CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

PARTICIPANT INFORMATION

Participant Name: _____ Pronouns: _____

Participant Address: _____

Guardian Email address: _____Participant Phone: _____

DOB (if enrolling as regular student) _____

Guardian Name/Relationship to Participant (If applicable): _____

Guardian Email address: _____Phone:_____

Guardian Address: _____

Emergency Contact: _____ Emergency Contact Phone: _____

PROGRAM INFORMATION

What Program are you here for?:_____

Include Date of Clinic or Farm Tour if only one-time visit_____

Participant Goals/Additional Information to Share if Applicable:

_____

_____

Please indicate any precautions or contraindications for riding or ground-based programs:

- ☐ **Balance**
- ☐ **Sensitivity to sun**
- ☐ **Emotional/psychological**
- ☐ **Neurologic**
- ☐ **Allergies**

Please elaborate on any checked areas:

_____

_____

PAYMENT

Tuition/Fees/Packages/Per Diem Rate: _____ Discounts & Proration: _____

Other Funding Source: _____ Amounts Pending/Received: _____

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SCHEDULING REQUESTS

Please Select days/times available (if applicable):

- ☐ Monday AM
- ☐ Monday PM
- ☐ Tuesday AM
- ☐ Tuesday PM
- ☐ Wednesday AM
- ☐ Wednesday PM
- ☐ Thursday AM
- ☐ Thursday PM
- ☐ Friday AM
- ☐ Friday PM

Dates unable to attend (tuition still applies unless excused absence): _____

- ☐ **I have read the Program Policies.**
- ☐ **I would like to be enrolled in our monthly newsletter.**

Photo/Video Release

I (circle one) **DO** **DO NOT** consent to and authorize the use and reproduction by Carlisle Academy Integrative Therapy & Sports any and all photographs and any other audio/visual materials taken of (Participant) _____ for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Participant/Legal Guardian: _____Date: _____

Student/Guardian Signature _____ Date:_____

www.carlisleacademymaine.com
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Release of Liability

This **Release of Liability** is made and entered into this _____ day of _____, 20__, by and between Carlisle Academy Integrative Equine Therapy & Sports, LLC (hereinafter referred to as Provider), Nick & Sarah Armentrout (hereinafter referred to as Property Owner), Spring Creek Farm (hereinafter referred to as Host Facility), and Participant _____ (hereinafter designated as Participant, and if Participant is a minor, Participant's Legal Guardian).

Therefore, in consideration of the use, today and on all future dates, of the property, facilities and equipment of the Provider and Property Owner, their agents, successors, or assigns, the Participant, his/her/their heirs, assigns, parents and legal representatives assume any and all risks involved in or arising from Participant's use of Provider's services or presence on Property Owner's property or facilities.

The Participant thereby waived and releases forever all claims for damages against instructors, therapists, apprentices, aides and/or employees, as well as the Property Owner and Host Facility and its family members, officers, employees, agents (including the insurance companies that insure both entities) and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses Participant may incur or sustain while receiving services from Carlisle Academy or on the premises of Spring Creek Farm.

Participant agrees to abide by all of Provider's rules and regulations as they now exist or as they may be amended from time to time.

For Nature-Based Activities: I fully understand and acknowledge that: (a) liabilities and dangers exist in my/my participant's use of Provider's equipment and my/my participant's participation in Provider's activities which may result in injury, illness, death or damage to personal property caused by other participants, by accidents, or by the forces of nature or other causes, (b) liabilities and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail route, water level, weather conditions, hazards and dangers that are integral to recreational activities that take place in an outdoor or recreational environment and I hereby accept and assume these liabilities and dangers for myself and on behalf of my child(ren) participating in such activities.

For Farm-Based & Equine-Based Activities: I acknowledge that I have read and fully understand the following statement of inherent risks in farm and equine activities and that I am/my participant is participating despite the potential risks.

STATEMENT OF INHERENT RISKS (Title 7 M.R.S.A. Sec. 4104A)

Equine activities involve a degree of risk that can result in injury or even death, including, but not limited to, the following:

a. The propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around the equine;
b. The unpredictability of an equine's reaction to such things as sounds, movements and unfamiliar objects, persons or other animals;
c. Certain hazards, such as surface or subsurface conditions;
d. Collisions with other equines or objects; and
e. The potential of a participant to act in a negligent manner that could contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

Provider: Carlisle Academy Property Owner: Nick & Sarah Armentrout

Participant: _____ Legal Guardian:_____Date:_____
Email:_____ Phone: _____