



6919 Keystone Road
 Richmond IL 60071
 815-653-9374 Fax 815-728-1224
info@mainstayfarm.org www.mainstayfarm.org



2021 Client Registration and Release & Health History Form

Name: _____ Date of Birth: _____ Age _____

Address _____
 :

_____ City _____ State _____ Zip _____

Contact: _____ Please check if any information has changed so we can update our records

Email:	2 nd Email:	
Primary Phone:	Secondary Phone:	

Primary Diagnosis: _____

Parent/Spouse/Guardian: _____

Address if different from above: _____

FAMILY: (please share information on any siblings or other family members important to the client)

MOBILITY: (i.e. mobility skills such as walking, wheelchair use, transfers, driving/bus riding)



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Please indicate current or past problems in the following areas:

	Y	N	Comments
Allergies			
Behavioral			
Bone/Joint			
Breathing			
Circulation			
Communication			
Digestion			
Elimination			
Hearing			
Heart			
Muscular			
Pain			
Sensation			
Thinking/Cognition			
Vision			
Other			

Current Height: _____

Current Weight: _____

MEDICATIONS - (include dosage) is the client currently taking, including any over-the-counter medications?

SOCIAL: (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc)



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GOALS: (i.e. what would the client like to accomplish)

Please provide any other information that will enhance the client's lesson:

Rider T-Shirt Size: Child S M L XL

Adult S M L XL XXL

LIABILITY RELEASE

_____ (Rider) would like to participate in the Main Stay Therapeutic Farm, Inc. programs. I acknowledge the risks and the potential for risks of equine and animal interactions in a farm setting. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks 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 Main Stay Therapeutic Farm, Inc., its Board of Directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses I/my son/my daughter/ may sustain while participating in a Main Stay Therapeutic Farm, Inc. program. ***Under the Equine Activity Liability Act, each participant who engages in an equine or animal activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities. ~IL PWA-89-0111~***

Date: _____

Signature: _____

Client, Parent or Guardian



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2021 Client Photo Release

I _____ **DO** or **DO NOT**
 (please circle one)

hereby grant irrevocable and unlimited consent to the use and reproduction by Main Stay Therapeutic Farm, Inc., PATH Intl., its assigns, licensees and legal representatives, of any and all photographs and any other audio/visual materials taken of me, my child or my ward, in all forms and media (including but not limited to printed media, digital media, web sites, video and audio productions). The materials may be reproduced in all forms including composite, altered or derivative works, for promotional material, educational activities, exhibitions or for any other lawful use for the benefit of the program.

I hereby waive the right to inspect and approve the finished version(s) including any copy that may accompany the materials. I hereby release Main Stay, PATH Intl. and its employees, volunteers, assigns, licensees and legal representatives from all claims and liability relating to said materials. I sign this release as a person with, or the parent or guardian of a person with special needs, understanding that use of these materials will make them available to the general public.

I have read and understand the above release, am over 18 and have the capacity to sign this release of my own free will.

Signature: _____ Date: _____

OR:

I am the parent/spouse/guardian of the client named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Signature: _____ Date: _____

2021 Client's Medical History & Physician's Statement

Dear Physician:



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Your patient, _____ would like to participate in equestrian activities at Main Stay Therapeutic Farm, Inc. and is due for an updated medical status. Please review his/her current medical status and complete the following information. Main Stay Therapeutic Farm does not require an office visit for this update. Please address occurrences over the past year including surgeries, illnesses, hospitalization, changes in medications, treatment, weight or behavior.

Please indicate current height and weight.

Date: _____

Name: _____ Date of Birth: _____ Age _____

Height: _____ Weight: _____ M F

Diagnosis: _____

Date of Onset: _____

Cause: _____

Medications: (Type, Purpose, Dosage)

Seizures? Y N Type: _____ Controlled? Y N

Date of last seizure: _____

Shunt Present: Y N Date of last revision: _____

Special precautions/needs:

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

Tetanus Shot: Yes _____ No _____ Date: _____

Please indicate current or past special needs in the following systems/areas, including surgeries: (These conditions may suggest precautions and contraindications to equine activities)

	Yes	No
Allergies		
Auditory		
Balance		

	Yes	No
Muscular		
Neurological		
Orthopedic		



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Cardiac		
Circulatory		
Cognitive		
Cranial Defects		
Emotional/Psychological		
Fractures-Location/Healed		
Heterotopic Ossification		
Immunity		
Integumentary/Skin		
Learning Disabilities		

Osteoporosis		
Pain		
Pulmonary		
Scoliosis – Degree/Type		
Skeletal		
Speech		
Spinal Column Abnormalities		
Spinal Column Injury		
Tactile Sensation/Sensory		
Visual		

Comments:

MEDICAL HISTORY

Past/Prospective surgeries: _____

Please indicate any medical problems not listed above: _____



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Please indicate any special precautions: _____

Please provide any other information that might help us work with this client: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + -
 Neurologic Symptoms of Atlanto-Axial Instability: _____ Present _____ Absent

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that the PATH International center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH International center (Main Stay Therapeutic Farm, Inc.) for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

2021 CONSENT FOR RELEASE OF INFORMATION

Periodically we may want to consult with other agencies/therapists with which you are working. Please provide their name(s) and address(s) below.

I hereby authorize _____



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(Person(s) or facility-please list all institutions associated with the client)



(Complete address and phone number of person(s) and/or facility)

to release information from the records of _____

The information is to be released to Main Stay Therapeutic Farm for the purpose of developing a therapeutic riding program and/or animal assisted learning program for the above named client. The information to be released is marked below.

- _____ Medical History
- _____ Physical Therapy evaluation, assessment and program plan
- _____ Occupational Therapy evaluation, assessment and program plan
- _____ Speech therapy evaluation, assessment and program plan
- _____ Mental Health evaluation, assessment and program plan
- _____ Individual Habilitation Plan (I.H.P.)
- _____ Classroom Individual Education Plan (I.E.P.)
- _____ Cognitive-Behavioral evaluation, assessment, and/or management plan
- _____ Other

This release is valid for one year and can be revoked in writing, at my request. Please send materials to the address listed above.

Signature(s)

Date

Relationship to Client

**2021 CLIENT CONFIRMATION
FINANCIAL, RIDER ASSISTANCE AND WEATHER POLICIES**

I/we have read and agree to abide by the financial and rider assistance policies as outlined in the Client Handbook. I understand that payment is due as stated on the invoice and that lesson fees are charged, even if the client cancels a lesson for any reason.

If payment is not made and I do not communicate with the office regarding a payment plan the client may lose his/her riding slot.



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I/we have read and agree to follow the weather cancellation policy as detailed in the Client Handbook.

In order to help offset costs, we ask each rider to be a part of our fundraising team by raising or contributing \$200 per year. Please indicate which fundraising activities you plan to participate in:

May	Fair Diddley – craft show in May held in Woodstock	Organized by the Mental Health Resource League (MHRL) of McHenry County—a major funder of Main Stay. Volunteer opportunities include selling shopping bags, raffle tickets at event, bakery. The MHRL awards funding based on the number of volunteers sent on behalf of each organization.
August	Riders Challenge – a 3 week theme unit focused on horses/horsemanship	Clients will be given a pledge packet to obtain donations from family, friends, neighbors, etc. Proceeds directly benefit the program and animal expenses.
October	Fall Diddley – Craft show in October held at Boone County Fairgrounds	Largest craft show in the area sponsored by Mental Health Resource League (MHRL) of McHenry County—a major funder of Main Stay. Volunteer opportunities over 3 days to help with selling shopping bags, bakery, security, entrance attendant. The MHRL awards funding based on the number of volunteers sent on behalf of each organization.

 Signature(s)

 Date

2021 AUTO-PAYMENT RELEASE

Main Stay offers an optional automatic payment. Invoices will be sent out on the first of the month. On or around the 20th of the month your payment can be made by using a credit card that is kept on file with us. If you wish to participate please complete the information below. No additional charges will be paid with this card outside of the lesson fees and yearly registration fee unless you are notified.

I, _____ (credit card holder) acknowledge that Main Stay Therapeutic Farm is authorized to use this card to pay monthly session/registration



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fees on behalf of _____. I acknowledge this agreement is good through the end of this riding season or sooner if we no longer participate in the program.

Card Holder Name: _____

Billing address of card holder: _____

Card # _____

Visa / Mastercard / Discover

Expiration Date: _____ CVV Code: _____

Signature of Card Holder: _____

**2021 REGISTRATION & RELEASE FORM FOR
 PARENT/SPOUSE/CAREGIVER/GUARDIAN**

Name(s) of all those who may accompany rider to the farm:

Date of Birth:

1.		1.	
2.		2.	
3.		3.	
Address		City:	
:		State:	



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Cell Phone:		Email:	
Emergency Contact (name & phone):			
Medical Information in case of emergency:			

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Under the Equine Activity Liability Act, each participant who engages in an equine or animal activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities. ~IL PWA-89-0111~

Date: _____ Signature: _____ (over 18)
 Name
 Date: _____ Signature: _____ (over 18)
 Name

**2021 PHOTO RELEASE FOR
 PARENT/SPOUSE/CAREGIVER/GUARDIAN**

I/We _____ **DO, or DO NOT**
 Printed name(s)

I/We _____ **DO, or DO NOT**
 Printed name(s)

hereby grant irrevocable and unlimited consent to the use and reproduction by Main Stay Therapeutic Farm, Inc., PATH Intl., its assigns, licensees and legal representatives, of any and all



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photographs and any other audio/visual materials taken of me, my child or my ward, in all forms and media (including but not limited to printed media, digital media, web sites, video and audio productions). The materials may be reproduced in all forms including composite, altered or derivative works, for promotional material, educational activities, exhibitions or for any other lawful use for the benefit of the program.

I hereby waive the right to inspect and approve the finished version(s) including any copy that may accompany the materials. I hereby release Main Stay, PATH Intl. and its employees, volunteers, assigns, licensees and legal representatives from all claims and liability relating to said materials.

I have read and understand the above release, am over 18 and have the capacity to sign this release of my own free will.

Signature: _____ Date: _____

Signature: _____ Date: _____

Printed name of person(s) photographed including minor children who may accompany you to the farm:

