



## **Welcome to Riding Beyond!**

Thank you for applying to join us in our revitalizing activities with horses. We look forward to sharing the gentle adventures of Riding Beyond with you,

**Through carefully designed and guided experiences with horses, our sessions offer refreshment and revitalization through activities like these:**

- Grooming a horse who enjoys being touched, and learning basic horsemanship skills.
- Walking with your horse in synchrony to music.
- Story telling
- Interactions with other participants and horses for revealing new possibilities for your future.
- More advanced activities at liberty for experienced riders.

**Return this form filled out by email to [ridingbeyond@gmail.com](mailto:ridingbeyond@gmail.com) or mail it to PO Box 1281, Ashland, OR 97520**

*I have read this summary of the Riding Beyond purpose and activities. I understand that I can address questions about the program by calling Trish Broersma at 541.482.6210.*

*By applying and signing up for a particular session, I commit to attending unless I give at least 3 days notice to the phone number above, so that my time at Riding Beyond can be offered to someone else.*

Signed \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

In 2023, sessions last 3 hours, once a week for four weeks in April, May and September. Half-day group sessions are conducted on weekends several times May through September. See dates at [ridingbeyond.org/events](http://ridingbeyond.org/events).

Tuesday and Wednesday sessions are offered free of charge. Group sessions on Saturdays or other weekdays are \$50/person.

Your answers to questions on the application give us the information we need to provide a safe and enjoyable experience for you, tailored to your specific needs. We appreciate your patience in filling them out and returning them to us, as well as taking the time to have your doctor fill out the Physician Statement.

### **Requirements:**

- Doctor's Statement.
- Signed application, liability release and medical release (provided to you at first session.)
- Issues resulting from breast cancer treatment that you feel might benefit from Riding Beyond.

**More details about the program are available to you at [ridingbeyond.org](http://ridingbeyond.org).**

Wear long pants and sturdy closed-toe shoes. Bring a sun-hat and your water bottle. We look forward to enjoying



# Breast Cancer Participant's Application & Health History

## GENERAL INFORMATION

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

## HEALTH HISTORY

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

Chemotherapy: \_\_\_\_\_

Radiation treatment: \_\_\_\_\_

Do you currently have a chemo port? Y N If so, its location: \_\_\_\_\_

Mastectomy \_\_\_\_\_ Reconstructive surgery \_\_\_\_\_

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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

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

**PHYSICAL ISSUES** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

**PSYCHOSOCIAL ISSUES** (e.g., work or school issues, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns, etc.)

## MY CURRENT LIFE CHALLENGES INCLUDE

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

### PHOTO RELEASE

I  DO  DO NOT

consent to and authorize the use and reproduction by Riding Beyond 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.

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

Client