



Mane Stream

PO Box 305 • Oldwick, New Jersey • 08858

Tel: (908) 439-9636 • Fax: (908) 439-2338

Web: www.manestreamnj.org

Dear Potential Participant:

Thank you for your interest in Mane Stream! Enclosed you will find information about our adaptive riding program, offered therapy services, and the appropriate application and forms. Please read all the information and complete all of the forms with required signatures. Please note that all signatures on these forms must be by an adult (over 18 years of age) or a parent/legal guardian. No other signatures will be accepted.

The following items are required to process an application:

- 1) Participant Application
- 2) Participant Information
- 3) Medical Release
- 4) Accident Waiver
- 5) Annual Medical History and Physician's Statement

When the completed paperwork is received in our office it will be reviewed by Mane Stream staff. You will be contacted by one of our staff members to schedule a free screening. This is an informal meeting where we review the services we offer, take a short ride on a horse or pony, and answer any questions that you may have. We will also discuss your goals and make a recommendation on which Mane Stream program would be a good fit for the participant. This free screening typically takes approximately 20 minutes. Please be aware that not every child will get on the horse at the first screening. We will work with you to develop a plan to help your child become more comfortable and schedule additional screenings as needed. Please note that Mane Stream reserves the right to decline services if we do not have the appropriate resources available to provide services safely.

We are looking forward to meeting you soon!

Jennifer Dermody
Director of Program Services
PATH Intl. Certified Advanced Instructor
jen@manestreamnj.org

Mane Stream offers a wide variety of programs and services. This information sheet is to explain the different programs that we offer and to help you understand what will be the best fit for you and your family!

Adaptive Riding/Equine Assisted Activities



Adaptive riding is a horseback riding lesson taught by certified PATH International riding instructor or instructor in training where individuals learn horsemanship and riding skills. Lessons are held throughout the year and are weather dependent. Adaptive riding is not covered by insurance.

Mane Stream's Summer Camp is an inclusive day camp that teaches horsemanship and riding skills. Campers receive daily riding lessons, participate in horsemanship activities like grooming, tacking, leading, and basic horse care. Campers also play games, do arts and crafts, and make long lasting friendships!

Therapy Services



Occupational therapy sessions are conducted by a NJ licensed occupational therapist working one-on-one with the participant to achieve occupational therapy goals. Occupational therapy is designed for individual who wish to improve motor control, coordination, balance, attention, sensory processing, and performance in daily tasks.

Physical therapy sessions are conducted by a NJ licensed physical therapist working one-on-one with the participant to achieve physical therapy goals. Physical therapy is for individuals who wish to increase their balance, strength, endurance, and flexibility as well as improve their gross motor and mobility skills.

Speech-language therapy sessions are conducted with a NJ licensed speech-language pathologist working one-on-one with the participant to achieve speech-language therapy goals. Speech-language therapy is for individuals who wish to improve speech and language communication through augmentative communication, sign language, and verbal modalities.

Counseling services are conducted with a NJ licensed mental health professional, an equine specialist, and one or more equine partners. All work is done on the ground with no mounted activities. Sessions can be conducted with individuals, families, and/or groups through experiential activities with horses. Counseling services is for those who want to learn about themselves and others through experiential activities with the horses to process feelings, thoughts, and behaviors.



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PARTICIPANT APPLICATION

Participant's name: _____ Preferred name: _____

Preferred Gender: M F Gender nonconforming Decline to answer

Additional gender category (please specify): _____

Pronouns: _____ DOB: _____

Parent name: _____ Parent name: _____

Legal Guardian(s) (if other than parent): _____

Street: _____ Town: _____

State: _____ Zip: _____ County of Residence: _____

CONTACT INFORMATION

<i>Contact Person</i>	<i>Phone</i>	<i>Contact person</i>	<i>Phone</i>
Home: _____	_____	Home: _____	_____
Cell: _____	_____	Cell: _____	_____
Work: _____	_____	Work: _____	_____
Email: _____ <input type="checkbox"/>		Email: _____ <input type="checkbox"/>	

Mane Stream prefers to use email for all correspondence. Please indicate which email all mailings should be sent to.

Primary contact person & phone numbers for cancellations, etc.:

1) Contact: _____ Phone: _____ okay to text

2) Contact: _____ Phone: _____ okay to text

How did you hear about therapy at Mane Stream? Please list the name of the person or source.

____ Friend: _____

____ School/Teacher: _____

____ Doctor: _____

____ Other (please specify): _____

AUDIO-VISUAL RELEASE

I hereby: (choose one) **consent** to and authorize or **do not consent** to or authorize the use and reproduction of any and all photographs and any other audiovisual materials taken of me/my child by Mane Stream for promotional printed material, educational activities, website, Facebook and exhibitions, by PATH, AHA. Inc., EAGALA or for any other use for benefit of the Mane Stream program.

Participant/Legal Guardian Signature: _____ **Date:** _____

Mane Stream
MEDICAL RELEASE

Participant: _____ **Date of Birth:** _____
(Print Name)

Authorization:

In case of emergency I hereby authorize myself, my child or ward to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R., Physician)

Family Physician: _____ Phone: _____
Address: _____
Hospital Preference: _____

In case of emergency contact:

Name	Phone Number	Relationship to Client
_____	_____	_____
_____	_____	_____

Please list any allergies/medical problems, including those requiring maintenance medications (i.e. Diabetic, Asthma, Seizure Disorder).

Date of last seizure: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of last Tetanus Toxoid Booster: _____

Participant Signature

Date

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date

Mane Stream
ACCIDENT WAIVER AND RELEASE

In consideration of being permitted to participate in the equine related services and activities at Mane Stream, Inc., ("Mane Stream") located in Oldwick, New Jersey (collectively referred to as the "Activity")

I, _____, on behalf of myself OR on behalf of _____, hereby:

1. Acknowledge and agree that I am voluntarily participating in the event of my own free will.
2. Fully understand that the Activity involves risks and dangers, including but not limited to property damage, bodily injury, disability and possibly death. I understand that these risks may be caused by the nature of the Activity itself, the use or misuse of equipment, my own action or inaction, the action or inaction of others participating in the Activity or the action or inaction of the Releasees (named below).
3. Understand and acknowledge that I am voluntarily assuming all risks associated with or arising out of participating in this Activity, whether foreseeable or unforeseeable, including but not limited to those risks described in paragraph 2 above.
4. Acknowledge, agree and represent that I understand the nature of the Activity and that I am qualified and physically able to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
5. Agree to release Mane Stream and any of its owners, administrators, directors, agents, officers, members, volunteers, employees, successors and assigns (each, a "Releasee" and collectively, the "Releasees") from any and all claims past, present and future, known or unknown, that I, my heirs, executors, administrators or any other person on my behalf may have and that arise in connection with my participation in the Activity.
6. Agree to indemnify Releasees for, from and against each and every demand, claim, loss (which shall include any diminution in value), liability, judgment, damage, cost and expense (including, without limitation, interest, penalties, costs of preparation and investigation, and the reasonable fees, disbursements and expenses of attorneys, accountants and other professional advisors) (collectively, "Losses") suffered by any and all of the Releasees as a result of my participation in the Activity, including, but not limited to, Losses sustained as a result of a third-party claim against the Releasees arising from participation in the Activity, Losses sustained by Releasees in seeking medical treatment for me in connection with my participation in the Activity, and/or Losses resulting from Releasees' efforts to enforce this Waiver and Release.
7. Acknowledge and understand that Releasees are not responsible for the actions or inactions of any third parties hosting or conducting any event or activities related to the Activity.
8. Understand and acknowledge that this Waiver and Release is governed in all respects by the laws of the State of New Jersey, irrespective of conflicts of laws rules.
9. Acknowledge that I, or the person I am signing on behalf of is receiving valuable consideration through participation in the Activity, the receipt and sufficiency is hereby acknowledged.

I HAVE READ THIS WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVAVLID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Full Name (print): _____

Signature: _____

Date: _____

OVER PLEASE

Mane Stream
ACCIDENT WAIVER AND RELEASE

PARENT / GUARDIAN WAIVER FOR MINORS OR WARDS

The undersigned parent and/or guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Activity, and has agreed individually and on behalf of the child or ward to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the participant and the parents/guardian.

Full Name: _____

Signature: _____

Date: _____



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Mane Stream PARTICIPANT INFORMATION

Identifying Information

Name: _____ Age: _____ Today's Date: _____

Participant's grade in school or educational level: _____

School or employer: _____

Personality Profile

Please describe the participant's personality:

List the participant's favorite activities and/or preferences?

List any fears or dislikes the participant may have?

Communication Preference

___ *verbally*

___ *assistive device*

___ *sign language*

___ *picture icons*

___ *gestures*

___ *sounds*

Assistive Devices

Please list any devices that the participant may use at home or school

- Wheelchair: Power _____ Manual _____
- Stroller
- Walker
- Crutches/braces- _____
- Stander
- Gait trainer
- Orthotics- _____
- Splints- _____
- Prosthetics- _____
- Cervical collar, TLSO, abdominal binder, other trunk support
- Other assistive devices- _____

Participant/Family Goals

Mane Stream is a PATH Premier Accredited Center striving to provide the highest quality adaptive riding instruction and outpatient therapy for our participants. Thank you for taking the time to help us provide the best possible services.