



FULL CIRCLE FARM
THERAPEUTIC HORSEMANSHIP

80 EDGELL ROAD
NEWPORT NH, 03773
(603) 863-2952
INFO@FCFTHERAPEUTIC.ORG

Participant Annual Update Form 2023

Name: _____ DOB: _____ Date: _____

Current Height: _____ Weight: _____ Parent/Guardian: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address if changed: _____

Please indicate any health issues or medical changes in the past year:

Emergency Contact Information

Primary Contact in case of emergency: _____ Relationship: _____

Emergency Contact Phone: _____ Alternate Contact Phone: _____

Participants with Down Syndrome are required to have annual medical clearance from a licensed physician that includes a neurologic exam that specifically denies any symptoms consistent with atlanto-axial instability.

Date of last x-rays: _____ Results: ☐ Positive ☐ Negative

Date of most recent neurologic exam: _____ Symptoms present? ☐ Yes ☐ No

Date: _____ Physician Name: _____

Physician Signature: _____



Photo Release:

☐ I DO ☐ I DO NOT

consent to and authorize the use and reproduction by Full Circle Farm of any and all photographs and any other audio/visual materials taken of participant and/or me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

FCFTH relies on various funding sources that require the following information. Names are not shared, and the information is kept confidential

Household Income: ☐ < \$15,000; ☐ between \$15,000 and \$30,000; ☐ between \$30,000 and \$50,000;
☐ between \$50,000 and \$70,000; ☐ between \$70,000 and \$100,000; ☐ > \$100,000

Liability Release:

In consideration of Full Circle Farm Therapeutic Horsemanship allowing my participation in this activity, under the terms set forth herein, I, the RIDER, and the parent or guardian thereof if a minor, do agree to hold harmless and release Full Circle Farm Therapeutic Horsemanship, its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to Full Circle Farm Therapeutic Horsemanship ordinary negligence; and I do further agree that except in the event of Full Circle Farm Therapeutic Horsemanship gross negligence and willful and wanton misconduct, I shall not bring any claims, demand, legal actions and causes of action, against Full Circle Farm Therapeutic Horsemanship and/or its associates, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Full Circle Farm Therapeutic Horsemanship, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Full Circle Farm Therapeutic Horsemanship.

Date: _____ Print Name: _____

Signature: _____

(Client, parent or legal guardian if participant is under 18 years of age)

