Cincinnati Therapeutic Riding and Horsemanship
1342 U.S. Highway 50, Milford OH 45150
Phone: 513-831-7050/Secure Fax: 844-716-2708
www.ctrhohio.org

Rider Information and Consent Form 2025

Name: _____ Date of Birth: _____

_____

Address City County State Zip

_____

Email How did you hear about CTRH?

In the event, emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Cincinnati Therapeutic Riding and Horsemanship to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of emergency, please print two names to contact:

_____

Name Relationship Phone

_____

Name Relationship Phone

Physician's Name: _____Phone: _____

Preferred Medical Facility: _____

Is there a Third Party Payer (CCDD, etc.)? _____

Do you receive Medicaid? _____ If yes, what type? _____

Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Consent Signature: _____ Date: _____
Rider/Parent/Guardian/Caregiver

Print Name _____ Phone: _____

Non Consent Plan: I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

Non Consent Signature: _____ Date: _____
Rider/Parent/Guardian/Caregiver

OVER →

Does applicant have any fears we should know? (i.e., falling, fear of heights, animals, etc.)

_____

Does applicant have any history of animal abuse? (if yes, please explain)

_____

List any medical conditions which might be relevant in an emergency. (i.e., bee sting, allergy, heart condition, etc.)

_____

Please list any additional information that would be helpful for our instructors and volunteers? If you are a returning rider please list any changes the CTRH staff need to be aware of. (i.e., change of medications, surgeries, etc.)

_____

Release of Liability

I, _____, a rider, parent or legal guardian of a rider, would like to participate in the Cincinnati Therapeutic Riding and Horsemanship Program. I acknowledge that risks are inherent in horseback riding and equine activity. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive, release and exonerate Cincinnati Therapeutic Riding and Horsemanship, its Trustees, Board of Directors, officers, instructors, therapists, aides, volunteers, independent contractors and/or employees from any and all tort and civil liability, damages and claims arising from or related to all activities associated with Cincinnati Therapeutic Riding and Horsemanship, including but not limited to any injuries and/or losses I/my son/ daughter/ward may sustain while participating in Cincinnati Therapeutic Riding and Horsemanship. I understand that some of the inherent risks in equine activity include, but are not limited to:

A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
C. Hazards, including, but not limited to, surface and subsurface conditions;
D. A collision with another equine, another animal, a person, or an object;
E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I agree that I have been given sufficient time to read, understand and ask questions, if any, concerning the nature and scope of the Voluntary Waiver and Release Agreement.

_____ _____
Date Participant Signature

_____
Parent/Guardian/Caregiver (if participant is a minor)

Photo Release: I do_____ I do not_____ consent to and authorize the use and reproduction by Cincinnati Therapeutic Riding and Horsemanship of any and all photographs and any other visual materials taken of me/my son/ daughter/ward for promotional printed material, educational activities or for any other use for the benefit of the program.

_____ _____
Date Signature of Rider/Parent/Guardian/Caregiver

Participant Demographic Information

Cincinnati Therapeutic Riding and Horsemanship is a nonprofit organization supported by philanthropic contributions. Many grant applications request anonymous demographic information be included. Your assistance is greatly needed to help maintain management programming fees. Every participant is asked to complete the following information, which will be kept confidential and used only for the purpose of securing philanthropic support.

Participant fees cover a small percentage of the total costs of programming and services. These fees are offset by philanthropic contributions from individuals, corporations, foundations/grants and other generous investors.

Participant Date of Birth: _____/_____/_____ Age: _____

Gender: ___ Male ___ Female

When did participant first start coming to CTRH? _____

County and State of Residence: _____

Diagnosis: _____

_____

Ethnicity: ___ White/Caucasian ___ Hispanic Origin ___ Black/African American

___ American Indian ___ Asian/Pacific Islander ___ Other: _____

Household Income: *grantors often ask about anonymous income data to determine the amount of funding to award CTRH*

___ Less than $25,519 ___ $62,360 - $70,319

___ $25,520 - $34,479 ___ $70,320 - $79,279

___ $34,480 - $43,439 ___ $79,280 - $88-239

___ $$43,440 - $52,399 ___ $80,240 - $99,999

___ $52,400 - $61,359 ___ $100,000+ ___ Prefer Not to Answer

Total Number in Household: ____ Total Number under age 19 in household: ___

Self / Parent / Guardian Occupation: _____

Self / Parent / Guardian Employer: _____

Does Employer offer Matching Gift Program? ___ Yes ___ No

Would you consider requesting a Matching Gift for CTRH in the future? ___ Yes ___ No

Does Employer provide grants and/or sponsorships in support of nonprofits? ___ Yes ___ No

Would you consider working with CTRH to request a grant or sponsorship from Employer? ___ Yes ___ No

If yes, please share your contact information: _____

Form Completed by: ___ Self ___ Parent/Guardian ___ Spouse ___ Aide

Form Completed on Date: _____/_____/_____