

# OHIO CO. EQUESTRIAN, INC.

## WARNING

UNDER KENTUCKY LAW, A FARM ANIMAL ACTIVITY SPONSOR, FARM ANIMAL PROFESSIONAL, OR OTHER PERSON DOES NOT HAVE THE DUTY TO ELIMINATE ALL RISK OF INJURY OF PARTICIPATION IN FARM ANIMAL ACTIVITIES. THERE ARE INHERENT RISKS OF INJURY THAT YOU VOLUNTARILY ACCEPT IF YOU PARTICIPATE IN FARM ANIMAL ACTIVITIES.

**KRS 247.4027- KENTUCKY HORSE COUNCIL, INC.**

### **Sign X**

I HAVE READ AND UNDERSTAND I AM ALLOWING MY CHILD OR A PERSON I AM LEGALLY RESPONSIBLE FOR TO TAKE RISKS.

Dear Parent or Guardian

Ohio County Equestrian, Inc. is a non-profit, tax exempt organization. Our organization is made up strictly of volunteers with no paid employees.

John and I started this program here on our farm in April of 1991. At that particular time we were affiliated with another well known organization which was structured specifically for individuals with mental retardation. In June of 98 we felt the need to incorporate as a 501c (3) organization. This incorporation allowed us to accept a very wide range of challenged individuals which now includes: physically **and** mentally challenged. Individuals with behavior disorders, learning disabilities, autism and ADHD are now able to take part in this program. There are no age limits. We have several riders who live at a local nursing home.

All of the horses used are ridden by our 3 children who are multiply challenged. Most of these animals have competed in several levels of competition- including shows hosted by this organization, local shows and demonstration exhibits.

The information in this letter is to inform you that riding horses can be fun, but it is not without risks. People are injured or even killed in horseback riding and horse related accidents each year. When you choose this program to supply a sport for your child or a person for whom you are legally responsible, please be advised you are accepting the risks. Also, please be aware that death or permanent injury could result from your decision.

We have taken great care in accident prevention, but we must warn you: Equestrian competition and training is not like any other sport. Several riders have progressed to riding 1 200 lb horses on their own with little, if any assistance needed. Several of them require assistance and always will but they too enjoy the program as much as their unassisted friends.

**We feel that we must advise you, horses are just dumb animals and can only be expected to act as such in a fearful situation. They appear to be as safe as any horse could be. We must tell you and you must realize, there is no 100% guaranteed safe horse. These animals have appeared to be gentle, patient and docile but they are only animals.**

**Sign X** \_\_\_\_\_

**I have read the above warning and understand all risk. By signing this I fully understand that using these animals could cause death or injury to a person I am responsible for.**

This program is free of charge and is not operated with any paid professional staff. Neither of the Leaches have ever been professional riding instructors.

All persons willing to take the risk must sign the attached release to be admitted into this program. If the person is a minor, a legal guardian must sign his or her form. The medical form must be signed by the applicant's doctor.

Sincerely, ..



John and Rhonda Leach, CO-Directors  
Ohio County Equestrian, Inc.  
Fed Tax ID # 61-1328957

For more information  
e-mail us at [ocequine@owensboro.net](mailto:ocequine@owensboro.net)  
or phone at (270)-274-9650

**Mail forms to:**  
Ohio Co. Equestrian, Inc.  
819 Davis Rd.  
Beaver Dam, KY 42320

Please continue to the next page.

**OHIO COUNTY EQUESTRIAN, INC.  
ATHLETE INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Last Tetanus Shot \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Seizure Type \_\_\_\_\_ Controlled \_\_\_\_\_ Date of last seizure \_\_\_\_\_

**Persons with Down Syndrome; Must have negative Cervical X-Ray to participate.**

Atlantoaxial Instability: Positive \_\_\_\_\_ Negative \_\_\_\_\_ Date of X-Ray \_\_\_\_\_

Medications \_\_\_\_\_

Time Schedule for Medicine \_\_\_\_\_

Allergies: Food \_\_\_\_\_ Medicine \_\_\_\_\_ Insect Sting/Bite \_\_\_\_\_

**EMERGENCY INFORMATION**

Person to contact in an emergency \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**HEALTH AND ACCIDENT INSURANCE INFORMATION**

Company Name \_\_\_\_\_ Policy No \_\_\_\_\_

Please continue on the next page.

## HEALTH INFORMATION

Please circle any number that applies to applicant.

1. Heart Disease/Heart Defect
2. Parent or sibling under 40 died of heart disease
3. High Blood Pressure
4. Chest Pain/Fainting Spells
5. Stroke (Cerebrovascular Accident)
6. Heat Stroke/Exhaustion
7. Peripheral Vascular Disease
8. Varicose Veins
9. Hemophilia
10. Paralysis due to spinal injury
11. Hyfromyelia
12. Chair it Malformation
13. Tethered Cord
14. Spina Biflida
15. Hydrocephalus/Shunt
16. Concussion or serious head injury
17. Cranial Defects
18. Spinal Fusion
19. Spinal Orthoses
- 20. Internal Spinal Stabilization Devices\***
21. Spinal Instabilities/Abnormalities
- 22. Atlantoaxial Instabilities\***
23. Scoliosis
24. Bowel Incontinence
25. Autism
26. Kyphosis
27. Lordosis
28. Hip Subluxation/Dislocation
- 29. Osteoporosis\***
30. Pathological Fractures
31. Coxas Arthrosis
32. Heterotopl c Ossification
- 33. Osteogenesis Imperfecta\***
34. Diabetes
35. Cancer
36. Major Surgery/Serious Illness'
37. Poor Endurance
38. Absence Vision/Blind in one eye
39. Absence of Kidney or Testicle
40. Exercise induced wheezing
41. Tendency to bleed
42. Emotional/Psychiatric problems
43. Behavioral problems
44. Serious bone or joint disorder
45. Sickle Cell Trait or Disease
46. Other problems (please explain)
47. Impaired motor ability
48. Bladder Incontinence
49. Wears Undergarment

**\*We feel that having this condition puts you in too much of a health risk. We do not have the personnel to handle this disability.**

Health Comments: (If yes to any of the above, indicate by number, make comments, and date of exam.)

Physicians Signature: \_\_\_\_\_

Please check

\_\_\_\_ Independent Ambulating

\_\_\_\_ Crutches

\_\_\_\_ Wheelchair

\_\_\_\_ Contact Lenses/Eyeglasses

\_\_\_\_ Dentures/False Teeth

\_\_\_\_ Hearing Aid/Hearing Loss

Health Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# OHIO COUNTY EQUESTRIAN, INC.

## LIABILITY RELEASE FORM

By signing this agreement, I understand that I release **and** forever discharge Ohio County Equestrian, Inc., John and Rhonda Leach, their heirs, volunteers, livestock, and anyone involved with the Corporation from any and all liability or responsibility for injury, loss, or damage. The person named below may suffer, from any cause whatsoever, whether such injury, loss, or damage may be occasioned by the negligence of Ohio County Equestrian, Inc., John and Rhonda Leach, their heirs, volunteers, or anyone involved with said Corporation.

\_\_\_\_\_  
Guardian's Name

\_\_\_\_\_  
Participant's Name

If over the age of 18, you must sign your own name. An X must be witnessed by someone over 18 years of age, and that person must sign on the witness line.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### MEDIA RELEASE CLAUSE\*\*

I give my permission for Ohio County Equestrian, Inc. to use my likeness, name, voice on television, radio, pictures, etc., to promote this program by any of the above media as deemed appropriate by Ohio County Equestrian, Inc.

\_\_\_\_\_  
Signature

County (Check One)

If your county is not listed, just print it below.

\_\_\_\_\_ Butler  
\_\_\_\_\_ Daviess  
\_\_\_\_\_ Grayson  
\_\_\_\_\_ Hopkins  
\_\_\_\_\_ Muhlenberg  
\_\_\_\_\_ Ohio  
\_\_\_\_\_

\*\*You do not have to sign the media release to ride, but we would truly appreciate it if you would.