



Sunrise Therapeutic Riding & Learning Centre Scotiabank Life Skills Development Program Application

Participant Information

Name: _____ Gender: Male Female
Date of Birth: _____ Health Card Number: _____
Day Selection: Tuesday Thursday

Primary Contact Information

Name: _____ Relationship: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ E-mail Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Information

Name of Emergency Contact #1: _____ Relationship: _____
Home Phone: _____ Work: _____ Cell: _____
Name of Emergency Contact #2: _____ Relationship: _____
Home Phone: _____ Work: _____ Cell: _____

Health Information

Diagnosis/Special Need: _____
Secondary Diagnosis (if applicable): _____
Mobility Needs: Independent Assisted Wheelchair
What is the applicants preferred method of communication (ie. Symbols/pictures, communication device, gestures, oral etc..)? _____
Does the applicant have any health-related concerns that may impact the type of support required (ie. seizures, hearing impairments, vision impairment etc.)? Yes No
If yes, please specify: _____
Does the applicant have any allergies or sensitivities? Yes No
If yes, please specify: _____
Does medication need to be administered during program hours or in emergency situations? Yes No
(If yes, a medical dispensing form will be sent to you.)



CLIENT NAME: _____

Sunrise Therapeutic Riding & Learning Centre • 6920 Conc. 1, Puslinch, ON N0B 2J0 • Ph. 519-837-0558

RELEASE AND INDEMNITY

IN CONSIDERATION of being able to participate in programs offered by SUNRISE and other good and valuable consideration, I, _____ do hereby:
(please PRINT your name clearly)

Remise, release and forever discharge **SUNRISE**, their successors and assigns from any and all manner of actions, causes of actions, suits, debts, claims and demands whatsoever, which against **SUNRISE** I ever had, now have or may hereafter have as a result of, or in any way arising out of, any accident of injury to me or any loss or damage to my property howsoever suffered or caused while I am participating in, or engaged in, any manner whatsoever in activities sponsored by, supported or endorsed by **SUNRISE** and including, without limiting the generality of the forgoing, any preparation, therefore, or transportation to or from any such activities; and agree to indemnify and save harmless **SUNRISE** from and against all claims, demands, losses, damages, cost, charges and expenses whatsoever which **SUNRISE** may sustain or incur by reason of being engaged in, or participation in, directly or indirectly, activities sponsored or endorsed by **SUNRISE**.

This Release and Indemnity shall be binding upon me and upon my next of kin, my heirs, executors, administrators, successors and assigns.

IN WITNESS HEREOF, I have hereunder set my hand and seal this: _____ day of _____, 20_____
(day) (month) (Year)

SIGNED, SEALED AND DELIVERED in the presence of:

(Witness) (Signature of Individual – if over 18 years of age)

We, the undersigned, as parents or legal guardians of the above member, hereby join in the above Release and Indemnity on our behalf and on behalf of

SIGNED, SEALED AND DELIVERED in the presence of:

(Witness) (Signature of Parent/Guardian if rider is under 18 years of age)

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to **Sunrise Therapeutic Riding & Learning Centre** permission to take, or have taken, still and moving photographs and films, including television pictures of our son/daughter/ward. Furthermore, the undersigned consents and authorizes **Sunrise Therapeutic Riding & Learning Centre**, and its advertising agencies, news media and any other persons interested in **Sunrise Therapeutic Riding & Learning Centre** and its work, to use and reproduce the photographs, films and pictures to circulate and publicize the same by all means, including and without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of **Sunrise Therapeutic Riding & Learning Centre** to use or be used such as photographs, films and pictures for the primary purpose of promoting and aiding the **Sunrise Therapeutic Riding & Learning Centre** and its work.

Dated this _____ day of _____, 20 _____

(Witness) (Signature of Individual)

(Witness) (Signature of Parent/Guardian)