



REGISTRATION & INDIVIDUAL PROFILE FORM

To be completed by parent, physician or mental health professional as appropriate. Feel free to attach additional commentary to this form if necessary.

NAME OF PARTICIPANT		PHONE	
ADDRESS		CITY/POSTAL CODE	
GENDER	AGE	HEIGHT	WEIGHT
PARENT/GUARDIAN		EMAIL	

Social Skills:

Enjoys playing with children of _____ same age _____ younger _____ older	
Fears / Dislikes	
Likes / Enjoys	
Motivated by...	

If the individual finds any of the following situations to be challenging, please provide details on how we can assist them to succeed in these areas at Rainbow Riders.

Changing activities and/or locations	
Staying with a group during activities	
Respecting personal space and/or property of others	
Following instructions (includes respecting rules)	
Focusing on task/activity at hand	
Interacting socially with peers	
Loud noises/environments	

Additional comments:	
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If the individual demonstrates any of the following behaviours, please explain contributing causes and prevention / intervention strategies that you successfully employ.

Fearfulness	
Shyness	
Easily frustrates	
Difficulty in controlling anger	
Overly assertive/aggressive behavior	
Use of inappropriate language	
Additional comments/details:	

Reading Level /Skill: _____

<p>Please describe supportive strategies which are effective in addressing the individual's mental health, behavioural or social-emotional needs.</p>

Please describe how the individual's mental health, behavioral or socio-emotional challenges impact him or her (ie, at home, at school, in the community).

Please indicate if the individual has experienced one (or more) of the following mental health challenges:

- Alcohol/Substance Dependence
- Anxiety Disorder (Generalized Anxiety Disorder, Panic Disorder, Social Anxiety Disorder, Specific Phobia)
- Autism Spectrum Disorder (ASD)
- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
- Bi-Polar Disorder
- Borderline Personality Disorder
- Conduct Disorder
- Depression
- Dissociative Disorder (Depersonalization Disorder, Dissociative Identify Disorder)
- Eating Disorder (anorexia, bulimia)
- Fetal Alcohol Syndrome
- Obsessive Compulsive Disorder (OCD)
- Oppositional Defiant Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Psychotic Disorder
- Schizophrenia
- Seasonal Affective Disorder (SAD)
- Separation Anxiety Disorder
- Sensory Processing Disorder
- Sleep Disorder (Insomnia, Narcolepsy)
- Tourette's Disorder
- Other (please specify) _____

When was the individual diagnosed? _____ Who diagnosed the individual? _____

Form Completed by: _____ Relationship to Client _____

Signature: _____ Date: _____

**Rainbow Riders Therapeutic Riding Centre treats all personal information as confidential and does not release it to any other organization. Any information provided may be used to decide on this patient's suitability for riding and help provide a better quality individualized program for the patient. Return form to:
Rainbow Riders Therapeutic Riding Centre, 103 Mount Scio Road, PO Box 23199, St. John's, NL
Phone: (709)738-1055 E-mail: rainbowridersnl@gmail.com**



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WAIVER, ASSUMPTION OF RISK & RELEASE OF LIABILITY

Initial below after reading and understanding each item:

_____ I agree as a precondition to my participation or the participation of my child in horse riding/driving/grooming/ equine assisted learning activities (eg: Horse Discovery) and any other activity involving horses (hereafter called "Equine Activities") organized by Rainbow Riders Therapeutic Riding Centre (Rainbow) and conducted by Rainbow or their employees or volunteers and in further consideration of being permitted to do so to be strictly bound by the terms of this Waiver, Assumption of Risk and Release of Liability.

_____ I enter into this agreement with Rainbow recognizing that "Equine Activities" is inherently a risky undertaking, due to the sometimes unpredictable behaviour of horses, regardless of their continual training and past reliable performance.

_____ I understand that all Rainbow instructors are certified through the Canadian Therapeutic Riding Association (CanTRA) or other equivalent national associations or there may be a student instructor, working under the direction of a fully certified instructor.

_____ I understand that all participants must wear an ASTM (American Society for Testing and Materials) approved riding helmet.

_____ I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries may result from these "Risks". I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:

(a) The propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.

(b) The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.

(c) The potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.

_____ I agree that this Waiver, Assumption of Risk and Release of Liability and all terms contained herein are governed exclusively and in all respects by the laws of the province or territory of Canada in which the "Equine Activities" are provided by Rainbow. I hereby irrevocably submit to the exclusive jurisdiction of the courts of that province or territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the province or territory of Canada in which the "Equine Activities" are provided by Rainbow.

_____ I have read this entire Waiver, Assumption of Risk and Release of Liability document. I understand it is a promise to release Rainbow, its Directors, Officers, employees, volunteers and agents and the owners of the land upon which Rainbow operates from, all claims wheresover or howsoever arising now or in future. I have made a free and deliberate choice to sign this Waiver, Assumption of Risk and Release of Liability as a condition to allow me or my child to engage in "Equine Activities" organized by Rainbow Riders Therapeutic Riding (Rainbow).

Print first and last name of client

Signature of client or parent/guardian

Date