



## OLD WEST *SPECIAL TRAILS, INC.*

*Changing Children's Lives, One Ride at a Time*

12280 Macon Road, Collierville, TN 38017

901-490-5555

[www.oldwestspecialtrails.org](http://www.oldwestspecialtrails.org)

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Dear Applicant,

Thank you for your interest in Old West *Special Trails, Inc.* We are very excited to have the opportunity to partner with your family.

At Old West *Special Trails, Inc.* we believe that a horse can make a dramatic difference in a child's life. They offer companionship, teach responsibility, and instill confidence in children. Horseback riding is also very beneficial for children with special needs such as Autism and Cerebral Palsy. Our goal is to provide the financial support for children to experience the joys of horsemanship, without regard to financial, physical or mental restrictions.

While we would love to accommodate every request, all activities are contingent upon teacher and fund availability. If you qualify for any of our programs and we are not able to accommodate your request at this time, we will place your name on a waiting list. We reserve the right to deny service to any applicant we deem necessary. Each case will be reviewed on an individual basis to ensure the safety of the applicant, instructors and horses.

Please feel free to contact us with any questions or concerns.

Happy Trails!

**Old West Special Trails, Inc. Program Application for Children with Disabilities**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Applicant's Birthday \_\_\_\_\_

Emergency Contact Name and Number(s) \_\_\_\_\_

**Medical Information**

\_\_\_\_\_ Physical Disability (Please list and describe all physical disabilities below.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other Disabilities (Please list and describe all other disabilities below.)

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

***Old West Special Trails, Inc. requires a permission letter from your child's doctor in order to participate in horseback riding activities.***

**Photo Release**

I grant to Old West Special Trails, Inc., its representatives and employees, the right to take photographs of me and my property. I authorize Old West Special Trails, Inc., its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that Old West Special Trails, Inc. may use such photographs of me with or without my name and for any lawful purpose, including but not limited to, publicity, illustration, advertising, and web content.

I certify that I have read the entire participant application and understand and agree with all that is stated. All information that I have provided is true and complete. Please note that participants must also complete medical authorization and release forms.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

Warning: Under Tennessee law an equine professional is not liable for any injury or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Tennessee code Annotated, Title 44, Chapter 20. (Acts 1992, ch. 974, s6)