



MTR's
Maryland School of Horsemanship
Recreational Riding Program

A Non-Profit
Organization



Recreational Rider Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: _____

Employer/School: _____

Address: _____

Recent medical tests: _____

Last Tetanus Shot: _____ Tuberculosis Test Date: + or - _____
(Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____



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Recreational Rider Information Form and Health History
Page 2

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

- I DO
 DO NOT

consent to and authorize the use and reproduction by Maryland Therapeutic Riding of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N; please explain _____

I, _____ (staff), authorize Maryland Therapeutic Riding to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee, and that I expressly DO NOT authorize the NARHA center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

(staff)



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Recreational Rider Information Form and Health History
Page 3

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant.

Signature: _____ Date: _____
(staff)