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# HORSEPOWER

➤ THERAPEUTIC RIDING ➤



**Address:** Honey Bridge Ranch 6N917 Rt. 25 St. Charles, IL 60174 **Mail:** PO Box 361 Elburn, IL 60119  
**Phone:** (815) 508-0804 **Fax:** (815)508-0804 **Email:** Info@HorsePowerTR.com **Site:** www.HorsePowerTR.com



## HorsePower Participant Application Packet

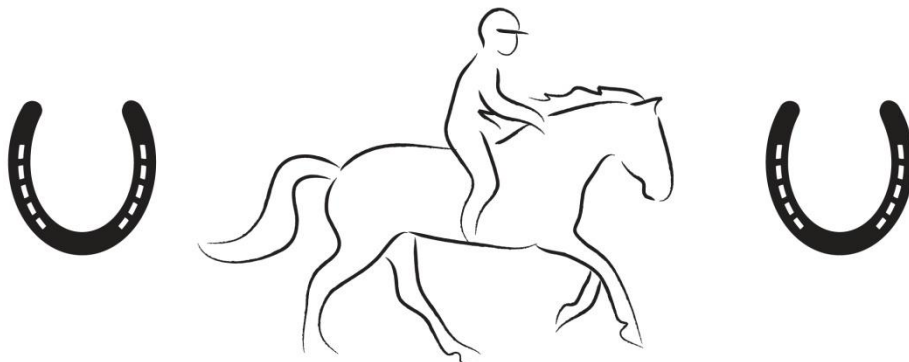
Please provide the most complete and accurate information possible.

INFORMATION SHARED WILL BE KEPT CONFIDENTIAL

Keep this cover-sheet so that you will have our contact information.

This packet must be completed annually by January 1<sup>st</sup>.

# HORSEPOWER



➤ THERAPEUTIC RIDING ➤

# HORSEPOWER PARTICIPANT APPLICATION

We commit to maintaining your confidentiality. Please provide complete information in every instance throughout this packet including the participant's skills, experience and areas of disability or challenges. We rely on your accurate information to assign horses, volunteers, schedules and to plan the best possible programming for you. All forms to be completed and signed by parent/legal guardian if the participant is a minor. If the participant does not have any disability related challenges, please write N/A where appropriate. Please do not leave anything blank. This is a fillable pdf.

Participant's Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Identifies As \_\_\_\_\_

Today's Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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

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

**If participant is a minor, please fill out parent contact info below starting with the preferred contact as Parent 1:**

Parent 1's Name: \_\_\_\_\_

Parent 1's Cell Phone: \_\_\_\_\_ Parent 1's Email: \_\_\_\_\_

Parent 2's Name: \_\_\_\_\_

Parent 2's Cell Phone: \_\_\_\_\_ Parent 2's Email: \_\_\_\_\_

Others who may transport: \_\_\_\_\_

What are the participant's strengths and best qualities? \_\_\_\_\_

\_\_\_\_\_

What are the participant's greatest challenges? \_\_\_\_\_

\_\_\_\_\_

Primary and Secondary Disabilities, Diagnoses, Special Needs, etc. \_\_\_\_\_

\_\_\_\_\_

Allergies or Precautions \_\_\_\_\_

Spinal or Orthopedic Conditions \_\_\_\_\_ Back, Neck, or other pain \_\_\_\_\_

Compromised bone density, and/or are you at higher risk of fracture if you should fall from the horse? Yes  No

If Down Syndrome is listed as a Diagnosis, is there Atlantoaxial Instability? Yes  No  (physician's release is required to confirm absence of symptoms for instability for A/A for all participants with DS)

Seizure Disorder Yes  No  Type \_\_\_\_\_ Date of last seizure \_\_\_\_\_ Number of seizures in last 5 years \_\_\_\_\_

Dr's Release required at onset of riding AND following each seizure. No mounted lessons for 6months after each seizure.

What types of therapy services is the participant receiving either now or in the past. (Physical, Occupational, Speech, Mental Health, Special Recreation, Special Olympics, or other therapies) If you would like communication between HorsePower and the therapist(s) please request a release of information form.

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Does the participant have any previous experiences with horses and/or farm animals? Describe level of enjoyment, fears, etc.

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What best motivates this participant? (Verbal praise, stickers, high 5's, visual schedules, treats, etc.)\_\_\_\_\_

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What do you hope to achieve through animal assisted activities, carriage driving, horsemanship and/or therapeutic riding lessons? What are the participant's (and/or parents) expectations and wishes? Provide details for any suggestions or worries.

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How did you learn about HorsePower? Did anyone refer you?\_\_\_\_\_

Permission to use Photos and Videos Please check YES  or NO

HorsePower may reproduce and use of any and all likenesses, including photos and videos, made in connection with participant's HorsePower activities for the purpose of marketing and educating others about Horsepower, including, but not limited to mediums such as brochures, social media, PowerPoint presentations, etc.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

What do you most want the instructor to focus on? Check all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Basic Riding Skills    | <input type="checkbox"/> Cooperation          | <input type="checkbox"/> Confidence                                      |
| <input type="checkbox"/> Intermediate Skills    | <input type="checkbox"/> Assertiveness        | <input type="checkbox"/> Empowerment                                     |
| <input type="checkbox"/> Advanced Riding Skills | <input type="checkbox"/> Communication        | <input type="checkbox"/> Frustration Tolerance                           |
| <input type="checkbox"/> Carriage Driving       | <input type="checkbox"/> Relaxation           | <input type="checkbox"/> Expression of Emotion                           |
| <input type="checkbox"/> Groom and Tack Skills  | <input type="checkbox"/> Cognitive Skills     | <input type="checkbox"/> Recreation and Fun                              |
| <input type="checkbox"/> Physical Endurance     | <input type="checkbox"/> Motor Planning       | <input type="checkbox"/> Enjoyment of Nature                             |
| <input type="checkbox"/> Coordination           | <input type="checkbox"/> Flexible Thinking    | <input type="checkbox"/> Desensitization (to wind, sun, dirt, movement?) |
| <input type="checkbox"/> Balance                | <input type="checkbox"/> Auditory Processing  | OTHER:   |
| <input type="checkbox"/> Fine Motor Skills      | <input type="checkbox"/> Following Directions | _____  |
| <input type="checkbox"/> Sensory Input          | <input type="checkbox"/> Strengthening        | _____  |
| <input type="checkbox"/> Social Skills          | <input type="checkbox"/> Focus & Attention    |  |



## Participant Medical History & Physician's Statement

**Must be completed and signed by a physician prior to the onset of lessons and then annually by January 1<sup>st</sup>**

Participant \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Primary and Secondary Diagnoses: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

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

Seizure Type: \_\_\_\_\_ Controlled: Y \_\_\_\_\_ N \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y \_\_\_\_\_ N \_\_\_\_\_ Date of last revision: \_\_\_\_\_

Medications that impact bone density: \_\_\_\_\_ Braces/Assistive Devices: \_\_\_\_\_

Mobility: Independent Ambulation Y \_\_\_\_\_ N \_\_\_\_\_ Assisted Ambulation Y \_\_\_\_\_ N \_\_\_\_\_ Wheelchair Y \_\_\_\_\_ N \_\_\_\_\_

Special Precautions: \_\_\_\_\_

For those with Down Syndrome: Neurologic Symptoms of Atlantoaxial Instability: \_\_\_\_\_ Present \_\_\_\_\_ Absent

**Indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities. Yes or No MUST be checked for each.**

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac / Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Medications Impacting Bone Density			
Seizures			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that HorsePower will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to HorsePower Therapeutic Riding for ongoing evaluation by HorsePower to determine eligibility for participation.

Medical Physician Name: \_\_\_\_\_ License No: \_\_\_\_\_

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

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

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All new participants will be scheduled for an Intake Assessment Lesson which has a one-time fee of \$25 plus the regular lesson fee. Intake Sessions can be 30-90min and include consultation plus written assessment with short-term and long-term goals. Our fees are as follows. Package rates are 10 lessons with the 11<sup>th</sup> lesson ½ off.

Lesson Length	Family Critter Connections	Private TR or EAL Lesson	Semi-Private TR or EAL Lesson	Intake Fee
30min	\$35 (\$367.50 pkg)	\$60 (\$630 pkg)	\$50 (\$525 pkg)	\$25
45min	\$48 (\$504 pkg)	\$80 (\$840 pkg)	\$70 (\$735 pkg)	\$25
60min	\$60 (\$630 pkg)	\$100 (\$1050 pkg)	\$90 (\$945 pkg)	\$25
90min	\$72 (\$756 pkg)	\$120 (\$1260 pkg)	\$110 (\$1155 pkg)	\$25

Method of payment?

Cash  Check  Credit Card (3.99% card fees will be added)  Zelle (we will contact you to set you up)

Payment is expected at the time of the lesson. If paying by cash or check, please place in the locked community room mailbox in the upper barn above the helmet rack. If using Zelle, payment must be sent the day of the lesson (for security, only those families that set up ahead of time may use Zelle). Credit Cards are charged the following business day. If payment is late there will be a \$10 late fee added. Parent Initial \_\_\_\_\_

Scholarships are available to those who medically and financially qualify. Applications are available on our website.

I plan to submit a scholarship application. Yes  No

I am most interested in:

- Therapeutic Riding Lessons
- Therapeutic Carriage Driving Lessons
- Ranch Connections (for children in foster care or adopted from foster care and trauma survivors)
- Equine Assisted Learning (unmounted personal development utilizing horses)
- Critter Connections (unmounted activities with smaller farm animals)

Would you like some of the lesson time to include grooming and tacking skills on a regular basis? Yes  No

**We currently offer lessons on Mondays, Wednesdays, Fridays, and Saturdays.** Please list ALL days and times that will possibly work for your schedule. We typically have a short waitlist for after school and weekend timeslots. The more days/times you are available, the quicker you will rise to the top of our waitlist (if we have one), so please be specific about when you could come and circle your preferred times:

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## *Expectations, Policies and Tips for an Enjoyable Experience*

1. We accept Visa, MasterCard, and Discover cards, and can keep your information on file and run your card automatically. Due to limited office staff, cards will not be billed on the same day as the lesson and sometimes it's delayed by as much as a week in the case of holiday schedules. Checks can be made out to "HorsePower." If a check is returned for insufficient funds a service fee of \$25 applies. Credit card fees of 3.99% are passed along to the purchaser. Cash is accepted, but not encouraged. We also accept Zelle. This payment method must be set up prior to lessons by contacting our Office Staff at [info@horsepowertr.com](mailto:info@horsepowertr.com) to ensure the right contact information is used.
2. Packages of 11 lessons are available with the 11<sup>th</sup> lesson being half off. This is the preferred method, with money and time savings.
3. Honey Bridge Ranch is located 2mi north of Army Trail Road on the east side of Rt 25. Look for the Kinvara Farm and Brewster Creek signs on Rt. 25. Take the middle driveway with the Honey Bridge Ranch circular sign. When driving in, please use caution and drive slowly! It's a one lane road and you may have to back up if someone is driving toward you. If you flash your lights, the other driver will know you're going to back up for them. There are a few spots where you can pull off but not many so watch for wide spots on the road or gravel turn outs. **Please do not pull into the grass.** We have many small animals and impulsive children onsite, so a maximum speed of 15 mph is requested. Drive as far south as you can and park near the indoor arena/viewing room, which is the farthest barn.
4. Cancellations: We realize that your life is busy and that you appreciate flexibility regarding missed lessons. Please call or text our office (815-508-0804) if you have had an emergency or illness and need to cancel less than 24 hours before your scheduled lesson. Email, phone or text is fine for canceling with more than 24 hours notice. **If the lesson is cancelled with less than 24 hours notice, for any reason including illness and car problems, and HorsePower cannot find another participant to fill the timeslot, you will be responsible for paying for the lesson.** Families must make a commitment to the participant's therapeutic lesson program as progress cannot be made with frequent cancellations. Additionally, we typically have a waitlist of individuals who very much want the timeslot that you have. HorsePower has the expectation that cancellations will be limited to not more than one time per 4-6 weeks. If we have a waitlist and cancellations are excessive, the participant will be required to give up his or her regular lesson time. We can make exceptions if cancellations are planned far in advance (ex: extended vacation) allowing us to schedule others in your timeslot. We will be as flexible as possible while trying to run a consistent and sustainable program for everyone. **Please see our attendance policy in this packet for more information.**
5. Please arrive at the ranch with sufficient time to use the bathroom, read the black signs at the lower barn to determine if we are teaching inside or outside, and put on your helmet. All participants must wear an equestrian riding helmet during mounted therapeutic riding lessons. Please plan to purchase your own helmet. We recommend Ovation or Troxel brands.
6. Other Attire: Mounted participants are encouraged to ride in thin riding gloves, breeches or stretchy pants, cowboy boots or paddock boots/half-chaps. Gym shoes are fine for the intake ride, but a heeled, hard soled boot is highly recommended for future rides. Thin gloves intended for horseback riding are a must when the weather is chilly. Traditional winter gloves are too bulky and not advised. Mittens are not allowed. Long socks are advised. No tight-fitting jeans that do not have a lot of stretch. Shorts are discouraged. No sandals or Crocs for anyone coming to the ranch, even parents. No excessive jewelry.
7. A completed and signed physician's release is required prior to beginning lessons at HorsePower. The Executive Director, however, makes the final call to determine if Therapeutic Riding is advisable for any participant. If lessons must be ceased, refunds will be arranged. Physician Statements must be renewed annually by January 1<sup>st</sup>.

8. Timeliness is extremely important as it takes a team of volunteers plus the horse and instructor to execute each lesson. Please be respectful of everyone's time by arriving a bit early to your lesson. If a participant is 15 minutes late, a horse may no longer be available and other barn activities may be offered in place of the mounted lesson for the remaining lesson time. We ask that you call or text the director as soon as lateness is anticipated at 815-508-0804.
9. Unforeseen circumstances such as horse availability or sickness, staff and volunteer availability or illness, and the weather may necessitate cancelling a lesson or offering alternative lesson activities that may not be mounted. Whenever possible, we will contact you well in advance if cancellations are required.
10. Please keep in mind our viewing room's size when bringing observers to a lesson. A participant's observer(s) may watch from the viewing room or, with permission, from the bench in the indoor arena. The outdoor arena has a viewing area for families as well. Observers are asked not to interact with participants since this can be very distracting to participants as well as horses. Remember, if you can see horses, they can see you too. Your movements and noises could result in a dangerous, life-threatening spook/accident. Minor siblings or guests must be under direct supervision of their parents or guardians at all times. For the safety of our participants, no running on the ranch. Always leave your pets at home. Instructors will escort students to and from their lessons. Families are asked to stay out of barn aisles for safety.
11. Do not enter the Critter Connection area unless a trained volunteer is on shift to host your visit. All weekly paid participants can schedule a free visit to Critter Connections by calling or texting our office.
12. Parents/guardians must remain on the premises during lessons unless permission is given to drop the participant off by the instructor.
13. Do not touch horses or interact with them without the permission and supervision of a HorsePower staff member or volunteer. Not all horses on the property are in the HP program and some may bite. Do not feed any animal without permission. Many horses are on a strict diet for their health, please do not offer treats.
14. Honey Bridge Ranch does not have a heated indoor arena. Our arena is insulated and is very comfortable on cold days if proper winter clothing is worn. The aisle of the lower barn does have a heater. The Lower Barn Viewing room is usually heated to around 50 degrees. The Community Room is heated to 65 degrees. The Viewing Room and Community Room are air-conditioned to 70 degrees on hot days. Long socks, multiple layers, gloves, thin hats under helmets, neck warmers, and adhesive toe warmers are strongly suggested to maintain comfort of our participants in the winter. **Make sure to always dress for the weather as it does change!** Our policy is to cancel lessons if road conditions are dangerous, if temperatures are in the single digits, or if real feel temperatures are sub-zero. You will be emailed in the event of program closures.
15. Seizures: HP must be immediately and consistently informed of all seizure occurrences so that we can best plan for the safety of our participants, staff and volunteers. Seizure activity while mounted can result in a spook, bolt or a buck, creating injury for the participant, their volunteers and other mounted participants in the arena. It is a very serious situation and must be managed carefully. Physician statements must be resigned after all seizure activity and mounted riding will not resume until 6 months seizure free and a seizure management plan has been deemed effective by the physician.

Any advice, questions or concerns? \_\_\_\_\_

I have read, understand and agree to the policies numbered 1-15 outlined above.

Participant Signature \_\_\_\_\_

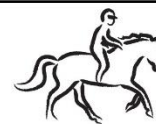
Date \_\_\_\_\_

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

Date \_\_\_\_\_

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## PARTICIPANT WAIVER AND RELEASE OF LIABILITY

**PLEASE READ CAREFULLY!** This form must be signed by everyone intending to handle, ride, be in the vicinity of horses or farm animals, or be present at Honey Bridge Ranch with HorsePower Therapeutic Riding program without exception.

Let it be understood that this form is a release of liability contract between A) HorsePower Therapeutic Riding, Inc. ("HorsePower") (and its volunteers, directors, instructors), Honey Bridge Ranch, all horse and small animal owners, and B) the participant, visitor, observer, driver and his or her family and guests.

### EQUINE LIABILITY ACT WARNING

Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility of injury, loss or damage to person or property resulting from the risk of equine activities. Upon entering Honey Bridge Ranch property, I acknowledge that I assume full responsibility for my own safety. I further understand that I ride and participate in activities with HorsePower at my own risk. I agree to hold HorsePower and Honey Bridge Ranch, along with their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners, harmless from every and all claims that might arise from any injury that occurs from the use of any horse and/or equipment, on behalf of myself, my heirs, successors, assigns, guardians, representatives or dependents. I understand that HorsePower does not represent or warranty the quality or character of any horse furnished, and that of HorsePower, Honey Bridge Ranch, their respective owners, directors, officers, managers, operators, volunteers, agents and employees are released from liability for ordinary acts of negligence. This release has provided me with notice of the risk of engaging in any and all equine activities. I understand (1) the propensity of a horse to behave in dangerous and unpredictable ways that may result in injury to me and others; and (2) the hazards of surface or subsurface conditions. I understand that I must wear protective headgear at all times while at the ranch while in the presence of horses including but not limited to: grooming, riding, mounting or dismounting. I understand that the wearing of such headgear may prevent or reduce the severity of some head injuries and may even prevent death due to a fall or other occurrence. It is my responsibility to bring my own headgear upon arrival to facility and ask for assistance to properly adjust for correct fit. All headgear must be ASTM/SEI certified for equestrian use.

I hereby FOREVER RELEASE, DISCHARGE, AND HOLD HARMLESS HorsePower and Honey Bridge Ranch, doing business under its own name or any other name, and their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners from and against any claims of liability for bodily injury or damage to property arising from my participation in HorsePower activities or my presence on the Honey Bridge Ranch premises, whether caused by the negligence of HorsePower or Honey Bridge Ranch, their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners or otherwise. I further agree to fully indemnify HorsePower and Honey Bridge Ranch, doing business under its own name or any other name, and their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners for any injury, claim, judgment, or expense that may incur, arising out of, or in any way connected, to use of any horse, presence on the premises, use of any equipment, or property brought on to Honey Bridge Ranch premises.

In the event the participant is under the age of 18 years of age, this form must be read and signed by the parent or legal guardian of said minor. This release shall remain valid until expressly revoked by me in writing, or if a minor, the parent or legal guardian.

If an emergency occurs and medical aid/treatment is deemed needed by the instructor because of illness or injury, I authorize HorsePower to make arrangements for the participant's medical treatment, including arranging transportation to a healthcare provider and disclose the information contained in this application to the healthcare provider. Individuals refusing emergency medical treatment cannot participate in the programs at HorsePower.

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

\_\_\_\_\_  
Parent/ Legal guardian if under 18 years of age Date: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of anyone coming on property to observe Date: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of anyone coming on property to observe Date: \_\_\_\_\_





## *Attendance Policy*

*A friendly reminder regarding cancellations...please read carefully. Thank you for the privilege of teaching your participant and the chance to be a part of your family's journey. We realize you put a lot of trust in us and we do not take this lightly. We are committed to harnessing the healing power of the horse each day at HorsePower and take this responsibility seriously.*



*In return, we ask that our families kindly be reminded of our outlook on attendance and communication of absences. HorsePower has the expectation that participants will commit to their lesson time and not cancel/reschedule more than once every 4-6 weeks. We almost always have a waitlist and the timeslot you have is something others are patiently waiting for. If cancellations are excessive or last-minute, the reserved lesson time may be given away to someone on the waitlist.*

*Please text immediately when a lesson cancellation is needed....do not email cancellations that are less than 24 hours in advance. Do not solely cancel verbally at the barn with your instructor. All cancellations and schedule changes must be made through the HorsePower office, and preferably with a text to 815-508-0804. Participants who "no show" or cancel with less than 24hrs notice (for any reason) will be charged for the lesson if we cannot fill the timeslot.*

*Please do not bring participants who are sick. Our lessons can be strenuous, and many require close contact. Volunteers and staff should not be exposed to contagious participants. Please keep participants home if they have experienced a fever, vomiting, persistent cough, or diarrhea in the 24hrs before the lesson.*

*Participants who receive scholarship funding will be charged the full price of their lesson for last-minute cancellations, not just the copay, as our donors ask that we do not utilize their funds for lessons that did not take place.*

*When participants are late, horses will be untacked after 15 minutes and returned to their stalls or paddock. A large crew is assembled, and great care and planning are put into providing services for your participant. Please be respectful of everyone's time and our need to run HorsePower as a financially responsible non-profit organization. Thank you for your assistance in ensuring HorsePower runs smoothly and has a solid future so that we may provide lessons for years to come for our participants, whom we love so dearly.*

Sincerely,

Barbara O'Neil, HorsePower Executive Director

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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



## RELEASE OF LIABILITY REGARDING COVID AND OTHER ILLNESSES

(Print all names which apply to your household and who may be on site at the ranch.)

\_\_\_\_\_ participant \_\_\_\_\_ parent/guardian

\_\_\_\_\_ observer \_\_\_\_\_ parent/guardian

As a participant/parent/observer of HorsePower Therapeutic Riding, I recognize the inherent risks of injury from equine and/or animal assisted activities, or illness (including death) related to being in public places during the COVID-19 Pandemic, flu season, etc.

In exchange for being allowed to visit Honey Bridge Ranch and/or participating in HorsePower activities, I voluntarily agree to assume any and all risk of injury and illness, and further I voluntarily release Honey Bridge Ranch and HorsePower Therapeutic Riding, and each of their owners, instructors, volunteers, directors, boarders, employees, and agents from any and all claims, losses, costs, damages, or liability on account of any injury or illness I (or my child or ward) may sustain for any reason while on the premises of Honey Bridge Ranch or participating in HorsePower activities. I covenant not to sue and agree to hold harmless and indemnify Honey Bridge Ranch and HorsePower Therapeutic Riding, and each of their owners, instructors, volunteers, directors, boarders, employees and agents for any claim, loss, cost, damage, or liability relating to my presence at Honey Bridge Ranch and/or participation in HorsePower activities, including COVID-19 related illness or injury.

I agree to follow current CDC, Kane County Health Department and State of Illinois recommendations. If my participation results in exposure to others, I will report the exposure to the HorsePower Director. I will stay home if I have any covid, respiratory, or flu-like symptoms. I will not bring others to the ranch who have not signed and sent (in advance) this release of liability.

**Sign on all lines which apply to you or your household. All individuals who may be present at the ranch must sign, keeping in mind total number of observers should be kept to the fewest number possible, ideally, one.**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Observer or Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_