



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 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.

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.

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



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