

**PARTICIPANT APPLICATION**

Welcome! Strides Therapeutic Horsemanship Center is a 501(c)(3) non-profit organization that specializes in providing quine-assisted activities and therapies to individuals with physical, cognitive, and / or emotional impairments. Our programs are conducted by certified instructors, licensed medical professionals, and highly trained volunteers.

**PARTICIPANT PROCESS**

1. Complete and submit Participant Application via mail or email.
2. **New Participants:** call to schedule your evaluation.
3. You will be enrolled in the most appropriate class based on the results of your evaluation.
4. Tuition must be submitted to reserve your time on the schedule.
5. **Note:** if more financial assistance is needed, the **K.M. Scholarship** is available.

**Mail or Email Applications:**

Strides Therapeutic Horsemanship Center Email: <mailto:hello@stridestc.org>

5426 N Rd 68 Ste D #204 ATTN: Executive Director

Pasco, WA 99301

**Which program(s) are you applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Important Reminders**

1. **Make-Up Policy:** Strides offers one make-up lesson per session if we cancel for any reason. Make-ups may be scheduled during the week after your session ends. Please note that make-ups are not available for client-cancelled lessons unless approved at least 24 hours in advance.  
   Any tuition paid toward sessions are considered forfeited and will be regarded as a donation to Strides if the lesson is not attended or appropriately rescheduled. No refunds will be issued.
2. Refer to “Session Dates & Due Dates” at StridesTC.org to submit applications, scholarship requests, and tuition payments on time.
3. **Tuition Rates:** Available at [StridesTC.org](http://stridestc.org).
4. **Parent/Guardian Involvement:** Parents/guardians are encouraged to complete volunteer training to participate during the participant’s sessions. Call **509.492.8000** or email **Volunteer@StridesTC.org** to schedule training.
5. **Property Rules:**

Honeysuckle Rd speed limit is **MAX 15 mph**

Strides property speed limit is **MAX 5 mph .**

**No exceptions**.

1. **Participant Handbook:** Review the handbook at [StridesTC.org](http://stridestc.org) for detailed policies and procedures.

If you have questions or need assistance, contact us:  
**Email:** Hello@StridesTC.org | **Phone:** 509.492.8000

We look forward to welcoming you!  
— The Strides Team (Board of Directors, Staff, Volunteers, and Horses!)*Strides Board of Directors, Staff, Volunteers, and Horses!*

# PLEASE PROVIDE TO PARTICIPANT’S PRIMARY CARE PROVIDER

Dear Healthcare Provider:

Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is interested in participating in equine-assisted activities at the Strides Therapeutic Horsemanship Center (Strides) in Pasco, WA. To safely provide this service, Strides requests that you complete the attached **Medical History** and **Physician's Release**.

Please indicate if your patient presents with any of the following conditions as they may represent **precautions** or **contraindications** to equine-assisted activities.

**Orthopedic:**

Atlantoaxial Instability **Medical/ Psychological:**

Contractures Coxa Arthrosis Allergies

Heterotopic Ossification/Myositis Ossificans Animal Abuse

Joint subluxation/dislocation Physical/Sexual/Emotional Abuse

Osteoporosis Pathologic Fractures Blood Pressure Control

Spinal Instability/Abnormalities Dangerous to self or others

Spinal Fusion/Fixation Exacerbations of medical conditions

Scoliosis 30 degrees or greater Respiratory Compromise

Hemophilia

**Neurologic:**  Medical instability

Hydrocephalus/Shunt PVD

Uncontrolled Seizures

Tethered Cord Symptoms **Other:**

Chiari II Malformations Indwelling Catheters

Hydromyelia Symptoms Medications with photosensitivity side effect

Spinal Cord Injury (*if injury is above T6*) Skin Breakdown

Neuromuscular Disorders (*if pain or fatigue*

*increases with the activity*)

Thank you for your assistance. If you have any questions regarding this patient's participation in equine assisted activities, please contact Strides.

Sincerely,

*Strides Executive Director*

Email: Strides@StridesTC.org

# MEDICAL HISTORY

*(To be completed by Licensed Health Care Provider)*

**Participant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ *first last*

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

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

**Participant has seizures:**

No

Yes, type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Are seizures controlled? \_\_ Yes \_\_ No o Date of last seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Participant has a shunt:**

No

Yes, date of last revision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participants with Down Syndrome or Juvenile Rheumatoid Arthritis must have neck cleared:**

Not applicable to this participant

Diagnostics: date completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neurological symptoms of atlantoaxial instability present: yes \_\_\_\_\_ no \_\_\_\_\_\_

**Medications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Precautions or Considerations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PHYSICIAN RELEASE

*Given the above medical information, this person is not medically precluded from participation in equine assisted activities. I understand that Strides will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Strides for ongoing evaluation to determine eligibility for participation.*

**Physician's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician’s Contact Information**

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## GENERAL INFORMATION

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ *first last*

**Participant’s Legal Guardian** (*if applicable*):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *first last*

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

*Street City State Zip*

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_I’d like to receive newsletters / updates about Strides*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How did you hear about Strides?** |  |  |  |  |  |  |
| friend doctor family therapist |  | school IG / Fbk |  | Google  radio / tv |  | other:  \_\_\_\_\_\_\_ |

**HOW WOULD YOU DESCRIBE THE PARTICIPANT’S**:

**Physical Function** (*For example: sitting balance, standing balance, mobility, transfers, etc.*):

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

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

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

**List any assistive devices used and / or orthotics**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psycho/social Function** (*For example: daily activities, school / work, interests, family / friend support system, companion animals, fears/concerns, etc.*):

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

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

**Goals: what would you like to accomplish during your time at Strides?**

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

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

**Please indicate medical history and other current / past considerations below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Example** | **Yes** | **No** | **Comments** |
| Vision | *Glasses/contacts* |  |  |  |
| Hearing | *Hearing aids, implants* |  |  |  |
| Sensory | *Over- or under- sensitive* |  |  |  |
| Communication | *ASL, speech delays, gesture* |  |  |  |
| Cardiac | *Surgeries, implants* |  |  |  |
| Breathing | *Asthma, oxygen* |  |  |  |
| Digestion | *Gastronomy tube* |  |  |  |
| Elimination | *Catheters, colostomy, incontinence* |  |  |  |
| Circulation | *Varicose veins, hemophilia, reduced circulation* |  |  |  |
| Emotional/Mental  Health | *Depression, anxiety, ptsd* |  |  |  |
| Behavioral | *Aggression* |  |  |  |
| Pain | *Headaches, joint pain* |  |  |  |
| Orthopedic | *surgeries, fusions, implants, osteoporosis, arthritis* |  |  |  |
| Muscular | *Weakness, high tone, low tone* |  |  |  |
| Neurological | *Seizures, ataxias, tremors* |  |  |  |
| **Allergies** | *Hay, dust, dander, bees, wasps* |  |  |  |

## EMERGENCY MEDICAL TREATMENT RELEASE

Participant’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ *first last*

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

*Street City State Zip*

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **In the event of an emergency, please contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT**In the event of a medical emergency, I authorize Strides Therapeutic Horsemanship Center and/or its designated agent to arrange for medical assistance as deemed necessary. I further authorize any licensed physician and/or medical facility to provide any required medical or surgical care, including hospitalization, until I am available or able to provide more specific authorization.

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

*Signature may be of participant or legal guardian.*

**NON-CONSENT**:  
I do not give my consent for emergency medical treatment or aid in the event of illness or injury during participation in services or while on the property of the agency.

Important: The participant’s legal guardian MUST remain on-site at all times during equine-assisted activities.

If emergency treatment or aid is required, I request the following procedures to be followed:

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

*Signature may be of participant or legal guardian.*

Participant’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ *first last*

## MEDIA RELEASE

**CONSENT: YES to take pictures**

I hereby consent to and authorize the use and reproduction by Strides Therapeutic Horsemanship Center of any and all photographs, videos, digital reproductions, and any other audio / visual material taken of *me / my son / my daughter / my ward* for promotional material, whether electronic, print, digital or digital publishing via the Internet inclusive of social media, education activities, exhibits or for any other use for the benefit of Strides Therapeutic Horsemanship Center for an unlimited period of time and without monetary compensation or other remuneration.

*Signature may be of participant or legal guardian.*

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

**NON-CONSENT: NO to take pictures**

I do not consent to and authorize the use of any and all photographs and any other audio / visual materials taken of *me / my son / my daughter / my ward* for promotional material, education activities, exhibits, or for any other use for the benefit of Strides. *Signature may be of participant or legal guardian.*

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

## PARTICIPANT TERMS AND CONDITIONS CONTRACT

***Disclaimer: by signing this the participant contract you are stating that you have read the Participant’s Handbook found digitally at StridesTC.org. This handbook is for your reference.***

I (participant or guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have contracted with Strides Therapeutic Horsemanship Center (Strides) to give (participant’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ equine-assisted activities including, but not exclusive to current programs found online at StridesTC.org. I, the undersigned, have read and understand the participant terms and conditions, in addition to all Stride’s policies and rules, which I agree to abide by in total. I further understand that if any of Strides’ policies or rules are not followed, Strides has the right to cancel this contract in full.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ *Signature may be of participant or legal guardian.*

# LIABILITY RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

I fully understand and recognize the existence of each of the following risks and hazards associated with being around horses and horseback riding (these risks and hazards shall hereinafter collectively be referred to as the “*Inherent Risks*”):

1. *The activities of horseback riding and/or being near a horse involve numerous inherent dangers and risks, both foreseen and unforeseen, of injury and death to me (and/or my child);*

1. *Horses, like all other animals, irrespective of their training and usual past behavior and characteristics, may act and react in unpredictable and dangerous ways, including, but not limited to, rearing, bucking, and running away;*

1. *Horseback riding on any type of terrain can be dangerous to both me (and/or my child) and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop;*

1. *While horseback riding, even at slower paces, my (and/or my child’s) horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me; and*

1. *While horseback riding, I (and/or my child) may, at any time, lose control or fall off of my (and/or my child’s) horse or have a collision.*

In light of these understandings and recognitions and in consideration of me (and/or my child) being permitted to participate in and/or serve as a volunteer for horseback riding and horse-related activities (“*Subject Activities*”) provided and/or coordinated by Strides Therapeutic Horsemanship Center, do for myself (and/or my child) and my (and/or my child’s) heirs, personal and legal representatives, administrators, and assigns, hereby:

* 1. Recognize the *Subject Activities* are inherently dangerous and personally assume all risks, including, but not limited to, the above-stated *Inherent Risks*, whether foreseen or unforeseen, associated with my (or my child’s) participation in the *Subject Activities*; and

* 1. Forever
     1. RELEASE any and all liability of Strides Therapeutic Horsemanship Center and its successors, assigns, members, directors, officers, employees, volunteers, instructors, therapists, agents, sponsors, and affiliates (hereinafter collectively referred to as “Releasee”),
     2. DISCHARGE and COVENANT NOT TO SUE the Releasee, and
     3. hold and save HARMLESS and INDEMNIFY Releasee from and against any and every liability, claim, injury, loss, damage, expense, demand, action, and cause of action, of whatsoever kind or nature, arising out of or related to any such loss, damage, or injury, including death, that may be sustained by me (or my child), for whatever reason, while participating in the Subject Activities, whether such damages are the result of Releasee’s negligence or any other cause.

* 1. I further state that
     1. I am of lawful age and legally competent to sign this Agreement,
     2. I understand the terms of this Agreement are contractual and not a mere recital; (iii) this Agreement contains the entire agreement between myself and *Releasee*; and (iv) if I am executing this Agreement on behalf of a child, that I am the legal guardian of said child and authorized to execute this Agreement in said capacity. In addition, I agree that nothing about this Agreement limits the protections afforded to *Releasee* by Washington State’s Equine Liability Law, as such is currently codified at RCW 4.24.530 - .540 and hereafter amended.

**IN SIGNING THIS AGREEMENT, I HEREBY ACKNOWLEDGE AND REPRESENT, THAT I HAVE READ THIS AGREEMENT, UNDERSTAND AND ACCEPT THE AGREEMENT’S TERMS, AND AM VOLUNTARILY ENTERING INTO THIS AGREEMENT.**

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

*Signature may be of participant or legal guardian.*

Participant’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*first last*