



320.234.7895

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Hutchinson, MN 55350

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Participant Application and Release

General Information

Name: _____ Date: _____

Address: _____

City

State

Zip

Parent/Legal Guardian Name (if applicable): _____

Parent/Legal Guardian Address (if different than above): _____

Phone: (H) _____ (W) _____ (Cell) _____ Email: _____

Employer/School/Group Home: _____

Work/School/Group Home Address: _____

Employer/Teacher's Name: _____

Date of Birth: ___/___/_____ Age: _____ Height: _____ Weight: _____ Gender: M F

Disability(ies): _____ Age of onset: _____

How did you learn about Equul Access, Inc.? _____

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)

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

(over)

Activities with Equus

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)

Have you participated in equine assisted activities before? Yes No

If yes, where? _____

Consent for Release of Information

I hereby authorize the release of information from the following sources to Equul Access, Inc. for the purpose of developing an equine assisted activity program for the above named participant:

Medical History

Physician: _____ Phone: _____

Therapy Program(s)

Therapist: _____ Phone: _____

School or Residential Facility

Facility: _____ Phone: _____

Dated this _____ day of _____, 20_____.

Signature: _____

Signature: _____

Parent/Legal Guardian if above is under 18 or unable to sign