

# **Welcome to**

## *Nixon Ranch Riding & Activity Center*

**Thank you for your interest in Horsemanship!**



- + Please fill out the student packet and send to the address listed below.**
- + If we have an opening, someone from Nixon Ranch will contact you to schedule your orientation.**
- + We look forward to meeting you!**

**Send completed forms to:**  
*Nixon Ranch Riding & Activity Center,*  
*P.O. Box 824*  
*13230 Chicago Rd*  
*Somonauk, IL 60552*

**Any Questions? Call (815) 786-7866 or 630-809-0046**  
or email us at: [nixonranch@gmail.com](mailto:nixonranch@gmail.com)

**PATH International Certified Instructor and Member:**  
**Nancy Nixon**



## **Nixon Ranch Riding & Activity Center Rules**

### **We would like to remind you of our rules:**

- Parents, family members, and guests, please remember to stay in the parent viewing area unless specifically asked or invited by staff to come to the arena area
- Please refrain from engaging in conversation with your child or any riders during their lesson time. This can be extremely distracting to students, staff and volunteers who may need to listen for important lesson and safety instructions.
- No smoking
- Everyone must wear a helmet when riding.
- No running or yelling.
- No dogs allowed (except assistance dogs).
- Everyone is required to wear fully enclosed shoes.
- Children must be under adult supervision at all times.
- All horse areas, including paddocks, stalls and fields are off-limits unless permission is given and there is assistance from certified personal
- No one is allowed on this property without the presence/supervision of a Nixon Ranch registered riding instructor and/or a designated staff member.
- No activities are to be performed on this property after dark unless in the lighted indoor arena
- No equine assisted activity on this property without the supervision of a PATH Intl. registered riding instructor.

# Nixon Ranch Riding & Activity Center

## Equine Activity Liability Release and Hold Harmless Agreement

1. I, \_\_\_\_\_, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Tim and Nancy Nixon/Nixon Ranch), understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).
2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release The Nixon Ranch, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with Nixon Ranch any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me, my guests and invitees or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by myself or the Nixon Ranch.
3. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of The Nixon Ranch to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.
4. I further voluntarily agree and warrant to Release and Hold Harmless Nixon Ranch from any liability whatsoever, including, but not limited to, any incident caused by negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I am riding.

UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN A LEGAL RESPONSIBILITY FOR INJURY , LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES, 745 I.L.C.S 47/

Date: \_\_\_\_\_  
Tim and Nancy Nixon/Nixon Ranch

Person voluntarily entering into this Release and Hold Harmless Agreement:

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_

If minor, person representing himself/herself to the lawful Guardian under this Release and Hold Harmless Agreement:

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

# Nixon Ranch Riding & Activity Center

## Participant's Application & Health History

(to be completed by parent or guardian)

### GENERAL INFORMATION

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

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

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

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

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

Parent/Legal Guardian: \_\_\_\_\_

Caregivers: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

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

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

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

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

### HEALTH HISTORY

Diagnosis if any: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

<i>Please indicate current or past special needs in the following areas:</i>	Y	N	Comments
<b>Vision</b>			
<b>Hearing</b>			
<b>Sensation</b>			
<b>Communication</b>			
<b>Heart</b>			
<b>Breathing</b>			
<b>Digestion</b>			
<b>Elimination</b>			
<b>Circulation</b>			
<b>Emotional/Mental Health</b>			
<b>Behavioral</b>			
<b>Pain</b>			
<b>Bone/Joint</b>			
<b>Muscular</b>			
<b>Thinking/Cognition</b>			
<b>Allergies</b>			

# Nixon Ranch Riding & Activity Center

## Participant's Application & Health History ( pg.2)

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

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**Describe your abilities/difficulties in the following areas** (include assistance required or equipment needed):  
**PHYSICAL FUNCTION** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHOSOCIAL FUNCTION** (e.g., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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**GOALS** (i.e., why are you applying for participation? What would you like to accomplish?)

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**How Did you hear about Nixon Ranch Riding & Activity Center?** \_\_\_\_\_

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

# PHOTO RELEASE

I  DO

DO NOT

Consent to and authorize the use and reproduction by Nixon Ranch Riding & Activity Center 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, Parent or Legal Guardian

## Nixon Ranch Riding & Activity Center

### Authorization For Emergency Medical Treatment Form/ Liability Release

Participant  Staff  Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

#### In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Consent Plan

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 **Nixon Ranch Riding & Activity Center** 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 medical emergency treatment.

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

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent or Legal Guardian

#### 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 **Nixon Ranch Riding & Activity Center**. Parent or guardian will remain on site at all times during equine assisted activities. In the event that emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent or Legal Guardian