






# PEGASUS SPRINGS THERAPEUTIC RIDING CENTER

Welcome!! Please read the following general information and guidelines:


 **Paperwork:** All forms must be completed and signed prior to your assessment, including our *Physician Consent form signed by the doctor.*

 **Payment:** in full is expected **before** the start of each therapeutic riding session. We bill by the session-not by the week. **No credits or make-ups are given unless Pegasus Springs cancels classes.**

 **Classes:** Many days, we schedule lessons back-to-back. Please make every effort to be at least 10 minutes early. **If you arrive more than 15 minutes late you will forfeit your ride that day.**

 **General Guidelines:**

- Family and friends of patients are welcome to observe lessons / treatments as long as it is not a distraction. As a general rule, and for the best experience possible for your child, parents are encouraged NOT to volunteer for their child's lessons.
- Siblings are welcome, but must be under the supervision of an adult at all times.
- Please leave your pets at home, with the exception of certified service animals.

 **Contact** Barb Clare at Pegasus Springs at 989-820-1787 or email [pegausspringstrc@gmail.com](mailto:pegausspringstrc@gmail.com) to sign up for an assessment and/or to answer any questions you may have.

## **DISCRIMINATION DISCLOSURE**

It is the policy of the Pegasus Springs Therapeutic Riding Center to provide equal opportunity for all persons and to prohibit unlawful discrimination because of age, disability, race, color, creed, religion, gender, national origin, or veteran status. This policy applies to all participants, potential participants, volunteers and employees.

**IF THE TAWAS/HALE/OSCODA SCHOOLS ARE CLOSED DUE TO WEATHER,  
ALL LESSONS ARE AUTOMATICALLY CANCELLED**





# Pegasus Springs Therapeutic Riding Center

## Participant Application & Health History

### GENERAL INFORMATION

Participant name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Gender: M F Height \_\_\_\_\_ Weight \_\_\_\_\_\*

*\* 170-pound weight limit variable dependent upon ambulatory status, ROM, and discretion of instructor*

Parent/Legal Guardian \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone-primary: \_\_\_\_\_ Phone-other (specify): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### HEALTH HISTORY (attach additional sheet if necessary)

Diagnosis/Disability \_\_\_\_\_

Other therapies currently received \_\_\_\_\_

Current medications \_\_\_\_\_

Psycho-social function (interests, family structure, support system, etc) \_\_\_\_\_

\_\_\_\_\_



## Participant Application & Health History - Pg 2

Please mark any of the following that have been a recent or past issue, and provide specific comments where applicable. These items will not be used to prevent anyone from participating; rather, they are to assist us in best meeting your needs:

- Mental health therapy \_\_\_\_\_
- Legal problems \_\_\_\_\_
- Grief/Loss \_\_\_\_\_
- Trauma \_\_\_\_\_
- Special assistance at school \_\_\_\_\_
- Substance abuse \_\_\_\_\_
- Family problems \_\_\_\_\_

**Special assistance required:** (PSTRC currently cannot provide these, but it helps us to plan classes/lessons)

- Sign interpretation \_\_\_\_\_
- Service dog assistance \_\_\_\_\_
- Wheelchair assist/transfer \_\_\_\_\_
- Visual assistance/aids \_\_\_\_\_
- Emotional/mental helper \_\_\_\_\_

Has the student had prior experience with therapeutic riding? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, when and where? \_\_\_\_\_

Does the student...	YES	NO	Comments
Have a history of seizures?			
Follow simple directions?			
Have speech or language difficulties?			
Have communication difficulties?			
Have a fear of animals/horses?			
Walk independently?			
Have limited range of motion?			
Have decreased strength/endurance?			
Have poor balance (sitting/standing)?			
Have problems with gross motor skills?			
Have problems with fine motor skills?			
Have altered sensation? (specify)			
Have heart/circulation problems?			
Have digestion/elimination problems?			
Have bone/joint problems?			
Have allergies or breathing problems?			
Have emotional/behavioral problems?			



**GOALS**

What would you like to accomplish in our program?

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**ADDITIONAL COMMENTS**

Please provide any additional information that you feel would be helpful in class selection and lesson planning for this participant

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Please call Pegasus Springs Therapeutic Riding Center at 989-820-1787 with any questions.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Send completed forms to: **Barb Clare, Pegasus Springs Therapeutic Riding Center**  
**4800 Old State Road, National City, MI 48748**





# Physician Consent Form

Participant's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ **CURRENT HEIGHT:** \_\_\_\_\_ **CURRENT WEIGHT:** \_\_\_\_\_ LBS.

**170-LB WEIGHT LIMIT DEPENDANT UPON AMBULATORY STATUS, ROM, AND THERAPIST DISCRETION**

Pegasus Springs is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protection and greater personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a riding student.

**NOTE: BECAUSE OF THE NATURE OF THE ACTIVITY OF HORSEBACK RIDING, NO INDIVIDUAL DIAGNOSED WITH DOWN SYNDROME CAN BE ACCEPTED FOR RIDING INSTRUCTION WITHOUT AN ANNUAL MEDICAL CLEARANCE FROM A LICENSED PHYSICIAN THAT INCLUDES A NEUROLOGIC EXAM THAT SPECIFICALLY DENIES ANY SYMPTOMS CONSISTENT WITH ATLANTOAXIAL INSTABILITY (AAI)**

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

**IF DIAGNOSIS IS DOWN SYNDROME, THIS FORM MUST BE ACCOMPANIED BY A SIGNED AND DATED STATEMENT FROM THEIR PHYSICIAN THAT DENIES ANY SYMPTOMS CONSISTENT WITH AAI.**

Does this person demonstrate explosive/violent behavior or the potential for explosive/violent behavior? Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_

Medical History: \_\_\_\_\_

Surgical Procedures: \_\_\_\_\_

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

Defects present in:  Sight  Hearing  Speech  Balance  Neuro-sensation

Muscle Tone  Coordination  Mobility

Braces or assisted devices used? NO \_\_\_\_\_ YES: \_\_\_\_\_ Is the participant ambulatory? YES \_\_\_\_\_ NO \_\_\_\_\_

Comment if applicable:

Seizures: \_\_\_\_\_

Incontinence: \_\_\_\_\_

General comments: \_\_\_\_\_

**IN MY OPINION THE PATIENT NAMED ABOVE CAN RECEIVE RIDING INSTRUCTION UNDER APPROPRIATE SUPERVISION**

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's printed name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_





Liability Release Form & Notice of Privacy Practices

(2 pages)

I agree to the following agreement with PEGASUS SPRINGS THERAPEUTIC RIDING CENTER, a Michigan nonprofit corporation (hereafter referred to as "Center") as a condition for allowing me, and the persons identified below, to enter the Center's premises and surrounding land, be near horses, participate in equine-assisted activities, work near horses, handle horses, use equipment, work with staff and volunteers, and/or receive instruction or guidance in riding, grooming, or handling of horses (these activities will hereafter be referred to in this document as "The Activities").

PARTICIPANT IF 18 / OR PARENT/GUARDIAN

SPOUSE OR OTHER PARENT

HOME ADDRESS Street City State Zip code
PHONE(Home) (Business) (Cell/Other)

I also make this agreement on behalf of the following, who is/are my child/ren or court appointed legal ward(s):

1.) Age 2.) Age
Child's DOB: Child's DOB:

All parts of this agreement shall apply to me and shall also apply to the children/legal wards listed above. This Release is intended to be valid and binding at all times - now and in the future - when Center permits me (directly or indirectly) to engage in any or all of The Activities. IT IS HEREBY AGREED AS FOLLOWS :

- 1. I have requested to engage in any or all of The Activities, now and/or in the future
2. Risks. I understand that anyone engaging in The Activities can suffer bodily and other injuries. Participation in The Activities involved certain inherent risks and, regardless of the care that is taken, it is impossible to ensure the safety of the participant. I understand the risks/dangers inherent in The Activities, and I agree to assume them. I am not relying on the Center to list all possible risks for me.
3. Waiver and Liability Release. As consideration for Center allowing me to engage in The Activities at any time and at any location, I agree to assume full responsibility for any and all bodily injuries, losses, or damages that I may sustain. I, for my heirs, administrators, personal representatives, or assigns, release and discharge the PEGASUS SPRINGS THERAPEUTIC RIDING CENTER, Dennis or Barbara Clare, and their employees, assistants, directors, volunteers, land owners, and owners of horses from any and all claims, demands, damages, actions, omissions, suits, or causes of action (present or future).
4. ASTM/SEI Headgear. PEGASUS SPRINGS THERAPEUTIC RIDING CENTER will provide me with an equestrian safety helmet that is ASTM-standard and SEI-certified for use when riding, handling, or near horses. I understand that neither PEGASUS SPRINGS THERAPEUTIC RIDING CENTER or its assistants or agents can guarantee the suitability of any helmet provided.
5. Health and Disabilities. I understand that Center recommends that I seek the advice of a physician, and many of The Activities pose special physical risks to the participant and even to the volunteer.
6. Should I breach this Release (or any part of it) I agree to pay the attorney's fees and court costs related to such breach incurred by Center and/or persons directly affiliated with Center. It is also mutually agreed that any disputes arising under this Release, or any activities that are undertaken pursuant to this document, shall be litigated in a court of proper jurisdiction located in or nearest to Iosco County, Michigan.



7. **Indemnification.** I also agree to indemnify and hold harmless the PEGASUS SPRINGS THERAPEUTIC RIDING CENTER, Dennis or Barbara Clare, and persons or entities working on behalf of or affiliated with the Center against all damages which are sustained or suffered by any third persons. The indemnification shall include reimbursement of Center's attorney fees.

**WARNING**

Under the Michigan Equine Activity Liability Act [1994 P.A. 351], an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

*I want Center to be aware of the following physical conditions I have that may affect my ability to handle, ride, and/or be near an equine:*

\_\_\_\_\_

**IT IS MUTUALLY UNDERSTOOD AND AGREED THAT THE WAIVER AND LIABILITY RELEASE SET FORTH IN THIS DOCUMENT CONSTITUTES A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, 1994 P.A. 351. BY SIGNING THIS RELEASE, I AGREE NOT TO BRING ANY CLAIM OR SUIT AGAINST CENTER OR PERSONS OR ENTITIES WORKING ON BEHALF OF OR AFFILIATED WITH CENTER ON THE BASIS OF ANY EXCEPTION IN THAT LAW.**

SIGNATURE OF CONTRACTING PARTY \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF OTHER CONTRACTING PARTY \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

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

\_\_\_\_\_ gives permission to Pegasus

Springs Therapeutic Riding Center to discuss case, or seek medical records from: \_\_\_\_\_, in order to better understand how to best serve the participant.

\_\_\_\_\_  
(participant)

\_\_\_\_\_  
(parent/guardian)

\_\_\_\_\_  
(witness)

\*\*\*\*\*

**NOTICE OF PRIVACY PRACTICES  
PEGASUS SPRINGS THERAPEUTIC RIDING CENTER**

**I have been provided with and/or read a copy of the  
Notice of Privacy Practices for Pegasus Springs Therapeutic Riding Center**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# Pegasus Springs Therapeutic Riding Center Photo & Emergency Treatment Release

Participant: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Parent/Guardian's Employer: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Other Email: \_\_\_\_\_

**Correspondence will be by Email. Do you prefer we contact you by phone instead?**

NO, email works fine for me  YES, contact me via ph# below.

Primary Phone: \_\_\_\_\_ (who?) \_\_\_\_\_ Other Phone: \_\_\_\_\_ (who?) \_\_\_\_\_

**PHOTO RELEASE (Please check one)**

\_\_\_\_ I DO *or* \_\_\_\_ I DO NOT Consent to and authorize the use and reproduction by PEGASUS SPRINGS THERAPEUTIC RIDING CENTER of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibits, social media or for any other use for benefit of the program.

**EMERGENCY TREATMENT RELEASE**

Physician's name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Health insurance provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred medical facility: \_\_\_\_\_

**Emergency contact (other than parent/guardian): Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone(primary)** \_\_\_\_\_ **(other)** \_\_\_\_\_

**LIST ANY ALLERGIES:** \_\_\_\_\_

**DESCRIBE ANY MEDICAL CONDITIONS REQUIRING PRECAUTIONS/TREATMENT & ANY MEDICATIONS WITH DOSAGE:**

\_\_\_\_ **I GIVE MY CONSENT:** In case of a medical emergency, the undersigned authorizes Pegasus Springs Therapeutic Riding Center to provide such medical assistance as they determine to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide medical surgical care and/or hospitalization for the participant, including anesthetic, which they determine to be necessary or advisable, pending receipt of a specific consent from the undersigned.

**OR**

\_\_\_\_ **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: \_\_\_\_\_

No participant can be accepted for riding instruction until this form has been completed and signed. If the participant is of legal age (18), he or she may complete the form if he/she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned including Pegasus Springs Therapeutic Riding Center.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Participant if legally able or parent/guardian)





## Therapeutic Riding Program Policies

The following is a copy of the therapeutic riding program policies, which is signed by every client (or their legal guardian) before starting in the program. If you have questions regarding any of these policies, please contact Barb Clare, 989-820-1787 or by email, pegasusspringstrc@gmail.com

### Student Fees and Payments:

- Our program will conduct four to five 4-week sessions per year.
- Fees per session will be \$200 for a Private Session; \$120 for a Group Session.
- All sessions are paid in full prior to the start of the session
- Financial assistance may be awarded in part, and proof of financial need is expected.
- Initial assessments are held prior to placement in a session at no charge to you.
- Please understand that you or your child may not fit our criteria to be placed in our program.

### Enrollment and Attendance:

- The program requires a **3 week notice** to be removed from the schedule without a cancellation fee.
- If a client misses 3 consecutive lessons with no notice they will be removed from the schedule without a refund
- If a client must take a medical leave, the program requires a written release from the physician before that client can return.
- Parents/guardians must stay in the immediate area during the scheduled lesson for any client that is not emancipated.
- Any rider not able to use the toilet by themselves must have a parent or caregiver in attendance at the lesson. Pegasus Springs TRC staff does not assist with toileting.

### Proper Attire & Footwear:

- Boots with a hard sole and a ¼ inch heel are recommended for riders but not required. Riders are required to wear shoes that have a closed toe, closed heel. (no crocs, sandals, etc).
- Clients that trot and canter independently (as determined by instructors) are required to wear proper boots for safety unless a medical reason is provided.
- It is highly recommended that all clients wear long pants to prevent chaffing and pinching. Clients that trot and canter independently (as determined by instructors) are required to wear long pants for safety unless a medical reason is provided
- An ASTM/SEI approved helmet is required for any activities around the horses. This includes barn activities as well as riding. The program has helmets available for use or you may bring your own as long as it is properly approved. The helmet must be worn within the guidelines of PATH International (Intl.) Standards.



**Cancellation and Make-Up Policy:**

- The program requires a 24 hour notice for cancellations.
- The program does not guarantee make-ups lesson.
- Make-up lessons will be scheduled whenever possible but are **not guaranteed**.
- No refunds or credits will be applied for any missed lessons.
- In the case of inclement weather (rain, high wind, heat, etc.) and mounted lessons cannot safely be performed,
- an unmounted horsemanship lesson will replace the mounted lesson. These lessons focus on the bond with the horse and cover topics including but not limited to grooming, handling, feeding, body parts, tack parts, medical treatments, and helpful exercises. If a client chooses not to attend a horsemanship lesson no make-up or refund will be provided.

**Student Discharge:**

- **The programs' weight limit is 170 pounds.** The weight limit is determined with the safety of the horses, volunteers, staff and clients in mind. A client that exceeds this limit at any point before or during their time in the program is not able to participate in mounted lessons. However, horsemanship lessons may be provided for such individuals.
- The program has a strict "no aggression" policy for the safety of the instructors, volunteers, students, and horses. In cases of aggression and/or violence, the student may be dismissed at the first incident. However, at the discretion of program staff, two warnings **may** be given depending on the severity of the incident. At the third incident, **if** given two initial warnings, the student will be dismissed from program.
- In accordance with ADA laws and PATH Int'l. precautions and contraindication standards, a student may be asked to leave the therapeutic riding program if deemed inappropriate for therapeutic riding.
- A student will be discharged from the program if it is determined that the risk for injury exceeds the potential for benefits.
- Reasons for dismissal include but are not limited to: recommendation from consulting doctor or therapist, incidence of aggression and/or violence, behavior that endangers self or others, disregard for Center or PATH Intl. policies, disrespect to others, inability to provide an equine appropriate for said participant, recommendation from instructor that participant is appropriate for a mainstream riding facility.





## Therapeutic Riding Program Policies

I have received a copy of the therapeutic riding program policies and have retained pages 1 & 2 for my records and understand and agree with these policies.

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Rider's Name

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Rider's Signature or Parent or Guardian

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Date Signed





## Privacy Policy of Pegasus Springs Therapeutic Riding Center

Pegasus Springs Therapeutic Riding Center operates the website, which provides information on our services. This page is used to inform website visitors regarding our policies with the collection, use, and disclosure of Personal Information if anyone decides to use our services or information found on the website.

If you choose to receive our services, then you agree to the collection and use of information in relation with this policy. The Personal Information that we collect are used for providing and improving the services we provide. We will not use or share your information with anyone.

We may require you to provide us with certain personally identifiable information, including but not limited to your name, phone number, and postal address, including your electronic mail address (email address). The information that we collect will be used to contact or identify you and may be used for emailing our newsletter, but is never shared outside Pegasus Springs Therapeutic Riding Center, Huron Heroes & Horses or other programs we develop. You may always choose to 'opt out' of any emailed or texted information from our organization.

### **HIPPA and Client & Rider Information**

Pegasus Springs Therapeutic Riding Center takes your privacy very seriously. We follow HIPPA guidelines to ensure that your private information or that of your child is held in strict confidence with only persons directly in contact with the instruction or safety of your child. Outside of the photo release that you sign, we will only use your child's name or your name in press releases, publications, our Facebook page, our website or marketing materials with your consent.

### **Cookies**

Cookies are files with small amount of data that is commonly used an anonymous unique identifier. These are sent to your browser from the website that you visit and are stored on your computer's hard drive. Our website DOES NOT use "cookies" to collect information.

### **Security**

We value your trust in providing us your Personal Information, thus we are striving to use commercially acceptable means of protecting it. But remember that no method of transmission over the internet, or method of electronic storage is 100% secure and reliable, and we cannot guarantee its absolute security.

### **Links to Other Sites**

Our Service may contain links to other sites. If you click on a third-party link, you will be directed to that site. Note that these external sites are not operated by us. Therefore, we strongly advise you to review the Privacy Policy of these websites. We have no control over, and assume no responsibility for the content, privacy policies, or practices of any third-party sites or services.

### **Children's Privacy**

Our Services do not address anyone under the age of 13. We do not knowingly collect personal identifiable information from children under 13. In the case we discover that a child under 13 has provided us with personal information, we immediately delete this from our servers. If you are a parent or guardian and you are aware that your child has provided us with personal information, please contact us so that we will be able to do necessary actions.

### **Changes to This Privacy Policy**

We may update our Privacy Policy from time to time. Thus, we advise you to review this page periodically for any changes. We will notify you of any changes by posting the new Privacy Policy on this page. These changes are effective immediately, after they are posted on this page.

### **Contact Us**

If you have any questions or suggestions about our Privacy Policy, do not hesitate to contact us.

March 5, 2021 updated





# COVID-19 & OTHER COMMUNICABLE DISEASES ACKNOWLEDGEMENT OF RISK for SERVICES, VOLUNTEERING or EMPLOYMENT

***AS OF March 5, 2021 – REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS AND CLIENTS.***

I, \_\_\_\_\_, am aware of the risks of contracting or spreading Covid-19 and other communicable diseases while working or volunteering at Pegasus Springs Therapeutic Riding Center, also referred to as PSTRC; attending an event; and/or receiving face-to-face services from PSTRC during the time of a pandemic outbreak, and /or Michigan Governor’s or IOSCO County’s declaration of a “stay-at-home” order(s).

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and other communicable diseases and agree to hold harmless Pegasus Springs Therapeutic Riding Center and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event, working for or volunteering within this organization. I am aware of the options that *may* be available for remote services including, telephonic and video telehealth, as allowed by insurances and State Licensing Board recommendations, during this Pandemic outbreak.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by PSTRC; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic.

Pegasus Springs TRC will engage in reasonable and regular cleaning and sanitizing of the barn facility, office, horse tack, grooming supplies, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Pegasus Springs Therapeutic Riding Center.

***BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.***

\*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF SIGNING ON BEHALF OF YOUTH UNDER AGE 18,  
PLEASE PROVIDE NAME(S) OF ALL YOUTH THIS APPLIES FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

