



# HORSE POWER HEALING CENTER, INC.

## 2022 RETURNING STUDENT AVAILABILITY

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE:( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

The best number to call if a lesson has to be canceled: \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

Please indicate Days and Times Available for Lessons: Morning 8am-12pm Afternoon 12pm- 4pm Evening 4pm-6pm

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_

\*\* Please let us know if your availability will change due to school or other conflicts.

\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THIS FORM TO:  
HORSE POWER HEALING CENTER, INC.  
S.101 W.34628 County Rd. LO  
EAGLE, WI 53119

[www.horsepowerhealingcenter.com](http://www.horsepowerhealingcenter.com)

# Horse Power Healing Center, Inc. Participant Medical History

This form to be completed annually.

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Seizures: Type: \_\_\_\_\_ Controlled: Yes/No Date of last seizure: \_\_\_\_\_

Shunt present? Yes/ No Date of last revision: \_\_\_\_\_

**Please indicate current or past special needs, concerns and/or surgeries in any of the following areas by circling yes or no. If yes, please comment.**

Auditory: Y N \_\_\_\_\_

Visual: Y N \_\_\_\_\_

Tactile Sensation: Y N \_\_\_\_\_

Speech: Y N \_\_\_\_\_

Cardiac: Y N \_\_\_\_\_

Circulatory: Y N \_\_\_\_\_

Integumentary/Skin: Y N \_\_\_\_\_

Digestion: Y N \_\_\_\_\_

Elimination: Y N \_\_\_\_\_

Immunity: Y N \_\_\_\_\_

Pulmonary: Y N \_\_\_\_\_

Neurological: Y N \_\_\_\_\_

Muscular: Y N \_\_\_\_\_

Balance: Y N \_\_\_\_\_

Orthopedic: Y N \_\_\_\_\_

Allergies: Y N \_\_\_\_\_

Learning Disability: Y N \_\_\_\_\_

Cognitive: Y N \_\_\_\_\_

Emotional/Psychological Impairment: Y N \_\_\_\_\_

Behavioral: Y N \_\_\_\_\_

Pain: Y N \_\_\_\_\_

Other: Y N \_\_\_\_\_

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/ Assistive Devices: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Additional Medical Information: \_\_\_\_\_

To the best of my knowledge the medical history is true and accurate:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant, Parent or Legal Guardian

**Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek**  
**Authorization for Emergency Medical Treatment Form/ Liability Release**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies to any medications or foods: \_\_\_\_\_

**In the event of an emergency, contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Liability Release**

Client/Rider/Participant Name: \_\_\_\_\_

would like to participate in the Horse Power Healing Center & Jericho Creek Farms & Wendy Konichek, Norman and Linda Konichek, activities programs. I acknowledge the risks potential risks of horseback riding. Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risks of equine activities. **NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of an person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1)(E) of the Wisconsin Statutes.**

However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigned executors or administrators, waive and release forever all claims and damages against, Horse Power Healing Center & Jericho Creek Farms & Wendy Konichek, Norman and Linda Konichek, equine activities, its board of directors, instructors, therapists, aides, volunteers, boarding facilities, boarders, and/or property owners, and/or employees for any and all injuries which I/my son/my daughter/my ward may sustain while participating in the Horse Power Healing Center & Jericho Creek Farms activities and programs.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client/Rider/Participant, Parent or Legal Guardian

**PHOTO RELEASE**

I  DO  DO NOT

consent to and authorize the use and reproduction of any and all still and/or video photography and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client/Rider/Participant, Parent or Legal Guardian

**\*\*\* Please sign one of the Consent Plans below \*\*\***

**Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Legal Guardian

**Non-Consent Plan**

I **do not** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving service on the property of Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek.

Parent or guardian will remain on site at all times during equine assisted activities. In the event that emergency treatment/aid is required, I wish the following procedure to take place: \_\_\_\_\_

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Legal Guardian

# Horse Power Healing Center, Inc. & Jericho Creek Farms

## Covid-19 Acknowledgement of Risk and Acceptance of Services

I, \_\_\_\_\_, am aware of the risks of contracting Covid-19 while receiving face to face services from Horse Power Healing Center/Jericho Creek Farms at this time of the pandemic outbreak.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Horse Power Healing Center/Jericho Creek Farms and my individual provider/practitioner. This may include, but is not limited to, washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to cancel my services should I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services during this pandemic.

Horse Power Healing Center/Jericho Creek Farms will engage in regular cleaning and sanitizing of horse tack, grooming supplies and frequently touched areas in-between participants and on a daily basis as recommended by the CDC and our contracted Veterinarian for the safety of clients, employees, volunteers and horses.

I understand and agree that I am assuming all risk with regard to my health including contracting COVID-19 by coming onto the Horse Power Healing Center/Jericho Creek Farms property, accessing its buildings, coming in contact with any patrons, employees or contractors of Horse Power Healing Center/Jericho Creek Farms and any of the horses or other animals that are located at the property.

I waive, release and forever discharge Horse Power Healing Center/Jericho Creek Farms, its managers, members, officers, employees contractors, successors and assigns from any and all actions, claims, causes of action, demands liability suit, and expense including without limitation attorneys' fees that may arise or are associated with or result from either my, or any of my family members or any third party contracting COVID-19. I agree not to sue Horse Power Healing Center/Jericho Creek Farms as a result of either me, any of my family members or any third party contracting COVID-19.

I expressly agree to indemnify and hold Horse Power Healing Center/Jericho Creek Farms, and its managers, members, officers, employees contractors, successors and assigns harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me as a direct or proximate result of my participation in Horse Power Healing Center/Jericho Creek Farms activities or on Horse Power Healing Center/Jericho Creek Farms property.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Horse Power Healing Center/Jericho Creek Farms.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant, Parent or Legal Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_