

Sibling Support Registration

(All participants are required to complete this form one time prior to program participation)

Patient Info

Name	Age	Birthdate
Gender	Diagnosis	
How many children are in the family?	Ages of all children	
Services (circle all that apply)		
Physical Therapy Occupational Therapy Speech Therapy Hippotherapy Adaptive Riding		

1. Sibling Support Participant Info

Name	Age	Birthdate
Gender	Diagnosis (if any)	
Any services this individual is receiving here	Allergies	
Interests		
Any other info you would like to share		

2. Sibling Support Participant Info *If there are more than 2 siblings, please complete and attach another form.

Name	Age	Birthdate
Gender	Diagnosis (if any)	
Any services this individual is receiving here	Allergies	
Interests		
Any other info you would like to share		

Emergency Contact Info

Contact	Phone (primary) Phone (secondary)
Contact	Phone (primary) Phone (secondary)
Email	
• Please sign the attached release of liability	



Participant Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__ on behalf of _____, a minor child (the "Participant"), by _____, the parent having legal custody and/or the legal guardianship of the Participant (the "Guardian"), releases Friends of Leaps and Bounds ("FOLB"), a FOLB organization organized and existing under the laws of the United States as a Section 501c3 tax exempt corporation, each of its directors, officers, employees, and agents.

OR

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__ on behalf of _____, an adult (the "Participant"), releases Friends of Leaps and Bounds ("FOLB"), a FOLB organization organized and existing under the laws of the United States as a Section 501c3 tax exempt corporation, each of its directors, officers, employees, and agents.

I, the Participant or Guardian of the above-named participant, do hereby give my consent to my or his/her participation in all activities of Friends of Leaps and Bounds, non-profit organization, including but not limited to (horse camp, equestrian activity, interacting with animals, etc.) The Participant and/or the Guardian desire that the Participant **engage in activities related to serving or participating in Friends of Leaps and Bounds** activities as a volunteer, player or participant.

The Participant and/or the Guardian are responsible for the **Participant's own insurance coverage** in the event of personal injury or illness as a result of service or participation in activities of Friends of Leaps and Bounds.

1. **Waiver and Release:** We, the Participant and the Guardian, hereby waive, release and forever discharge and hold harmless FOLB, its officers, directors, employees and volunteer assistants, agents, successors or assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant with FOLB activities, including claims arising out of negligence. We understand and acknowledge that this Release Discharges FOLB from any liability or claim that we may have against FOLB with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the FOLB's activities.

This release extends to all claims, whether presently known or unknown. I hereby expressly waive any benefits I may have pursuant to Section 1542 of the California Civil Code relating to the release of unknown claims, which provides:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release which if known by him must have materially affected his settlement with the debtor."



2. Insurance: We the Participant and the Guardian, affirm that the Participant is covered by primary medical insurance and understand that we are responsible for the Participant's medical bills if injury occurs. Further, we understand that FOLB does not assume any responsibility for or obligation to provide the Participant with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death or damage to his or her property. We expressly waive any such claim for compensation or liability on the part of FOLB beyond what may be offered freely by FOLB in the event of such injury or medical expenses incurred by the Participant.
3. Assumption of Risk: We, the Participant and the Guardian, understand that the activities provided by FOLB and which the Participant is involved in may include activities that are inherently dangerous to the Participant, including but not limited to riding horses, interacting with animals, physical activities, etc. We hereby expressly assume the risk of injury or harm of the Participant from these activities and Release FOLB from all liability for injury, illness, death, or property damage resulting from these activities.
4. Medical Treatment: We, the Participant and the Guardian, hereby Release and forever discharge FOLB from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with the FOLB. We give our consent for the FOLB to provide, administer, or obtain medical treatment for the Participant.
5. Other: We, the Participant and the Guardian, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I, the Participant and/or the Guardian of the above-named Participant, admit and acknowledge that I have carefully read this agreement and fully understand its contents, and express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

Signature: _____ **Date:** _____
(Rider or Parent/Guardian if rider is under 18)

Photo Release Agreement

I, _____, give my permission to use my child's name, _____, likeness, image, voice, and/or appearance as such may be embodied in pictures, photos, video recordings, audiotapes, digital images, and the like, take or make on behalf of Friends of Leaps & Bounds Pediatric Therapy. I agree that Friends of Leaps & Bounds Pediatric Therapy. has complete ownership of such pictures, etc. including the entire copyright and may use them for any purpose consistent with the Friends of Leaps & Bounds Pediatric Therapy program mission. I acknowledge that I will not receive any compensation, etc. for the use of these pictures etc. and hereby release Friends of Leaps & Bounds Pediatric Therapy Inc. and any of its agents and assigns from any and all claims which arise or are in any way connected with such use.

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I give my consent to Friends of Leaps & Bounds Pediatric Therapy to use my name/child's name and likeness to promote the program, its fiscal agent, and/or their activities. I consent to allow use in the following ways:

- Social Media (Facebook, Instagram)
- Printed Materials (photos, illustrations, bulletins, publications)
- Promotional Material (advertisements, flyers, exhibitions)
- Videos

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I **decline** use of my child's image, likeness, voice and/or appearance in any way.

I have read and understand Friends of Leaps & Bounds Photo Release Agreement.

Signature: _____ **Date:** _____

(Rider or Parent/Guardian if rider is under 18)

RANCH RULES

- No running, climbing, or jumping off anything on the ranch
- No throwing rocks, balls, toys, or any other objects
- Maintain at least 10 feet of distance from horses at all times
- No one is allowed on the ramps at any time, with the exception of patients or students with direct therapist/AR instructor supervision and direction.
- Minors should be supervised at all times and in a direct line of sight.
- All visitors must sign in, obtain and wear a visitor badge in a visible area at all times. No exceptions.
- Parents, siblings, and visitors should remain in the designated seating areas, unless visiting other animal stalls. (Please remember: no fingers in stalls)
- Parents, siblings, and visitors should not enter sheds unless directed, and are not permitted in the arena, round pen, or in the designated tacking area at any time.
- Though we love the support, please allow your therapist or AR Instructor to direct your children during their time with us. Cheering for your child is always welcome.
- Pictures are allowed; however, please avoid photos of other patients/riders to protect the privacy of our friends.
- Please avoid bringing toys near the arenas while observing, particularly loud or fast-moving toys.
- Dogs are not permitted on campus, with the exception of registered service dogs and dogs maintained in private residences on campus.
- Please do not feed our animals unless approved by a staff member for the animal and type of food.
- All gates are to remain closed at all times.
- Shoes are required at all times.

These rules are in place to keep you, your families, your children, our staff and horses safe. Just like you, our horses can be startled by unexpected movements, and though we train them to ignore these, we need your help to decrease incidences where this might be a factor. We strive to create an environment where everyone can feel safe and satisfied with the services your clients are receiving. Please help us maintain this environment by abiding by these rules, so we can help your clients grow by leaps and bounds!

