



**PROGRAM REGISTRATION
FORM TO BE COMPLETED BY ALL PARTICIPANTS;
Cancer Patients, Survivors and Family Members**

DATE:			
NAME:			
ADDRESS:			
CITY:	STATE:	ZIPCODE:	
HOME PHONE:	WORK PHONE:	CELL PHONE:	
EMAIL:			
MALE/FEMALE (circle) DATE OF BIRTH: / / HEIGHT: WEIGHT*: *Weight limit is _____ pounds. Anyone exceeding this limit may groom and work with horses on the ground only.			
CANCER PATIENT	SURVIVOR	FAMILY MEMBER	RELATIONSHIP
HORSE RIDING EXPERIENCE (circle):	NONE	BEEN ON TRAIL RIDES	1-2 YEARS OVER 2 YEARS
AVAILABILITY TO TAKE LESSONS DAYS/TIMES:			
INTERSTED IN (please check): GROOMING & WORKING WITH HORSE ON THE GROUND			
ONLY GROOMING, GROUNDWORK & RIDING			
DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM DOING ANY OF THE FOLLOWING:			
GROOMING A HORSE	LEADING A HORSE	WALKING ALONG SIDE OF A HORSE	
JOGGING BESIDE A HORSE	RIDING A HORSE		
PLEASE EXPLAIN:			
VISUAL/HEARING LIMITATIONS:			
SIGNATURE		DATE	

By signing this page you are agreeing that all of the above information is correct. Incorrect information may jeopardize the safety of the student, horses and others. Your signature also authorizes New Day Equine Therapy to use photos that may be taken during your lessons to be displayed on the website site, newsletter, and etc. for promotional purposes.



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Student Name _____ Date of Birth_____/_____/_____
Parent/Guardian _____
Address City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact in the event that I cannot be reached: _____
Primary Contact _____ Phone _____
Secondary Contact _____ Phone _____
Type of Cancer (of Patient/Survivor) _____
Current Physician _____ Phone _____
Preferred Medical Facility/Hospital _____ Phone _____
Health Insurance Provider _____ ID # _____
Allergies _____
Current Medications Being Taken and Side Effects _____

CONSENT PLAN

In the event where emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property where services take place, I authorize NEW DAY EQUINE THERAPY to:

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

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed “life saving” by the physician. This provision will only be invoked if the person listed above is unable to be reached.

CONSENT SIGNATURE (Parent or guardian must sign if under 18) DATE

NON-CONSENT PLAN

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services, or while being on the property where services take place during the NEW DAY EQUINE THERAPY program. In the event emergency treatment is required, I wish the following procedures to take place.

CONSENT SIGNATURE (Parent or guardian must sign if under 18) DATE



**NEW DAY EQUINE THERAPY
PHYSICIAN'S CONSENT**

NOTE: This form is to be completed by the Physician for the Cancer Patient or Survivor ONLY. Family members may skip this page.

Patient /Survivor's Name _____

Address _____ Phone _____

New Day Equine Therapy Program Description:

New Day Equine Therapy is a non-profit organization that provides a horsemanship and riding program as a therapeutic resource to cancer Patients and Survivors of all ages and their families.

Patient/Survivor ("Student") is eligible for up to ___/___ minute sessions. Scheduling is flexible and can be adapted to the student's schedule and current medical condition. Students are not obligated to complete the entire program within a specific time span and may complete it at some future date.

The student will groom horses, halter and tack up horses, lead a horse on the ground at the walk and trot and ride the horse at the walk and trot. While mounted, the student is required to wear a certified riding helmet/hard hat which is provided by New Day Equine Therapy. Students have the option to learn advanced ground techniques if they choose not to ride. Programs will be customized for each student depending on age, level of horse knowledge, comfort around horses, health and physical ability.

Restrictions

Physician Name _____

Physician's Address _____

Phone _____

Physician Signature _____ Date _____



**HORSEBACK RIDING/TRAINING AGREEMENT AND
LIABILITY RELEASE FORM**

**FOR INDIVIDUALS PARTICIPATING IN THE NEW DAY EQUINE THERAPY PROGRAM AND
TAKING INSTRUCTION FROM Bruce Nachman**

**“WARNING” SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS
ACTIVITY**

PLEASE READ CAREFULLY BEFORE SIGNING

REGISTRATION OF STUDENTS AND AGREEMENT PURPOSE: I, the following listed individual hereinafter known as “the RIDER”, and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in the NEW DAY EQUINE THERAPY HORSEMANSHIP PROGRAM under the direction of Bruce Nachman and that this RIDER will work with/ride a horse that is part of the NEW DAY EQUINE THERAPY PROGRAM under the direction of Bruce Nachman, today and on all future dates.

RIDER NAME (Please print) _____ **AGE (if under 18)** _____

**EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE
AND ASSUMPTION OF ALL RISK**

I, the undersigned participant, hereby agree to the provisions of this Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risk Agreement (“this Agreement”) with BRUCE D. NACHMAN (the “Equine Professional”) and NEW DAY EQUINE THERAPY (the “Owner”), on behalf of myself and each and every minor participant for whom I am signing this Agreement (as named below), as follows:

1. I/we agree to follow all instructions given or rules established by the Equine Professional or any of the Equine Professional’s employees or other agents concerning my/our use of any horse or of any equipment or gear provided by the Equine Professional. It is highly recommended for safety reasons that a riding helmet be worn while engaged in equine activities.

I hereby accept full responsibility for all injuries that might occur as a result of failure to wear a riding helmet.

2. I/we have full and complete notice and understanding of the many risks inherent in equine activities which may cause, contribute to or result in **SERIOUS INJURY OR EVEN DEATH** or damage to property (the “Risks”), regardless of previous training and past performance of the horse including but not limited to the following:

- (a) Horses have a propensity to behave in dangerous ways;

Initials _____

(b) It is not expected that anyone will be able to predict or foresee a horse's reaction to excitement, weather conditions, sound, movements, objects, persons, animals, reptiles, birds or insects, nor the effects of any such reactions;

(c) Surface and subsurface conditions pose many potential hazards, both obvious and hidden;

(d) There is always a risk that tack or harness may slip or break or that the horse or the participant may become entangled in tack, harness or vehicles used in an equine activity; and

(e) There is a risk of the participant falling from or otherwise becoming unstable on a horse or a vehicle used in an equine activity or for the horse to trip and/or fall down without warning.

3. I/we have full and complete notice and understanding that this Agreement and all equine activities provided by the Equine Professional are governed by the Virginia Equine Activity Liability Act (Code of Virginia §3.1-796.130, §3.1-796.132, §3.1-796.133 et seq., Please see exhibit A), as it may now provide or be hereafter amended ("the Act"), which Act is hereby incorporated in this Agreement by reference; that all terms defined by the Act shall have the same meaning herein; and that this Agreement shall be so construed as to provide to the Equine Professional the fullest protection of a release, waiver of right to sue and assumption of all risk which is afforded by the Act.

4. I/we hereby RELEASE and WAIVE all rights which I/we may have or may hereafter have against the Equine Professional and/or the Owner for death, personal injury or property damage which is in any way associated with the Risks or otherwise covered under the Act;

I/we hereby WAIVE any right to sue or to bring any action against the Equine Professional and/or the Owner in connection therewith including any negligent act or omission by either of them or by any employee or agent of either of them;

I/we hereby agree to INDEMNIFY and HOLD HARMLESS the Equine Professional and/or the Owner from and against any such suit or action and agree to pay any attorney fees which may arise if any such suit or action is filed;

and I/we hereby expressly ASSUME ALL RISKS AN] DANGERS of death, personal injury and property damage which are in any way associated with the Risks or otherwise covered under the Act.

5. I/we hereby authorize and consent to any emergency medical care which may be administered as a result of injury or sickness caused by or incurred in the course of any equine activity.

6. To the extent possible, this Agreement shall be construed in such manner as will render each provision fully enforceable; but if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect.

Initials _____

7. If this Agreement is executed for and on behalf of a minor participant named below, the undersigned participant hereby warrants and represents that he or she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor participant, his heirs, personal representatives, successors and assigns. In any event, this Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the participant.
8. Each and every right and benefit of the Equine Professional and/or the Owner hereunder shall also accrue to the benefit of each officer, agent, employee, director, shareholder, member, partner, heir-at-law, personal representative, successor and assign of the Equine Professional and the Owner including without limitation every waiver, release, indemnification and agreement to hold harmless.

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OR RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE HAD AN OPPORTUNITY TO CONSULT WITH MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH, AND I HAVE NOT RELIED UPON THE EQUINE PROFESSIONAL OR THE OWNER FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH. I ACKNOWLEDGE THAT I HAVE A COPY AND HAVE A FULL AND COMPLETE UNDERSTANDING OF THE VIRGINIA EQUINE LIABILITY ACT. I UNDERSTAND THAT, BY SIGNING THIS DOCUMENT, I MAY BE WAIVING AND RELEASING CERTAIN IMPORTANT RIGHTS WHICH I MIGHT HAVE IF I DID NOT SIGN THIS AGREEMENT. I AM SIGNING THIS DOCUMENT FREELY, VOLUNTARILY AND WITHOUT ANY COERCION.

**ADULT PARTICIPANT 'S FULL NAME
AND ADDRESS (Please print):**

**EACH MINOR PARTICIPANT FOR WHOM
PARTICIPANT IS SIGNING (Print name)**

Exhibit A

VIRGINIA EQUINE ACTIVITY LIABILITY ACT
As Amended 2003

Section 3.1-796.130. Definitions.

As used in this chapter, unless the context requires a different meaning:

“Engages in an equine activity” means (i) any person, whether mounted or unmounted, who rides, handles, trains, drives, assists in providing medical or therapeutic treatment of, or is a passenger upon an equine; (ii) any person who participates in an equine activity but does not necessarily ride, handle, train, drive, or ride as a passenger upon an equine; (iii) any person visiting, touring or utilizing an equine facility as part of an event or activity; or (iv) any person who assists a participant or equine activity sponsor or management in an equine activity. The term “engages in an equine activity” does not include being a Spectator at an equine activity, except in cases where the spectator places himself in an unauthorized area and in immediate proximity to an equine or equine activity.

“Equine” means a horse, pony, mule, donkey, or hinny.

“Equine activity” means (i) equine shows, fairs, competitions, performances, or parades that involve any or all breeds of equines and any of the equine disciplines, including, but not limited to, dressage, hunter and jumper horse shows, grand prix jumping, three-day events, combined training, rodeos, driving, pulling, cutting, polo, steeple chasing, endurance trail riding and western games, and hunting; (ii) equine training or teaching activities; (iii) boarding equines; (iv) riding, inspecting, or evaluating an equine belonging to another whether or not the owner has received some monetary consideration or other thing of value for the use of the equine or is permitting a prospective purchaser of the equine to ride, inspect, or evaluate the equine; (v) rides, trips, hunts, or other equine activities of any type however informal or impromptu that are sponsored by an equine activity sponsor, (vi) conducting general hoof care, including but not limited to placing or replacing horseshoes or hoof trimming of ass equine and (vii) providing or assisting in breeding or therapeutic veterinary treatment.

“Equine activity sponsor” means any person or his agent who, for profit or not for profit sponsors, organizes, or provides the facilities for an equine activity, including but not limited to pony clubs, 4-H clubs, hunt clubs, riding clubs, school- and college-sponsored classes and programs, therapeutic riding programs, and operators, instructors, and promoters of equine facilities, including but not limited to stables, clubhouses, pony ride strings, fairs, and arenas at which the activity is held.

“Equine professional” means a person or his agent engaged for compensation in (i) instructing a participant or renting to a participant an equine for the purpose of riding, driving, or being a passenger upon an equine or (ii) renting equipment or tack to a participant.

“Intrinsic dangers of equine activities” means those dangers or conditions that are an integral part of equine activities, including but not limited to (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; the unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may 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.

“Participant” means any person, whether amateur or professional, who engages in an equine activity, whether or not a fee is paid to participate in the equine activity.

Section 3.1-796.132. Liability limited; liability actions prohibited.

A. Except as provided in Section 3.1-796.133, an equine activity sponsor, an **equine** professional, or any other person, which shall include a corporation, partnership, or limited liability company, shall not be liable for an injury to or death of a participant resulting from the intrinsic dangers of equine activities and, except as provided in Section 3.1-796.133, no participant nor any participant’s parent, guardian or representative shall have or make any claim against or recovery from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the intrinsic dangers of equine activities.

B. Except as provided in Section 3.1-796.133, no participant or parent or guardian of a participant who has knowingly executed a waiver of his rights to sue or agrees to assume all risks specifically enumerated under this subsection may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity. The waiver shall give notice to the participant of the intrinsic dangers of equine activities. The waiver shall remain valid unless expressly revoked in writing by the participant or parent or guardian of a minor.

Section 3.1-796.133. Liability of equine activity sponsors, equine professionals.

No provision of this chapter shall prevent or limit the liability of an equine activity sponsor or equine professional or any other person who:

1. Intentionally injures the participant;
2. Commits an act or omission that constitutes negligence for the safety of the participant and such act or omission caused the injury, unless such participant, parent or guardian has expressly assumed the risk causing the injury in accordance with subsection 13 of Section 3.1-796.132; or
3. Knowingly provides faulty equipment or tack and such equipment or tack was faulty to the extent that it did cause the injury or death of the participant.

Initials _____