himself or herself within the limits of such ability to maintain control of the equine animal and to refrain from acting in a manner which may cause or contribute to the injury of the participant or others, loss or damage to person or property, or death which results from the participation in an equine animal activity. **WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, c.287 (C:5:15-1 et seq.) ("New Jersey Equestrian Law").**

I understand that there are potential dangers incidental to my participation in the Program/Activity, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that these potential risks are including but not limited to activities such as, riding, practicing, training, competing, observing, traveling to and from Program/Activity site via private vehicle, common carrier, and/or University owner vehicle, injuries due to the behavior of the equine animals, condition of equipment, weather conditions, facility conditions, wildlife, negligent first aid operations of Releases, and other risks that are unknown at this time.

In addition, I understand that there are risks attendant to physical activities and that there are potential dangers which may expose me to the risk of personal injuries, property damage, or even death. I am aware that the Program/Activity can be a vigorous activity involving severe cardiovascular stress and/or violent physical contact. I understand that Program/Activity activities involve certain risks, _____ INITIAL

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including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damages, and serious injury to virtually all bones, joints, muscles, and internal organs, and that protective equipment may be inadequate to prevent serious injury.

I further understand that Program/Activity involves a particularly high risk of knee, head, and neck injury. In addition, I understand that participation in the Program/Activity involves activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I understand that these potential risks include, but are not limited to; travel to and from Centenary University, via private vehicles, common carriers, and/or Centenary University owned vehicles, or local transportation, behavior of the equine animals, weather conditions, facility conditions, equipment conditions, negligent first aid operations or procedures of Releases, and other risks that are unknown at this time. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, and assume full responsibility for my participation in the Program/Activity.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releases from any and all liability, including any and all claims; demands, causes of action (known or unknown), suits, or judgements of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Program/Activity, except to the extent the Releasee is liable under the New Jersey Equine Law.

PERSONAL MEDICAL INSURANCE: I agree to purchase and maintain during the term of the Program/Activity personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Program/Activity.

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the Program/Activity and I do not have any medical record of history that could be aggravated by my participation in my particular sport

MEDICAL CONSENT: I understand and agree that the Releases may not have medical personnel available at the location of the Program/Activity. In the event of any medical emergency, I authorize and consent to the University contacting emergency and/or medical personnel and to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that may be deemed necessary for my safety and protection. I understand and agree that Releases assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of New Jersey.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AND ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

SIGNATURE OF PARTICIPANT

DATE

Signature of Parent/Guardian for Participants under eighteen (18) years of age:

I certify that I have custody of participant or am the legal guardian of Participant by court order and give permission for participation. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I join with Participant in executing this document and agree to be legally bound.

SIGNATURE OF PARTICIPANT

DATE

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WAIVER OF LIABILITY, ASSUMPTION OF RISK AND RELEASE

EQUESTRIAN ACTIVITIES

In consideration of being permitted to participate in the following activities of Centenary University: working or shadowing in the vicinity of and/or with horse(s) and in full recognition and appreciation of any dangers and risks inherent in such activities, I do hereby waive, release, forever discharge and hold harmless Centenary University, its officers, trustees, representatives, agents, students and employees (collectively the "University") from and against any and all claims, demands, losses, liabilities, or action for costs, expenses or damages to personal property or personal injury or death which may result from my participation in these activities whether on or off Centenary University property and regardless of the animal's owner.

Under New Jersey law, a participant and spectator are deemed to assume the inherent risks of equine animal activities created by equine animals, weather conditions, conditions of trails, riding rings, training tracks, equestrians, and all other inherent conditions. Each participant is assumed to know the range of his or her ability and it shall be the duty of each participant to conduct himself or herself within the limits of such ability to maintain control of the equine animal and to refrain from acting in a manner which may cause or contribute to the injury of the participant or others, loss or damage to person or property, or death which results from the participation in an equine animal activity. **WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, c.287 (C:5:15-1 et seq.)**

I understand and admit that my participation in these activities is voluntary. I assume full responsibility for any injuries or damages resulting from my participation including responsibility for using reasonable judgment in all phases of participation of the activities and travel to and from locations. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am capable of participating in such activities. In the event that I need medical treatment, I hereby consent and authorize such treatment and agree to be responsible for the cost of any medical services. I acknowledge that it is the recommendation of the University that I obtain general medical/health insurance if I am not already covered.

I understand that this Waiver of Liability, Assumption of Risk and Release binds my heirs, executors, administrators, and assigns as well as myself. This Waiver of Liability and Release shall be governed by the laws of the State of New Jersey. I acknowledge that I have read and understand this entire Waiver of Liability and Release, sign it voluntarily and I agree to be legally bound by it.

If I am under the age of eighteen (18), my parent or guardian also signs below to give permission for me to participate in shadowing activities and also agrees to be legally bound by the terms of this entire Waiver of Liability, Assumption of Risk and Release.

Please see attached summary of the New Jersey equine activity liability statute.

Participant's Printed Name

Participant's Signature

Date

Witness' Name and Witness' Signature

Parent or Guardian Required if Participant Engaging in Shadowing Activities is under age 18:

Name

Signature

Note: Shadowing involves accompanying and observing, especially in a professional setting.

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Authorization for Emergency Medical Treatment Form

Participant Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Phone: _____

Physician: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize TRAC and/or Centenary University to: (1) Secure and retain medical treatment and transportation if needed, and (2) Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Signature of Participant: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____