



HEARTLAND THERAPEUTIC RIDING, INC.

PO Box 391, Stilwell, KS 66085-0391 | Barn: 19655 Antioch Rd., Bucyrus, KS 66013
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(Hereinafter "HTR")

FORM CHECKLIST

Participant Name: _____

Date: _____

Participant/Parent/Guardian Provided:

Date

- Participant Application & Health History *(online or paper)*
- Equine Assisted Activity Agreement
- Supplemental Scholarship Application
- Physician’s Statement and Medical History
- Seizure Disclosure

Participant Returned:

Date

Staff Initial

- Participant Application & Health History *(online or paper)*
- Equine Assisted Activity Agreement
- Supplemental Scholarship Application
- Physician’s Statement and Medical History
- Seizure Disclosure

(Staff initials verify documents checked for all pages completed, initialed and signed)

(Both Parent Signatures if Participant is under 18 years old)

Parent or Parent/Guardian, if applicable _____ Date _____

Parent or Parent/Guardian, if applicable _____ Date _____

Prepared by: _____ Date _____

HTR Employee

Please provide a copy of the Equine Assisted Activity Agreement to the parent/guardian after the document has been signed.