



2025 SUNCATCHER PARTICIPANT APPLICATION

Please print or type clearly, and fill out completely and accurately.
Participants under the age of 18 must have this form signed by a parent or guardian.

NAME: _____ **DIAGNOSIS:** _____

Date of Birth: _____ **Age:** _____ **Height:** _____ **Weight:** _____ **PHONE:** _____

E-mail Address: _____

**SunCatcher communicates extensively through email. Please list the best email for this communication.

ADDRESS:

_____ **Street** _____ **city** _____ **state** _____ **zip** _____

Billing Contact: _____ **PHONE:** _____

BILLING ADDRESS _____

_____ **Street** _____ **city** _____ **state** _____ **zip** _____

Bill to: PRIVATE PAY FAMILY SUPPORT BLACK HILLS WORKS ABBOTT HOUSE CHILDREN'S HOME OTHER

Primary Contact: _____ **PHONE:** _____

Scheduling/Transportation Contact: _____ **PHONE:** _____

(OPTIONAL:) Gender Identification: _____ Preferred Pronouns: _____

Race: _____ Ethnicity: (please circle) Hispanic/Latino Non-Hispanic Unknown

Sessions run May - October as weather permits in our outdoor-only facility. Please circle ALL MONTHS that you want to participate weekly: May June July August September October

Please "X" all time slots that work for you.

Day/Time	Monday	Tuesday	Wednesday	Thursday	Friday
8 - 12					
12 - 5					
5 - 8					

Additional comments: _____

SUNCATCHER THERAPEUTIC RIDING ACADEMY LIABILITY RELEASE (required to participate):

_____ (**Client's name**) would like to participate in SunCatcher Therapeutic Riding Academy's programs and activities. I acknowledge the risks and potential for risks of horseback riding and other equine-related activities. However, I feel that the possible benefits for *me/my son/my daughter/my ward* are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heir and assigns, executors or administrators, waive and release forever all claims for damages against SunCatcher Therapeutic Riding Academy, Inc., its Board of Directors, staff, consultants and volunteers, but not limited thereto for any and all injuries and/or losses which may be sustained while participating with SunCatcher Therapeutic Riding Academy.

Releasor hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while engaged in or participating in a SunCatcher program or activity. Releasor expressly agrees that this release and waiver agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further state and affirm that I have the authority to sign this release and have obtained the consent and or advice of any other person with a custodial or supervisory role in this minor's activities.

WARNING: Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §42-11-2.

Signature _____ Date: _____
(Self, Parent, or Guardian)

Printed Name: _____ Relationship to Client: _____

Publicity Release: Please sign and Date, OR cross out and Initial (Not required to participate)

I hereby consent to and authorize the use and reproduction by SunCatcher to use any photographs or audio/visual material for promotion, education, publication or exhibition for the purposes of conveying information and marketing SunCatcher Therapeutic Riding Academy, Inc.

Signature: _____ Date: _____
(self, parent, or guardian)

Printed Name: _____ Relationship to Client: _____
(self, parent, or guardian)

Authorization for Emergency Medical Treatment Form

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, or participating in an authorized activity of this agency I authorize SunCatcher 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.

Participant's Name _____ **Phone** _____

Address _____

In the event I cannot be reached, contact:

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____

Preferred Medical Facility _____

Please fill out and sign ONE section below, either "Consent Plan" or "Non-Consent Plan":

Consent Plan: This authorization includes x-ray, surgery, hospitalization medication and any treatment procedure deemed "lifesaving" by the physician. This provision will be invoked only if the person(s) listed as guardian or emergency contacts is (are) unable to be reached

Address: _____

Print Name: _____ **Relationship:** _____

Consent Signature required: _____

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 the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place. _____

Address: _____

Print Name: _____ **Relationship:** _____

Non-consent Signature required: _____

SunCatcher Therapeutic Riding Academy Code of Ethics

Cleanliness and Appropriate Attire: All SunCatcher staff, volunteers, and participants should strive for clean and safe attire for all activities. Long hair should be tied back and out of the face; clothing should protect from sun and bugs, provide comfort, and give a tidy appearance. Boots or closed-toed shoes must always be worn when around horses. SunCatcher Logo Shirts should be worn at all Events. (Inappropriate attire: sandals, revealing tops, baggy or ill-fitting pants, short shorts, offensive/non-PG logos).

Youth Volunteers/Staff: Due to safety and insurance standards, all persons under 18 years of age who are working directly with horses (grooming, leading/handling, stall/arena maintenance) will wear helmets (buckled securely) at all times.

Professional Presentation: SunCatcher Staff, Volunteers, and Participants will use respectful, appropriate language (NO Profanity) at ALL times when representing SunCatcher – at Sessions, Activities, Events, as well as within the Community and while working at the Facility. Respect and compassion for others should be evident in our conduct at all times. Abusive language, disrespectful comments, sexual harassment, or threatening physical movements will NOT be tolerated. Proper horsemanship will be demonstrated at all times.

Confidentiality: It is of the utmost importance that the names of participants are never used. Services for all participants are provided with one hundred percent confidentiality. If asked by someone about a specific person, respectfully explain that you cannot say. Always practice the Rules of HIPAA! No photos or social media postings will be made without approval by a Board officer.

Dependability: Being dependable and timely for all activities and sessions for which you have committed your time is imperative, and shows respect for all involved.

Safety: The safety of all Participants, Volunteers, Staff and Horses is always our first concern. Your full attention, physically and mentally, must be given while involved in a therapeutic horsemanship session. For safety reasons, we do not allow the use of cell phones at any time during sessions or events or any handling of horses. If you must make a call, do it during the break time, which is after all horses are ready for the next session.

*****As a Staff/Volunteer/Parent/Participant of SunCatcher TRA, I understand the SunCatcher Code of Ethics and agree to follow it at all times. I understand that failure to do so will result in loss of my right to participate in any capacity with SunCatcher Therapeutic Riding Academy. I also understand that I am responsible for ensuring that any visitor I bring to the property or events abides by this Code of Ethics.**
Thank you for your cooperation and participation!

PRINTED NAME: _____ **SIGNATURE:** _____

DATE: _____