Welcome!

Pony Power Therapies gives special needs and at-risk children and adults a unique opportunity to ride, care for and interact with horses. Our riding and non-riding activities enhance individuals' physical, social and emotional well-being in a safe, nurturing farm environment. We are a 501(c)3 registered nonprofit organization.

Pony Power is the only Professional Association of Therapeutic Horsemanship (PATH) International member center located in Bergen County. Because we implement PATH International standards, you can be assured that you will receive high-quality instruction.

Please read, complete, sign, and return the following forms 4 weeks prior to your first lesson.

- Participant Liability Release
- General Information with photo release

You may also submit copies of the participant's IEP and therapy reports if applicable.

Please note that all participants must complete a new packet annually.

1170 Ramapo Valley Rd ◆ Mahwah, NJ 07430 ◆ 201-934-1001 ◆ 201-934-8891(FAX)
info@ponypowernj.org ◆ www.ponypowernj.org

PARTICIPANT LIABILITY RELEASE

Participant's Name: ______________________________________DOB: _________________

Street Address: __________________________________ City: ________________________

State: ____ Zip: __________ Home Phone: _________________Cell Phone_______________

Email: ____________________________________

Parent/Legal Guardian Name: ____

Address (if different from above): ____

If student, name of school: ____

In the event of emergency, contact:

Name____________________Relationship________________Mobile Phone_______________

Name____________________Relationship________________Mobile Phone_______________

___________________________ (Participant's name) would like to participate in the Pony Power Therapies, Inc. program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to my self, my son, my daughter, my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Pony Power Therapies, Inc., its Board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Pony Power Therapies, Inc.

Name (Print): __________________________________ Date: _________________________

Signature: ____

(Client [over 18], Parent or Guardian)

GENERAL INFORMATION

Name: ____ DOB: ___________________

Age: ____ Gender: M F Diagnosis/Special Needs: __________________________

____

Ambulatory: ☐ Yes ☐ No ☐ With Assistance

Describe Ambulation Needs/Equipment Used: _______________________________________

____

Communication: ☐ Verbal ☐ Non-verbal ☐ Uses communication devices ☐ Other

Describe communication needs/references:____

____

How did you hear about the program?: ____

PHOTO RELEASE

☐ I DO **☐ I DO NOT**

Consent to and authorize the use and reproduction by Pony Power Therapies of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: ______________________________________ Date: ______________________
Client (over 18), Parent or Legal Guardian

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