Quincy Equestrian Services and Therapy (QUEST), NFP
Program Registration Form

Name _____ Birthdate _____/_____/_____ Sex _____

Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Parent(s) Name(s) _____ Alt Phone _____

Emergency Contact _____ Emergency Phone _____

Support Needs Survey

The following information will help us provide quality services for each participant who participates in QUEST programs. This information is COMPLETELY confidential.

How would you characterize your disability? (Check all that apply)

☐ Cognitive ☐ Physical
☐ Psychological ☐ Health
☐ Auditory ☐ Visual
☐ Other: _____

Please provide additional information in detail:
_____
_____
_____

Do you use a wheelchair or other aids for mobility? (Check all that apply)

☐ Manual ☐ Electric ☐ Amigo
☐ Other support (cane, crutches, walker, etc) – Describe
_____

What type of assistance do you need? (check all that apply)

☐ None (independent)
☐ Push Wheelchair
☐ Need help transferring from chair
☐ Other (describe) _____
_____

Do you have a health condition that requires a specialized support? (Check all that apply and explain)

☐ Medications _____
☐ Seizures _____
☐ Allergies _____
☐ Dietary _____
☐ Toileting _____
☐ Dressing _____
☐ Other _____

What type of communication is used? (Check all that apply)

☐ Verbal ☐ Sign Language ☐ Braille
☐ Communication board ☐ Computer
☐ Facilitated communication ☐ Other _____

What are your support needs in the following daily living Activities? (please be specific)

Eating _____

Toileting _____

Dressing _____

Other _____

Physicians Name _____ Phone _____

Date Completed _____

Quincy Equestrian Services and Therapy (QUEST), NFP
Therapeutic Activities Consent Form

I hereby give my consent for (Participant) _____to participate in QUEST Therapeutic Riding and Educational Center programming. This may include the following activities: horseback riding instruction, feeding/grooming animals, riding horses, carriage driving instruction, tacking horses, driving carriage/cart, or other therapeutic activities.

In consideration for QUEST allowing (Participant) _____to participate in the program, the Participant and his/her successors and representatives do hereby agree to release and discharge QUEST officers, staff, administrators, employees, and agents from any and all causes of action damages, claims, costs, expenses (including attorney's fees) and liability in any way arising from or incidental to this authorization.

_____Date_____

Participant Signature – required of all individuals ages 12 and over unless a guardian has been legally appointed

_____Date _____

Parent/Guardian Signature – required of all individuals under 21, and for those with an appointed guardian

_____Date _____

Staff Witness – required in all instances when only a participant signature is required

This authorization is effective for a period of two (2) years following the date of signature.

QUEST Video Tape/Photo Release Form (optional)

I give permission to QUEST to take or have taken print or slide photos, moving pictures, or video tapes of (participant's name) _____. I authorize QUEST its advertising agencies or new media to publish or reproduce the print/slide photographs, moving pictures, or video tape for publicity purposes. Publicity may include but is not limited to newspaper, television, brochures, pamphlets, instructional materials, and books. I understand that no inducements or promises have been made to secure my signature to this release other than the intention of QUEST to use or cause to be used such print or slides, moving pictures, or video tape for the purpose of promoting the QUEST program and its work.

Specific Limitations: _____
This release is valid for two (2) years from the date it is signed, and may be revoked by me, in writing, at any time.

Signed: _____Date _____

Authorization for Emergency Medical Treatment

In the event emergency medical treatment is needed due to illness or injury during the process of receiving services or while being on the property of this agency. I authorize QUEST to 1) Secure and retain medical treatment and transportation if needed and 2) Release rider records upon the request to authorized individual or agency involved in the medical emergency treatment.

QUEST CANNOT PROVIDE SERVICES TO THOSE WHO REFUSE EMERGENCY MEDICAL TREATMENT CONSENT

Participant _____Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Physicians Name _____Medical Facility _____

Health Insurance Co._____ Policy # _____

Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication, and treatment procedure deemed life saving by the physician. This provision will only be invoked if the person(s) listed is(are) unable to be reached.

Signature _____Date _____

Quincy Equestrian Services and Therapy (QUEST), NFP
Medical Release Form

Date: _____

Name _____ DOB _____ Age _____

Sex _____ Height _____ Weight _____ Pulse _____ BP _____

Diagnosis _____

Medications (Type/Purpose/Dose) _____
_____
_____

If Downs Syndrome, Atlanto-Axial Subluxation? Yes ____ No ____

Cervical x-ray for Atlanto-Axial Subluxation: Positive _____ Negative _____ X-ray Date: _____

Tetanus Shot: Yes ____ No ____ Date: _____

Please indicate if the client had or has a history of the following secondary problems, by checking yes or no. If YES, please include COMPLETE information pertaining to the problem.

PROBLEM	Yes	No	If YES, History or Describe
Auditory Impairment	___	___	_____
Learning Disability	___	___	_____
Mental Impairment	___	___	_____
Psychological Impairment	___	___	_____
Speech Impairment	___	___	_____
Visual Impairment	___	___	_____
Allergies	___	___	_____
Cardiac	___	___	_____
Circulatory	___	___	_____
PVD	___	___	_____
Postural Hypotension	___	___	_____
Hemophilia	___	___	_____
Pulmonary	___	___	_____
Asthma/COPD	___	___	_____
Neurological	___	___	_____
Seizures	___	___	_____
Controlled	___	___	Type_____
Last Seizure _____/_____/_____			
Hydrocephalus	___	___	_____
Shunt	___	___	_____
Pain	___	___	_____
Muscular Contracture	___	___	_____
Skeletal	___	___	_____
Spinal Column Injury	___	___	_____
Subluxing Joints	___	___	_____
Dislocating Joints	___	___	_____
Laminectomy/Fusion	___	___	_____
Scoliosis/Degree/Type	___	___	_____
Brace/Last X-ray	___	___	_____

Kyphosis/Lordosis	___	___	_____
Degree/Type	___	___	_____
Spondylolisthesis	___	___	_____
Osteoporosis	___	___	_____
Heterotrophis	___	___	_____
Ossification	___	___	_____
Joint Disease	___	___	_____
Cranial Defects	___	___	_____
Fractures	___	___	Location_____

Other _____

_____

Medical History

Please indicate any medical problems not indicated above:

Please indicate special precautions:

Mobility Status

Ambulatory? Yes ___No ____

Can the student ambulate independently? Yes ___No ____

If no, describe: _____

Prosthetics/Orthodontics

Type: _____Purpose: _____

Type: _____Purpose: _____

Please describe any other additional information that might help us to work with this student. Thank you for your time!

Physician's Signature _____Date _____

Physician's Name (please print) _____Phone _____

Physician's Address _____

Quincy Equestrian Services and Therapy (QUEST), NFP
Hold Harmless Agreement

This agreement made and entered into on (date) _____ by (participant) _____ hereinafter called "Licensee" in favor of QUEST Therapeutic Riding and Educational Center (hereinafter called "Landowners").

WHEREAS, Landowners are the owners of the real estate commonly known as 48th and Ellington Road, Quincy, iL 62301 (hereinafter called "the Property");

WHEREAS, Licensee has asked Landowners to enter upon the Property for the purpose of volunteering in QUEST programs, and/or riding/driving a horse or horses to otherwise travel thereon;

WHEREAS, Landowners have advised Licensee that there are, or may be, hazards on the Property which may cause injury to the person or property of Licensee, but Licensee, acknowledging those risks, nevertheless wishes to enter upon the Property as aforesaid; and

WHEREAS, Landowners are willing to grant their consent to Licensee's use of the Property, but only upon the execution by Licensee of this Agreement.

NOW, THEREFORE, in consideration of Landowners' consent to Licensee's use of the Property and for other valuable considerations, Licensee does hereby forever indemnify and agree to hold Landowners harmless from and against any and all claims, demands, causes of action, costs, and/or expenses that may be incurred or asserted against Landowners, including but not limited to, court costs and reasonable attorneys' fees, in defending any action that may be brought against Landowners resulting in whole or in part from Licensee's use of the Property as described in this Agreement.

By signing this Agreement, Licensee acknowledges that he or she has read this Agreement in its entirety, has full knowledge of its contents, and signs voluntarily and without compulsion or duress of any sort.

IN WITNESS WHEREOF, Licensee has executed this Agreement the day and year first above written.

Licensee:

_____
Signature of participant

Signature of Parent/Guardian (if under 18) _____

_____
Print Name of participant

_____ _____
Street Address City, State, Zip

_____
Telephone