

# Student Application for Shining Stars Therapeutic Riding Ministry

3175 Old Harrisburg Road • Gettysburg, PA 17325  
rachel@sstrmail.org • 717-357-2774

# 2024

**ALL FORMS MUST BE COMPLETED in order to process this registration. DO NOT EMAIL YOUR REGISTRATION!**

## Registration Checklist:

- Printed and completed all forms
- Signed and dated all forms where indicated
- \$15.00 Check or money order payable to Shining Stars
- Place all in an envelope and SNAIL MAIL to:  
Shining Stars  
3175 Old Harrisburg Road • Gettysburg, PA 17325

New Student Name of student's last instructor \_\_\_\_\_

Therapeutic Riding  Cart Driving  Equine Connections  Silver Stars

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_

Home / Cell Phone \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Is the Student's behavior age appropriate most of the time?  Yes  
 Most of the time  No - please explain \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Diagnosis / Disability \_\_\_\_\_

Assistive Devices  Wheelchair  Braces  Crutches

Other - please specify \_\_\_\_\_

List all medications \_\_\_\_\_

Is the student allergic to any medications?  No  Yes - please list all medications \_\_\_\_\_

Are there any side-effects our staff should know about? \_\_\_\_\_

**Seizures:** Is the student subject to seizures?  No  Yes - How often? \_\_\_\_\_  
How long does it last? \_\_\_\_\_

Describe a usual seizure, action taken during and after seizure \_\_\_\_\_

**Vision:**  Normal  Normal with Glasses  Problems  Left  Right  
 Both  Close up  Distance  Minimal Vision  Totally Blind  
 Color Blind \_\_\_\_\_

**Walking:**  Normal  Has difficulty walking on:  Rough terrain  
 Difficulty with balance  Cannot bear weight on legs  Left  
 Right  Both  Uses assistive devices \_\_\_\_\_

**Sitting Skills:**  Normal  Needs a chair with back support  
 Cannot maintain sitting balance without complete support \_\_\_\_\_

**Arm - Hand:**  Normal  Limited Left  Limited Right

**Degrees of control:**  Moderate  Minimal  Total

**Hand Skills - Can use**  Scissors  Pencil  Can point

**Toileting Skills:**  Normal  Must be reminded  Needs Help  
 On/Off toilet  With clothing  Diapers  Special Help

**Hearing Skills:**  Normal  Can hear well  Hearing Loss  Left  
 Right  Both  Has hearing aid in  Left  Right  Both  
 Can care for hearing aid without help  Cannot hear at all

**Speech / Communication**  Normal

Understands written words  Understands spoken words  
 Often only the family understands  Uses only a few words  
 No speech, uses gestures  Uses a language board  Other

Parent  Guardian  Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home / Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Person to contact if parent / guardian cannot be reached:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home / Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

# Shining Stars Therapeutic Riding Ministry

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2024

## Medical Release:

In case of a medical problem while \_\_\_\_\_ is with the Shining Stars class, I understand every reasonable effort will be made to contact me in case of an emergency. In the event that I cannot be reached, I give my permission to the staff to secure appropriate medical treatment for him / her. I also give permission for release of information for insurance purposes.

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Phone \_\_\_\_\_

I release the Shining Stars staff of any responsibility except as agreed upon in the release. You will have the opportunity to discuss this agreement with a Shining Stars staff member during our intake process.

\_\_\_\_\_  
Signature Relationship to Student Date

\_\_\_\_\_  
Signature of Shining Stars Staff Member Date of Interview

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## Consent for Photographs:

I hereby give my consent for \_\_\_\_\_ to be photographed while attending the Shining Stars class, or class-related activities. I also give permission for any photographs or slides of him / her to be reproduced as publicity for the program or for training purposes.

\_\_\_\_\_  
Signature Relationship to Student Date

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## Shining Stars Therapeutic Riding Program Inc.

**WARNING:** Under Pennsylvania law, an equine activity sponsor, participant or professional or any other person is not liable for an injury or loss or the death of a participant in equine activities resulting from the inherent risks of equine activities under the Equine Activity Liability Act.

I hereby give \_\_\_\_\_ my permission to participate in Shining Stars Therapeutic equine activities.

\_\_\_\_\_  
Signature Relationship to Student Date

If the volunteer scheduled to sidewalk with my rider does not show up, I am willing to step in rather than cancel my child's lesson.

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## MEDICAL RELEASE FORM

### TO BE COMPLETED BY HEALTH CARE PROVIDER (PHYSICIAN / NURSE)

Patient / Child's Name \_\_\_\_\_

Parent / Caregiver \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Height: Ft. \_\_\_\_\_ In. \_\_\_\_\_ Current Weight: \_\_\_\_\_

What is the patient / child's primary diagnosis? \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Is this patient / child currently receiving treatment?  No  Yes - *please explain* \_\_\_\_\_

Does this patient / child have any other medical problems? \_\_\_\_\_

Does this patient / child have the need for braces, wheelchair or other mobility issues? \_\_\_\_\_

Does this patient / child have any rods, pins or other medical devices in place? \_\_\_\_\_

If the patient/child is diagnosed with Downs Syndrome, do they have Atlanto-Axial instability? \_\_\_\_\_

Does this patient / child have any type of seizure activity? \_\_\_\_\_

Controlled?  No  Yes Date of last seizure \_\_\_\_\_

Special Precautions / Needs \_\_\_\_\_

**Physician's Statement:** *I have examined \_\_\_\_\_ and find there is no reason why this person cannot participate in supervised equestrian activities.*

**Please Stamp or Print Clearly Office Mailing Address:**

Office \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Clinic / Day Phone \_\_\_\_\_

Emergency / On-Call Phone \_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

**THIS** Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (hereinafter referred to as "Agreement") is hereby given by the undersigned to **Shining Stars Therapeutic Riding Program Inc.** (hereinafter referred to as "Sponsor") and to each officer, agent, employee, director, member, heir, personal representative, successor and assign of the Sponsor, and provides as follows:

In consideration for the opportunities provided by the Sponsor to the undersigned (including any minor in whose behalf the undersigned signs this Agreement) (hereinafter referred to as the "Participant") for the enjoyment of equine activities as participant, the participant, including any minor participant for whom he signs this Agreement, hereby agrees as follows:

1. This Agreement is given in part under the Equine Activity Liability Act, 4 P.S. §601, et. seq., as it may now provide or be hereafter amended, (hereinafter referred to as the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference: This Agreement shall be so construed as to provide to the Sponsor the fullest protection of the release, waiver of right to sue and assumption of all risks that is afforded by the Act, by other applicable statutes and by general law.

2. The Participant hereby acknowledges that he has full and complete notice and understanding of the Act and of all the risks inherent in equine activities which may cause, contribute to or result in the death of personal injury of the participant or damage to the participant's property (the "Risks"). These risks include, but are 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; (ii) the unpredictability of an equine's reactions 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; (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; (vi) the propensity of an equine to behave in dangerous ways or to trip and/or fall; (vii) the inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptile, birds or insects, and the effects of such reactions; (viii) the hazards of surface or subsurface conditions, including but not limited to objects or conditions on, under or protruding from the surface both latent and patent; (ix) the hazards which rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches, bodies of water, debris and obstacles, and any equine activity; (xii) the risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason; (xiii) the dangers of being struck by an equine, or by rider; (xiv) any negligent act or omission by the Sponsor or any owner which causes or results in the death or personal injury of the Participant or damage to the Participant's property; and (xv) all other risks associated horseback riding [handling horses], and related activities.

3. The Participant hereby RELEASES and WAIVES all rights which he may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the intrinsic dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above; Participant does hereby WAIVE his or her right to sue or to bring any action against the Sponsor in connection therewith; Participant agrees to INDEMNIFY and DEFEND the Sponsor from and to HOLD the Sponsor HARMLESS against any such Suit or action, including reimbursement of legal fees associated with the defense of any claim; and he hereby expressly ASSUMES ALL RISKS AND DANGERS of injury, loss, damage or death which are in any way resulting from the intrinsic dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, including omission that constitutes negligence for the safety of the Participant by the Sponsor, any owner or any other person.

4. The Participant hereby authorizes and consents to any emergency medical care which may, at the time, appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of an equine activity.

5. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.

6. To the extent possible, this Agreement shall be construed in such manner as will render it, and each provision of it, 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.

7. If this Agreement is executed by the undersigned for and on behalf of a minor Participant named below, the undersigned hereby warrants and represents that he 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; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his own behalf.

8. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned,

**I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH, AND I HAVE NOT RELIED UPON THE SPONSOR/PROFESSIONAL, ANY OWNER OR THE EQUINE ACTIVITY SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.**

Participant Print Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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

**FOR MINORS UNDER 18 YEARS OF AGE:**

Print Name of Minor Participant: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Photograph, Testimonial and Interview Release**

In exchange for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to Shining Stars Therapeutic Riding Program inc. (hereinafter referred to as SSTR), its legal representatives, successors and assigns, and those acting with their authority and permission (collectively, "SSTR") the right and permission to use, re-use, publish, re-publish, and copyright (in SSTR's own name and otherwise) testimonials (written by me or attributed to me), interviews (written by me or attributed to me), and photographic portraits, pictures, images and/or likenesses of me or in which I may be included (in whole or in part, or composite, or distorted in character or form, without restriction as to changes or alterations), in conjunction with my own or a fictitious name, made through any medium, and in any and all media now or hereafter known throughout the world in perpetuity. All rights, licenses and privileges herein granted to SSTR are irrevocable and not subject to rescission, restraint or injunction under any circumstances. I hereby waive any right that I may have to inspect or approve the finished product, or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless SSTR from and against any claims, damages or liability arising from or related to the use of any of the aforementioned material, including but not limited to any liability by virtue of any editing, blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking, recording, editing, processing, publishing or distribution of said testimonials, interviews, pictures, portraits, images and/or likenesses including, without limitation, any claims for defamation, invasion of privacy, right of publicity or violation of any other right.

I hereby acknowledge that the compensation provided does not include any monetary compensation or tangible goods or services and that none are due to me for granting this release.

I hereby warrant that I am of full age and have the right to contract in my own name. I have read this Release prior to its execution, and I am fully familiar with the contents thereof. This Release shall be binding upon me and my heirs, legal representatives, and assigns.

If signing as parent or guardian, I hereby warrant and represent I am the parent or legal guardian of the named minor and have authority to and do hereby consent to this Release on his/her behalf and will be responsible for any damages incurred by SSTR resulting from the minor's breach or renunciation of this Release.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian (for minors under 18 years of age):

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_