



Horses for Heroes Registration Form

Date: _____

Participant Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender M F

Emergency Contact Name: _____ Phone: _____

Diagnosis(es): _____

Recent and/or upcoming surgeries: _____

Mobility status (walks unassisted, assistive devices, physical therapy, etc.): _____

Shunts, implants, appliances: _____

Behavioral (anger, impulsiveness, fear, PTSD, etc): _____

Medications Taken/Potential Side Effects: _____

Seizures/date of last seizure (if applicable please describe): _____

Allergies: _____

Any important medical information you would like to share:

Check if present:

- TBI PTSD Back injury/pain Trouble sleeping Physical Therapy Anger Mgmt
- Memory loss Easily Fatigued Neck injury / pain

The Veteran's Program is Free of Charge. However, if you are able to make a donation to cover the lesson fee or wish to sponsor a rider at \$65/lesson (or whatever you would like to donate please let us know.

Availability for the VETERANS Program

(Check all available times)

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

Please List Any Specific Day/Time Conflicts: _____



Starbrite Therapeutic Equestrian Center
Liability Release, Confidentiality Agreement, and Medical Release

Participant Name: _____

Liability Release: Starbrite, its officers, members, employees, and agents (including volunteers) will not be responsible for any damages to person, animal or property at the Starbrite Therapeutic Equestrian Center or its grounds, nor will they be responsible for any property lost or destroyed. The undersigned Client or parent/guardian hereby releases Starbrite, its officers, members, employees, and agents from any and all liability and claims of any nature whatsoever, **including taking action to control, restrain, or confine the undersigned, for the safety or protection of the undersigned or others** and any damages whatsoever (including costs, expenses, and attorney's fees) that might result from damages, injuries, or losses to their person or property during, or in connection with, or arising out of, any class, lesson, demonstration, show, clinic, event or other function, **WHETHER OR NOT SUCH DAMAGES, INJURIES, OR LOSSES RESULT DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACT OR OMISSION OR OF ANY INTENTIONAL OR WILLFUL ACT OR TORT OF SUCH RELEASED PARTIES OR OF ANY INVITEE OF ANY RELEASED PARTY.** WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. In exchange for the use of property owned by Starbrite and other valuable consideration, I agree that my use of premises and any animals, facilities, or equipment owned by Starbrite is at my own risk. I further agree to indemnify and hold harmless Starbrite, and its respective officers, members, employees, and agents, from any and all suits, actions or claims of any type arising from my use of the premises or participation in an equine activity, or of such use or participation by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise.

Date: _____ Signature: _____
(Participant, Parent, or Caregiver)

Confidentiality Agreement:

I understand that all the personal information (written and verbal) about participants at **STARBRITE THERAPEUTIC EQUESTRIAN CENTER** is confidential and not to be shared with anyone without expressed written consent of the participant and their parent/guardian in the case of a minor.

Date: _____ Signature: _____

Medical Release Waiver:

I understand that a medical release form from a physician is required in order to participate in equine services at **STARBRITE THERAPEUTIC EQUESTRIAN CENTER**. At this time, I am requesting to waive my right to a physician's release form and understand that **STARBRITE** may request one at any time in the future as a condition of program participation.

I consent to a medical waiver I do not consent to a medical waiver

Date: _____ Signature: _____

Consent for Emergency Medical Service

I authorize Starbrite to obtain emergency medical treatment for me in the instance that I am not able to obtain it for myself.

Signature of Participant or Legal Guardian _____ Date _____



PHOTO/VIDEO SOCIAL MEDIA RELEASE FORM

I hereby grant Tyler Achievement Center for Kids dba Starbrite Therapeutic Equestrian Center ("Starbrite") permission to use my likeness in a photograph, video, or other digital media ("photo") for any social media marketing without payment or other consideration. This includes Instagram, Facebook, TikTok, and any other social media accounts used by Starbrite.

I understand and agree that all photos will become the property of the Starbrite and will not be returned.

I hereby irrevocably authorize Starbrite to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo, unless otherwise agreed upon in writing by both parties.

I hereby hold harmless, release, and forever discharge Starbrite from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE OR UNABLE TO SIGN, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

I ACCEPT:

I DO NOT ACCEPT:

Name: _____ Date: _____

Name: _____ Date: _____

Signature: _____
(Participant, Parent, or Caregiver)

Signature: _____
(Participant, Parent, or Caregiver)

Consent for Tours/Visitors

Starbrite periodically offers private tours to potential partners, volunteers, riders, donors, and other visitors. I consent to participating in private tours during my session and acknowledge that I will be notified of any specific arrangements in advance.

I consent to tours during my session.

I do not consent to tours during my session.

Signature: _____

Date: _____



Weather/Discharge Policy/No Show

Weather Policy: Sessions may be canceled or adjusted on a case-by-case basis at the discretion of the CEO, or Program Director when any of the following conditions are present:

- “RealFeel” is less than 34 degrees/more than 102 degrees, or at the discretion of the instructor on a case-by-case basis.
- If lightning is present 10 miles or less away
- Heavy precipitation
- Steady winds over 15mph; gusts over 25mph
- Unrideable arena or facility conditions
- Starbrite will follow Whitehouse ISD severe weather

*A staff member will use your preferred method of contact to inform you of session cancellations directly. You may also call the office line at (903) 530-4050 to check on weather cancellations.

Discharge Policy: Discharge from the program may occur for reasons included but not limited to those listed below:

- When participant riding presents a safety concern or hazard.
- Inability to follow directions interferes with progress toward goals.
- Inappropriate behavior or conduct that constitutes a risk to the participant, staff, horse, volunteer or Starbrite as an organization.
- Participant exceeds weight limit, or otherwise presents a physical barrier to participation in the program.
- Any change in the participant’s medical, physical, cognitive, or emotional condition that makes therapeutic riding inappropriate.

No Show Policy:

- Two scheduled appointments missed without prior notice will result in discharge from program.

I understand and agree with the cancellation and/or discharge policies above.

Name: _____ Date: _____

Signature: _____

(Participant, Parent, or Caregiver)



Participant Goal Sheet

Date: _____

Participant name: _____

Personal riding goals: _____

Physical goals: _____

Cognitive goals: _____

Social goals: _____

Emotional/Behavioral: _____

Long Term goals: _____
