



ROAD TO INDEPENDENCE
PARTICIPANT APPLICATION
596 Bradford Rd, Newport, NH 03773
rtidonkeys@gmail.com
rti-aurora.org

Date: _____

PERSONAL INFORMATION

Name _____
Address _____
Home phone _____ Cell phone _____
Email Address _____
Emergency Contact _____ Phone _____
Relationship _____ Alt. Phone _____
Brief Description of Participant Disability _____
Does Participant have a Job Coach? YES ___ NO ___ If YES:
Name of Job Coach _____ Phone: _____

MEDICAL INFORMATION

Primary Physician _____ Phone _____
Are you currently taking any Medications? YES ___ NO ___ If YES please list:

Are there any side effects of current Medications? YES ___ NO ___ If YES, please describe:

Is there a medication schedule we should be aware of? _____

Have you ever had SEIZURES? YES ___ NO ___ If YES, date of last
seizure _____
Describe the type of seizure _____

Do you have ALLERGIES? YES ___ NO ___ If YES, please list _____

COMMUNICATION

Can participant make needs known to job coach? YES ___ NO ___
Does participant have difficulty speaking or communicating? YES ___ NO ___
Do others have difficulty understanding participant? YES ___ NO ___
Does participant have difficulty remembering things? YES ___ NO ___
Does participant have difficulty in learning new things? YES ___ NO ___
Does participant have difficulty following directions? YES ___ NO ___
Does participant have difficulty hearing? YES ___ NO ___

IF YES, to any questions, PLEASE EXPLAIN: _____
Useful phrases or words that work best with participant _____

Are you currently working/ attending school/ volunteering? YES ____ NO ____

If YES, how long is your average school/work day? _____

Please provide any other details that may help you get the most from our vocational training program _____

PERSONAL CONCERNS (Please check any of Concern)

- Communication
- Safety Awareness
- Hearing Aids
- Sight/Glasses

- Difficulty with Lifting/Strenuous Activities
- Difficulty with Walking/Unsteadiness
- Behaviors

Details regarding any of the concerns checked above? _____

Has applicant ever been convicted of a crime? YES ____ NO ____

If yes, please explain: _____

How did you hear of our program? _____

Is application being prepared by the applicant? YES ____ NO ____

If no, who is the preparer? _____

Signature of Guardian or Individuals' Own Signature, if own Guardian

Signature

Date

*References may be required, upon request.



Road To Independence

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Liability Release

A. VOLUNTEER - As a volunteer/participant for Road To Independence I, as the parent or legal guardian, do hereby voluntarily request and agree to participate in the Road To Independence Program and its Equine Assisted Activities and to do so at my own risk. I acknowledge the risks and potential risks of working with equines and that no liability can be or is accepted by any organization, entity or individual concerned. I understand that I may be with and around equines; however, I feel the possible benefits are greater than the risks assumed.

B. AGREEMENT SCOPE AND TERRITORY – This agreement shall be legally binding upon me the volunteer, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of NH.

C. NATURE OF EQUINE SPECIES (including horses, ponies, mules, or donkeys) herein after referred to as horse(s) - No horse is completely safe. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse it will generally be at a distance of 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider and/or volunteer. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will; shifting its weight; bucking; rearing; kicking; biting; or running from danger.

D. OTHER DANGERS - Risks also exist in mounting, leading, side-walking, grooming, tacking, feeding, interacting with, or being in the vicinity of horses. Risks also include being stepped on, abrasions, contusions, trip hazards, allergic reactions, slipping, and falling.

E. CONDITIONS OF NATURE – Road To Independence, Inc. is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: thunder, lightning, rain, wind, wild and domestic animals, insects, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

F. INSPECTION OF PREMISES - Volunteer has opportunity to and agrees to inspect Road To Independence facilities and trails to be satisfied that they are appropriate for the volunteer's safety, as a condition for utilization of Chakola's Place premises and facilities. Anything believed to be unsafe will not be utilized and will be brought to the immediate attention of the instructor or staff.

G. PROTECTIVE HEADGEAR WARNING - I have been fully warned and advised by Road To Independence that I should wear protective headgear (riding helmet) if and while mounting, riding, and dismounting.

H. LIABILITY RELEASE - In consideration of Road To Independence, Inc allowing my participation in this activity, under the terms set forth herein, I, the volunteer, and the parent or guardian thereof if a minor, do agree to hold harmless and release Road To Independence, Inc., Chakola's Place, their owners, board of directors, officers, members, staff, instructors, volunteers, employees, management, premises owners, affiliated organizations or persons, and insurers, from legal liability due ordinary negligence; and I do further agree that except in the event of gross negligence and willful and wanton misconduct, I shall not bring any claims, demand, legal actions and causes of action, against Road To Independence, Inc, Chakola's Place, their owners, board of directors, officers, members, staff, instructors, volunteers, employees, management, premises owners, affiliated organizations or persons, and insurers, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Chakola's Place and/or Road To Independence, Inc.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

Name- Please print _____
Mailing Address: _____
Physical Address: _____
Email: _____ Date of Birth: _____

Signature: _____ Date _____

Under 18, Parent or Guardian must sign:

Print Name of Parent or Guardian: _____
Mailing Address: _____
Physical Address: _____
Email: _____

Signature: _____ Date: _____

Photo Release: I Do _____ I Do Not _____ consent to and authorize the use and reproduction of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions, or for any other use to benefit the program.

Signature: _____ Date: _____

Thank you