



PO Box 312, Esko, MN 55733  
Ph: (218) 879-7608 Fax: (218) 879-7609  
Email: [ncride@gmail.com](mailto:ncride@gmail.com)  
Web Site: [www.northcountryride.org](http://www.northcountryride.org)

Hello and welcome to North Country RIDE.

Please use this application to apply for our **Companion Program** to accompany a Therapeutic Riding or Horse Partners participant.

All forms and signatures must be on file before classes will be scheduled. Medical forms can be faxed to: 218-879-7609

The cost per six week session is \$175.00, which needs to be received to guarantee your spot.

All participants must dress appropriately for their classes. Everyone must wear pants and appropriate outerwear; don't forget your sunscreen. All participants must have closed toe shoes. The best shoes for riding are boots with a heel and hard toed shoes for groundwork.

All participants must have a parent/guardian/caregiver remain at the facility during lessons.

We are looking forward to another great year at North Country RIDE and seeing our friends again. I hope our website will answer most of your questions but if not, please call us. Also, don't forget to follow us on Facebook to stay up to date with current events!

*"A community where all people facing life challenges can find growth and healing through a connection with horses"*



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I, \_\_\_\_\_, am interested in being a companion participant to  
\_\_\_\_\_(other participant) in the following program:

- Therapeutic Riding                       Horse Partners (groundwork program – no riding)  
 Companion Program

during the following session(s):

- Spring  
 Summer 1  
 Summer 2  
 Fall

I have included payment of \$\_\_\_\_\_

Please note **refunds will only be made for classes cancelled by NCR.**

Person responsible for scheduling:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_ email \_\_\_\_\_

Person responsible for billing:

Name: \_\_\_\_\_

Email (or address) \_\_\_\_\_

**Anyone billing to a County Agency must have a preauthorization for services letter sent to NCR prior to the session.**

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Companion Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parents/Legal Guardian: \_\_\_\_\_

Parent work phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Are you a returning participant: Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH HISTORY**

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Please indicate current or past special needs in the following areas. If yes, please add comment:

	yes	no	comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Arm or Leg Braces			
Bone/Joint			
Muscular			
Thinking/Cognitive			
Allergies			Epi-pen?

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**MEDICATIONS** (include prescription, over-the-counter; name, dose and frequency)

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Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

**PHYSICAL FUNCTION** (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHO / SOCIAL FUNCTION** (i.e. Work/school including grade completed, leisure interests, relationships – family structure, support systems, companion animals, fears/concerns, etc)

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**GOALS** (Why are you applying for participation? What would you like to accomplish?)

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### **Photo Release**

I \_\_\_\_\_ DO \_\_\_\_\_ DO NOT consent to and authorize the use and reproduction by North Country RIDE 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 program (this includes the website, North Country RIDE Facebook & newspapers).

**PHOTO POLICY:** Photos you take at North Country RIDE of riders/volunteers other than your child may not be posted to Facebook or other social media sites. Please respect the privacy of all participants & volunteers.

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### North Country RIDE Participant Data 2018

The following information is required for some of our funding sources. Please help us supplement our program and keep the cost to our riders as low as possible.

All information is STRICTLY CONFIDENTIAL and will be used for statistical purposes only.

**Gender:** Female  Male

**Age group:**

Preschool (under 5)	<input type="checkbox"/>
Child (6-11)	<input type="checkbox"/>
Youth (12-14)	<input type="checkbox"/>
Adolescent (14-18)	<input type="checkbox"/>
Adult (19-65)	<input type="checkbox"/>
Senior (over 65)	<input type="checkbox"/>

**Racial/Ethnic Background:**

African American / black	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Caucasian /white	<input type="checkbox"/>
Hispanic /Latino	<input type="checkbox"/>
Native American	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

**Residence by Zip Code :**

**Size of family unit:**

**Annual Income Level:**

under \$20,000	<input type="checkbox"/>
\$20,001-30,000	<input type="checkbox"/>
\$30,001-\$40,000	<input type="checkbox"/>
\$40,001-\$60,000	<input type="checkbox"/>
> \$60,000	<input type="checkbox"/>

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**Under Minnesota Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section MN ST § 604A.12, Minnesota Statute.**

I am aware that any activities involving horses are hazardous and I am voluntarily participating in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury, including death, and damage to property arising from participation. **I hereby promise not to sue, and hereby release**, to the fullest extent permitted by law, **North Country R.I.D.E., Inc.** and its agents, officers, directors, members, representatives, volunteers, board, coordinators, insurers, and employees (collectively the "Released Parties"), from , **and hereby waive**, all claims of whatsoever kind that may be asserted against the Released Parties for personal injury and property damage arising from or in connection with participation in equine activities, and from the condition of the real property and personal property used in connection with such equine activities. By way of example, and not in limitation, this Waiver and Release includes releasing and waiving claims based upon: any neglect acts or omissions of the Released Parties and any other person; contract; warranty; premises liability; products liability; subrogation; contribution; and loss of consortium or loss of society.

**I also hereby agree to indemnify, defend, and hold and save harmless the Released Parties** from any claims, damages, expenses and costs incurred of whatsoever nature (including by way of example, and not in limitation, attorney fees and expenses), which may be made against or incurred by the Released Parties, arising from or in connection with my participation, including without limitation, any claims made by me or any other person.

**It is intended that this Release and Indemnification shall release the Released Parties from , and waive, any and all claims, and indemnify the Released Parties, to the greatest extent allowed by law.** In the event for any reason a Court determines that any portion of the Release and Indemnification is not enforceable, that provision shall be modified so as to give it the greatest effect allowed by law, or if it cannot be so modified shall be severed and the balance of the Release and Indemnification shall be given the greatest force and effect available under law. Furthermore, in the event that notwithstanding this Release and Indemnification, it is determined that any Released Party has any liability for any claim, in no event shall the liability exceed the amount of \$500 in total aggregate for all claims arising from or in connection with my participation.

**I acknowledge that by signing this document I am waiving important legal rights.** I also acknowledge that the Released Parties would not allow me to participate in equine activities unless I have agreed to the waivers, releases, indemnifications and limitations contained in this Release and Indemnification. I acknowledge that the Released Parties are relying upon these provisions as a primary material consideration for allowing my participation in equine activities. I acknowledge and agree that the terms hereof are binding upon me, and my heirs, successors, representatives, insurers, and assigns.

If signing on behalf of another person, I represent and warrant to the Released Parties that I am the parent or legal guardian with the capacity to execute and make the foregoing waivers and indemnifications on behalf of such person; and I further acknowledge and agree that I am also personally bound by and make the releases and waivers as above set forth, and that I am jointly and severally liable for the indemnifications to the Released Parties.

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

Parent (if under 18)/Legal Guardian Signature:  
\_\_\_\_\_  
Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

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