



320.234.7895

13769 Pheasant Road
Hutchinson, MN 55350

www.equulaccess.org
info@equulaccess.org

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, etc.)

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

(over)

Partnering humans and horses to improve lives.

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