

## Annual Rider Application

Please Email Completed Form to [programs.clouddancersthp@gmail.com](mailto:programs.clouddancersthp@gmail.com)

**OR** Mail to PO Box 10489 Albuquerque, NM 87184

Rider Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_ Email: \_\_\_\_\_

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

How did you hear about Cloud Dancers? \_\_\_\_\_

**Please complete the below. Describe the rider's abilities/difficulties in the following areas (include assistance required or equipment needed):**

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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OTHER THERAPIES (Has the rider ever received any type of therapy such as Physical Therapy, Speech-Language Therapy, or Occupational Therapy? If yes, indicate which one(s) and when received.)

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**Please indicate availability** ☐ Mon.-Fri. ☐ Sat.-Sun. ☐ Morning ☐ Afternoon ☐ Evening ☐ Group Lesson ☐ Private Lesson

**How will you pay for lessons?** ☐ Private ☐ DD Waiver (self-directed) ☐ CD Assistance ☐ Other

**Rider or Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Authorization for Emergency Medical Treatment

Rider Name: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Ins. Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

### IN THE EVENT OF AN EMERGENCY, CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN (if applicable):

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, while being on the property where the riding program operates, or in participating in other program activities, I authorize Cloud Dancers Therapeutic Horsemanship Program, Inc. 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.

### Select ONE of the Plans Below

#### CONSENT Plan

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

Consent Name (Print): \_\_\_\_\_  
Rider or Parent/Legal Guardian

Consent Name Signature: \_\_\_\_\_

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

#### 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 services or while being on the property where the riding program operates.

**Parent or legal guardian will remain on site at all times during equine assisted activities.**

In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Non-Consent Name (Print): \_\_\_\_\_  
Rider or Parent/ Legal Guardian

Non-Consent Name Signature: \_\_\_\_\_

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

## Annual Rider Goal List

Rider Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Form Completed By: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Our instructors would like to know the important life goal that the rider/you is working towards. This information helps us to structure our lesson plans (i.e. walking without assistance, independent living, decision making, etc).

1. What is a major life goal?

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2. Please select **up to 2 goals in each category** (i.e. Balance, Confidence, Concentration, etc) that are most important. **Rank them 1 or 2** with 1 being the most important.

Physical Goals		Social Goals		Cognitive Goals	
Balance		Socialization		Readiness Skills	
<input type="checkbox"/>	Posture	<input type="checkbox"/>	Enjoyment	<input type="checkbox"/>	Verbal skills/Vocalizations
<input type="checkbox"/>		<input type="checkbox"/>	Participation	<input type="checkbox"/>	Vocabulary Expansion
<input type="checkbox"/>		<input type="checkbox"/>	Sportsmanship	<input type="checkbox"/>	Word Recognition/Reading Skills
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Math Skills
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Shape Recognition
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Color Identification
Coordination		Confidence		Decision Making	
<input type="checkbox"/>	Fine Motor Skills	<input type="checkbox"/>	Self-esteem	<input type="checkbox"/>	Sequencing
<input type="checkbox"/>	Range of Motion	<input type="checkbox"/>	Responsibility	<input type="checkbox"/>	
<input type="checkbox"/>	Spatial Awareness	<input type="checkbox"/>	Independence	<input type="checkbox"/>	
Strength		Communication		Concentration	
<input type="checkbox"/>	Head Control	<input type="checkbox"/>	Cooperation	<input type="checkbox"/>	Focus
<input type="checkbox"/>	Gross Motor Skill	<input type="checkbox"/>	Transition between activities	<input type="checkbox"/>	Attention (increase)
<input type="checkbox"/>	Muscle tone (increase)	<input type="checkbox"/>		<input type="checkbox"/>	Attention (decrease)
<input type="checkbox"/>	Muscle tone (decrease)	<input type="checkbox"/>		<input type="checkbox"/>	

Other: \_\_\_\_\_ Other: \_\_\_\_\_

If needed, what behavior modification techniques would you suggest or recommend instructors use in the barn and during lesson if the rider is experiencing a challenge? \_\_\_\_\_

Questions? Contact Karen Molony at 505-235-8358 or [karen.clouddancersth@p@gmail.com](mailto:karen.clouddancersth@p@gmail.com).

## RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE

### I. READ, UNDERSTAND AND AGREE

A. I have read this **Release of Liability and Agreement Not to Sue**, have had it explained to me and have had opportunity to ask questions about it. I understand and agree with it and signify my understanding and agreement with my signature below.

B. I understand and agree that I am signing this **Release of Liability and Agreement Not to Sue** in consideration for myself and for \_\_\_\_\_ (name of minor or other protected person for whom I am responsible) entering the equine facility at 9629 2nd Street NW Albuquerque New Mexico 87114 (Property) owned and operated by Molony Stables, LLC. (Molony) and participating in or observing the therapeutic horsemanship programs or other equine programs (equine activities) offered by Cloud Dancers Therapeutic Horsemanship, Inc. (Cloud Dancers).

### II. RELEASE - PARTICIPATING IN EQUINE ACTIVITIES

The Equine Liability Act, Section 42-3-1 *et seq.* NMSA 1978 provides that no person shall recover for injuries resulting from the risks related to the behavior of equine animals while engaged in any equine activities unless the acts or omissions of the rider, owner, operator, trainer or promoter constitute negligence.

A. I understand and agree that participation in equine activities involves inherent risks of injury or death to me or to minors or other protected persons for whom I am responsible resulting from the behavior of equine animals including but not limited to the propensity of an equine animal to kick, bite, shy, buck, stumble, bolt, rear, trample, be unpredictable or collide with other animals, objects or persons or to otherwise cause injury or death.

B. I hereby release Cloud Dancers, Molony, their officers, directors, members, employees and volunteers from all liabilities and claims for damages for injury or death to me or to a minor or protected person for whom I am responsible resulting from the behavior of equine animals while we are participating in or observing equine activities on the Property.

C. I agree not to sue or otherwise make any claim against Cloud Dancers, Molony, their officers, directors, members, employees and volunteers for damages for injury or death to me or to a minor or protected person for whom I am responsible resulting from the behavior of equine animals while we are participating in or observing equine activities on the Property.

### III. RELEASE - NOT PARTICIPATING IN EQUINE ACTIVITIES.

A. I understand that there are other risks of accidental injury and death to me and to minors or protected persons for whom I am responsible from being on the Property but which do NOT result from equine behavior and do NOT involve equine activities but which include and are not limited to dangerous conditions or hazards of the Property or the negligence of Cloud Dancers, Molony or others who are on the Property who are not officers, directors, members, employees and volunteers of Cloud Dancers or Molony.

B. I hereby release Cloud Dancers, Molony, their officers, directors, members, employees and volunteers from all liabilities and claims for damages for injury or death which I may incur or which the minor or protected person for whom I am responsible may incur from risks of being on the Property which do NOT result from equine behavior, do NOT involve equine activities but which include and are not limited to dangerous conditions or hazards of the Property and the negligence of Cloud Dancers, Molony or others who are on the Property who are not officers, directors, members, employees and volunteers of Cloud Dancers or Molony..

C. I agree not to sue Cloud Dancers, Molony, their officers, directors, members, employees and volunteers for damages for injury or death which I may incur or which the minor or protected person for whom I am responsible may incur from risks of being on the Property which do NOT result from equine behavior, do NOT involve equine activities but which include and are not limited to dangerous conditions or hazards of the Property and the negligence of Cloud Dancers, Molony or others who are on the Property who are not officers, directors, members, employees and volunteers of Cloud Dancers or Molony.

**Rider or Parent/Legal Guardian (Print):** \_\_\_\_\_

**Rider or Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to minor or protected person if applicable:** \_\_\_\_\_

(\_\_\_\_\_ initial here if applicable). I have signed this **Release of Liability and Agreement Not to Sue** as parent/guardian of \_\_\_\_\_, a minor or protected person on behalf of myself and the minor or protected person.

## **Rider/Parent Acknowledgement of Covid Risk**

I, \_\_\_\_\_ (Print Name), am aware of the risks of contracting COVID 19 while receiving in-person services from Cloud Dancers Therapeutic Horsemanship. I acknowledge that certain at-risk populations such as persons over age 60 and those with underlying medical conditions are more susceptible to the disease.

I am also aware that face-to-face services increase my risk of contracting and passing on COVID 19. Cloud Dancers cannot guarantee social distancing where support or assistance is needed to mount/dismount, balance or sit upright on a horse, address bodily fluid from the facial area, or in cases of emergencies or other unforeseen circumstances.

I have read Cloud Dancers Rider and Family Information and Volunteer packets relative to COVID 19, our Cleaning & Disinfecting Protocol for Prevention of the Spread of COVID 19 and agree to follow these guidelines, as well as, the Governor's, New Mexico Department of Health and CDC mandates as they relate to COVID 19.

I knowingly accept the additional risks stated above, despite reasonable precautions, and agree to release, acquit, discharge and hold harmless Cloud Dancers Therapeutic Horsemanship Program, Inc., its officers, trustees, agents, employees, contractors, representatives, staff, volunteers, successors, and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned may now, or in the future, have against Cloud Dancers related to any matters associated with COVID 19.

**Rider or Parent/Legal Guardian (Print):** \_\_\_\_\_

**Rider or Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Photo/Media Release (Optional)

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to Cloud Dancers Therapeutic Horsemanship Program, Inc., permission to take or have taken, still or moving photographs and films including television picture of \_\_\_\_\_, a rider, of Cloud Dancers Therapeutic Horsemanship Program, Inc. I/we further consent and authorize Cloud Dancers Therapeutic Horsemanship Program, Inc., its advertising agencies, news media, and any other persons interested in Cloud Dancers Therapeutic Horsemanship Program, Inc., and its work, to use and reproduce the photographs, films and pictures to circulate and publicize the same by all means including without the generality of the foregoing newspapers, web site, television media, brochures, pamphlets, instructional materials, books, and clinical material. With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) on this release other than the intention of Cloud Dancers Therapeutic Horsemanship Program, Inc. to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding Cloud Dancers Therapeutic Horsemanship Program, Inc., and its work. I/we understand that this permission is not restricted to the duration of time the above-named rider is a registered rider in a Cloud Dancers Therapeutic Horsemanship Program. I/we further understand that I/we can reverse this permission at any time by submitting a written statement to that effect to Cloud Dancers Therapeutic Horsemanship Program, Inc., P.O. Box 10489, Albuquerque, NM 87184.

**Rider or Parent/Legal Guardian (Print):** \_\_\_\_\_

**Rider or Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_