



Participant Information

Thank you for your interest in our Carry On program! Please find enclosed a rider information packet. Complete the forms, giving as much information as possible, and return them to Special Equestrians of Georgia as directed. **Incomplete forms will be returned.**

Your safety and well-being is our most important concern. Certain conditions require additional precautions to be taken when on or around horses and some conditions are contraindications to riding. *Once you become an active client/rider, all forms will need to be **updated on an annual basis**. Should the physical condition of the rider change at any time, Special Equestrians of Georgia must be notified immediately and a new Participant's Medical History & Physician's Statement must be completed.*

Please **COMPLETELY** fill out the enclosed forms:

- Application
- Authorization for Emergency Treatment
- Registration and Release Form
- Release and Indemnification Agreement
- Participant's Medical History and Physician's Statement
- Barn Rules and Regulations
- Commitment Pledge

Return completed forms to:

Special Equestrians of Georgia
Carry On Project
13185 New Providence Road
Milton, GA 30004

or scan and email to: rustyf.seg@gmail.com



CARRY ON PROJECT QUALIFICATIONS AND APPLICATION PROCESS

The **Carry On Project** is a unique program that has had great success in helping veterans and active military personnel (male and female) to transition from combat to civilian life through the use of horse-related activities. Founded in part by a former soldier, we have first-hand insight into what is required to make this transition.

Please review our program qualifications below, as you **must meet all qualifications to be eligible**. If you meet the qualifications, please follow the application instructions to apply to our program.

Program Qualifications:

- No horse or ranch skills are necessary to participate
- Honorably discharged combat veteran or Active Military
- Must submit a DD214 with application or Active Duty CAT card ID
- Must be ambulatory

Application Checklist:

Make sure all of the below items are included with your application or else it will be returned to you as incomplete

1. Include a color photo of yourself
2. DD-214
3. Application
4. Liability Release Form
5. Participant's Medical History and Physician's Statement Authorization for Emergency Treatment
6. Release and Indemnification Agreement
7. Barn Rules and Regulations
8. Commitment pledge

Return your COMPLETE application packet to:

Special Equestrians of Georgia
Carry On Project
13185 New Providence Road
Milton, GA 30004

or scan and email to rustyf.seg@gmail.com



Carry On Project APPLICATION

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male / Female (circle one)

Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Referral Source: _____

Emergency Contact: _____ Phone Number: _____

Branch of Service: _____ Years of Service: _____

Current medical issues (if any): _____

Current mental health issues (if any): _____

Any special needs or physical limitations: _____

Medications (prescription, over-the-counter, dose and frequency): _____

Allergies: _____ Are you under the care of a physician: Yes/ No (circle one)

Physician Name: _____ Phone Number: _____

Address: _____

Have you had a psychiatric hospitalization in the last 12 months? Yes/ No (circle one)

Current & past treatment programs (if any): _____

Do you use recreational drugs? Yes/ No (circle one) If so, how often? _____

Have you been arrested in the last 12 months? Yes/ No (circle one) If so, for what? _____

Are you married/single? (circle one) Do you have kids? Yes/ No (circle one) If so, how many: _____

Why do you want to participate in this program? _____

What do you hope to get out of this program? _____

In case of emergency contact: _____ Phone: _____

contact: _____ Phone: _____

SIGNATURE: _____ DATE: _____

NOTE: NONE of these answers will disqualify you, they are merely so we can gauge the best way to serve you.



Liability Release

Be it known that under Georgia Law, an equine activity sponsor or 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 **Chapter 12 of Title 4** of the **Official Code of Georgia Annotated**.

_____ (*Client's Name*) would like to participate in the Special Equestrians of Georgia Carry On project. I acknowledge the risks and potential for risks of horseback riding and/or carriage driving. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, indemnify, hold harmless, waive and release forever all claims for damages against Special Equestrians of Georgia, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses, including theft, loss of property, or death that I/my son/my daughter/my ward may sustain while participating in the Special Equestrians of Georgia program and also agree to hold harmless per the exact verbiage above, the following owners of the properties (including their managers, and/or employees): Mark and Stacey Edwards, Jim and Kathy Gilker.

Date: _____ **Signature:** _____
Client, Parent or Legal Guardian

Photo Release

I hereby consent to and authorize the use and reproduction by the Special Equestrians of Georgia project of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the Special Equestrians of Georgia.

Date: _____ **Signature:** _____
Client, Parent or Legal Guardian

Barn Rules and Regulations/Client Policies

I have received and read a copy of the Barn Rules and Regulations as well as the Client Policies.

Date: _____ **Signature:** _____
Client, Parent or Legal Guardian



Participant's Medical History & Physician's Statement (2018)

Client Name: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y / N (circle one) Date of Last Seizure: _____

Special Precautions/Needs: _____

Mobility (circle one): Independent Ambulation Assisted Ambulation Wheelchair

Braces/Assistive Devices: _____

Please indicate current or past special needs in the following systems / areas, including surgeries:

	Yes	No	Comment
Auditory			
Visual			
Tactile Sensation			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

PHYSICIAN'S STATEMENT: To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the PATH center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities / limitations by a licensed / credentialed health professional (e.g., PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD DO NP PA Other: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

License/UPIN Number: _____



Participant Authorization for Emergency Medical Treatment (2018)

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Special Equestrians of Georgia, to:

1. Secure and retain medical treatment and transportation, if needed
2. Release client records upon request to the authorized individual or agency involved in the emergency treatment

Client's Name: _____ Phone: _____

Address: _____

In the event I cannot be reached, contact _____ Phone: _____

Second Emergency Contact _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____ Consent Signature _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

A COPY OF THE COMPLETED MEDICAL HISTORY SHOULD BE ATTACHED TO THIS FORM



RELEASE AND INDEMNIFICATION AGREEMENT

To induce Stacey Edwards, Mark Edwards, Special Equestrians of Georgia, Shannon Moylan, Dave East, Karel Dokken and Kathy Duke, we, the undersigned, by executing this writing, agree to hold harmless, discharge, release, and indemnify the Stacey Edwards, Mark Edwards, Special Equestrians of Georgia, with respect to any claims, causes of action, injuries, damages, cost or expenses, or loss to myself, my family, my children, my friends, guest spectators accompanying any of the above persons to Special Equestrians of Georgia and others arising out of it, or in any way connected with the horse riding activities or instruction by such persons, to include damage, loss, or injury of any kind to any horse or other property or person, and whether on, or off the facilities of Special Equestrians of Georgia, Stacey Edwards, and Mark Edwards, and any such liability, damage, cost or loss shall be due to acts or omissions of myself, my family, my children, my friends, guest spectators accompanying any of the above persons to the Farm or others or by act or omission of the Farm, and for all risks of using the facilities of the Farm, of riding horses on or off the facilities of the Farm, of driving a carriage on or off the facilities of the Farm, and of boarding horses with the Farm.

Similarly, the undersigned **AGREES NOT TO SUE** Stacey Edwards, Mark Edwards, Special Equestrians of Georgia, Shannon Moylan, Dave East, Karel Dokken, Annika Fairbairn, Russell Fairbairn and Kathy Duke with respect to any claims, causes of action, injuries, damages, cost or expenses, or loss to myself, my family, my children, my friends, guest spectators accompanying any of the above persons to the Farm and others arising out of or in any way connected with the use of the facilities of the Farm by such persons, to include damage, loss or injury of any kind to my horse or other property or persons, and whether on, or off the facilities of the Farm, and whether any such liabilities, damage, cost or loss shall be due to acts or omissions of myself, my family, my children, my friends, guest spectators accompanying any of the above persons to the Farm or others by act or omission of the Farm, and for all risks of using the facilities of the Farm, or riding horses on or off the facilities of the Farm, of driving a carriage on or off the facilities of the Farm and of boarding horses with the Farm. In addition, the Farm shall not be liable for any loss due to accident, illness, fire, or theft. It is the responsibility of the undersigned to carry full and complete insurance coverage on his horse, personal property and himself.

WARNING Under Georgia Law, an Equine Activity Sponsor or 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 Chapter 1 of Title 4 of the Official Code of Georgia Annotated.

In witness whereof, the undersigned has set his hand and seal this _____ day of _____, 201____.

Responsible Party or Rider's Signature

Witness Signature

Rider Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Notify in Case of Emergency _____ Phone _____



Special Equestrians of Georgia, Inc. (SEG) Barn Rules and Regulations

1. Only owners of horses boarded on the property are allowed on property unsupervised.
2. Anyone on the premises who is under 21 years must be accompanied by a parent or other responsible adult over 21 years, this also includes anyone leasing a horse.
3. Barn hours are from sun up to sun down.
4. Special arrangements must be made with SEG to ride before sun up or sun down.
5. Please clean up after yourself. Sweep the floors when finished grooming your horse and put away any tack or other equipment used. Leave the premises in the condition you found them.
6. Pick up any manure your horse drops – even outside the stable.
7. Turn off all water completely when finished.
8. Make sure your horse's stall door is secure.
9. Make sure you leave the gates (including at the top of the driveway) securely locked when going in and out.
10. SEG is not responsible for anything lost, stolen or damaged. Do not borrow equipment from anyone, including SEG, without first receiving permission.
11. SEG is not responsible for your equipment. Please keep the tack room orderly. Put all equipment away after each use.
12. Please take proper safety precautions when handling horses. Remember that horses are animals that often act on their own. You are riding at your own risk.
13. Any rider or handler other than the Owner must Sign a Release and Indemnification Agreement.
14. Hard Helmets: Individuals under the age of 21 years and all clients of SEG must wear an ASTM-SEI Approved helmets when on horseback on SEG premises. SEG strongly recommends that riders older than 21 years wear helmets.
15. Riders or handlers who disregard the rules may be asked to leave the premises.
16. Pick up your trash!
17. No boarder is to feed additional grain or hay.
18. Closing: Last person in the barn, turn off all the lights and check the doors and gates to make sure they are shut and properly locked.
19. All complaints about the care of your horse or other stable issues must go to the Executive Director of SEG. If not resolved, an appeal may be made to the Board of Directors. Their decision will be final.

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20. Boarders are responsible for notifying SEG, in writing, if horses are going to shows, trips, etc. Expected time and date of return must be included. Boarders are to arrange for their own transportation of their person, the horse and equipment to any trip off-property.

21. A message board is provided in the barn for communication purposes.

22. SEG will determine whether a horse(s) returning from outside activities will need to be quarantined.

23. SEG strongly recommends against bareback riding, for your safety.

24. SEG (including its Executive Director and Board of Directors) reserves the right to request a rider or student dismount a horse at any time and for any reason. These decisions are final.

25. Any instructors must receive permission to teach on SEG in advance of a lesson. The Executive Director must give permission for all aspects of the lesson, including time, horse and equipment to be used, in advance. Those decisions are final and are subject to change at any time at the Executive Director's discretion.

26. It is strongly recommended that anyone working with the horses wear closed toe shoes, and limit jewelry. As horses can step on your toes or pull your jewelry off.

27. There is no drug or alcohol use permitted on property including smoking.

28. All questions about the farm property or horses are to be directed to the Executive Director, Stacey Edwards (404-218-4008). All questions regarding barn rules or payment issues are to be directed to Board Member Shannon Moylan (678-592-9768).

****The house, garage, and gated area adjacent to the house is private property, including the swimming pool. Anyone found in these areas will be asked to leave. If a student is found wandering the property alone, parents/guardians will be verbally warned once, the second notice the student will be removed from the program for the remainder of that session, all monies will be forfeited.****

Please initial that you have read and understand the barn rules: _____



Commitment Pledge

- I acknowledge that this program is free, however I pledge I will make it every week
- I will show up on time ready and willing to work with the horses
- If I cannot make my appointment I will let someone know with a **24 hour advanced notice** unless it's an unforeseen emergency
- I will listen to instructions like my life depends on it, because it may
- I will take this pledge as seriously as I took my enlistment oath
- If I fail to keep this pledge I understand my spot can be given to someone else

Signed : _____ Date: _____