PARTICIPANT ENROLLMENT APPLICATION

For Mentoring with Horses LLC (MWH) programs and experiences

PURPOSE OF THIS APPLICATION
This form helps MWH determine program fit, communicate safely with participants and families, and prepare an appropriate horse-assisted mentoring experience. Enrollment is subject to availability, participant/program fit, safety considerations, completion of required releases/consents, and MWH approval.

1. PROGRAM REQUESTED

☐ Discipleship with Horses (DWH) ☐ Serenity Horse Encounters (SHE) ☐ HEART ☐ Path to Freedom (PTF)
☐ Other / future MWH offering: _____

Preferred Season / Date	
Preferred Day / Time	
How did you hear about MWH?	

2. PARTICIPANT INFORMATION

Participant Full Name	
Preferred Name	
Date of Birth	_____ Age: _____
Street Address	
City / State / ZIP	
Participant Phone	
Participant Email	
School / Homeschool / Work	
Grade / Year (if applicable)	

MWH's primary audience is youth and young adults ages 12 & up. Program-specific eligibility may vary.

3. PARENT / GUARDIAN INFORMATION — IF PARTICIPANT IS A MINOR

Parent / Guardian Name	
Relationship	
Primary Phone	
Email	
Alternate Parent / Guardian	
Alternate Phone	
Preferred Contact	☐ Call ☐ Text ☐ Email

4. EMERGENCY CONTACT

Name	
Relationship	
Primary Phone	
Alternate Phone	
Authorized to pick up minor?	☐ Yes ☐ No

5. PARTICIPANT INTERESTS, GOALS & PROGRAM FIT

What interests you / the participant about Mentoring with Horses?

What would you most like the participant to gain from the experience?

☐ Confidence ☐ Communication ☐ Trust / Boundaries ☐ Leadership ☐ Emotional Awareness
☐ Resilience ☐ Cooperation / Teamwork ☐ Relationships ☐ Faith / Discipleship
☐ Other: _____

Please share anything about learning style, communication, sensory preferences, behavior, mobility, fears, prior horse experience, or support needs that would help MWH plan a safe and positive experience. Share only information relevant to participation.

6. HORSE EXPERIENCE & COMFORT

☐ No prior horse experience ☐ Some exposure ☐ Comfortable around horses ☐ Experienced with horses

Prior horse activities (if any):

☐ Grooming ☐ Leading ☐ Groundwork ☐ Riding ☐ Horse care ☐ Other: _____

If applicable, please describe any allergies, behaviors, medications, medical conditions, fears, prior negative horse experience, or other concerns MWH should know about?

7. HEALTH, SAFETY & PARTICIPATION INFORMATION

Horse-assisted activities involve large animals, outdoor conditions, uneven surfaces, equipment, insects, dust, weather, and physical movement. Please identify information MWH needs to evaluate safe participation. A separate release/waiver and, when appropriate, additional health information may be required before participation.

☐ No relevant concerns known ☐ Allergies ☐ Asthma / breathing concern ☐ Seizure history
☐ Mobility / balance consideration ☐ Sensory consideration ☐ Medication timing relevant to session
☐ Other: _____

Please explain only what MWH needs to know for safe participation, including emergency response information if applicable:

_____

_____

_____

_____

_____

_____

_____

Primary Physician (optional)	
Physician Phone (optional)	
Health Insurance Carrier (optional)	

Emergency medical authorization and liability/release terms, if required, will be handled in separate enrollment documents.

8. AUTHORIZED PICKUP / RELEASE — MINORS

List adults, in addition to the parent/guardian above, who may pick up the participant:

Authorized Adult 1	Name:	Phone:
Authorized Adult 2	Name:	Phone:

Unless MWH has an approved alternate arrangement, minor participants must be released only according to MWH's current pickup procedure.

9. COMMUNICATION & MEDIA PREFERENCES

☐ MWH may call/text/email me about scheduling, cancellations, enrollment, and program logistics.
☐ I prefer not to receive nonessential program/news updates.

Media permission is not granted by this application. Photography/video/testimonial permission, if requested, will be handled separately.

10. SESSION SCHEDULING, WEATHER, CANCELLATION, ATTENDANCE POLICY & ATTIRE

PLEASE READ CAREFULLY
MWH programs are substantially outdoor and horse-dependent. Safety and horse welfare take priority over completing a scheduled session.

MWH may cancel, delay, shorten, relocate, or modify a session when conditions make the planned activity unsafe or impractical. Common examples include:

- Severe or threatening weather, including thunderstorms/lightning, heavy rain, high winds, extreme heat or cold, ice/snow, or unsafe travel/road conditions.
- Unsafe arena or property conditions, including saturated/slippery footing, storm damage, power or facility problems, or other hazards.
- Horse illness, injury, behavior, or welfare concerns that prevent MWH from safely providing the planned program.
- Staffing/volunteer shortages, instructor illness/emergency, or other circumstances that prevent MWH from safely operating the session.

If MWH cancels a paid session: MWH will ordinarily offer a makeup/rescheduled session or credit. If MWH cannot provide a reasonable makeup or credit, any session fee actually paid for that MWH-cancelled session will be refunded. Scholarship or sponsor-funded amounts are not paid to the participant as cash refunds.

If the client/participant cancels or fails to attend: Unless MWH has approved an exception in advance, participant/client cancellations and no-shows are nonrefundable, and the session fee remains due or is forfeited because the program time, horse, staffing, and capacity were reserved for that participant. MWH may, at its discretion, approve a makeup, credit, or exemption for documented emergencies, illness, or other circumstances.

DWH attendance requirement — two consecutive unexcused absences or three absences (for any reason) within a Spring or Fall season: Because the Discipleship with Horses (DWH) program depends on continuity, small-group capacity, mentor preparation, and horse/staff scheduling, a DWH participant who misses two scheduled DWH sessions in a row without a prior exemption approved by MWH, or three sessions for any reason within a Spring or Fall season, will be automatically dropped from the current DWH enrollment. Any return or re-enrollment is subject to MWH approval and available capacity. Fees already charged or paid for participant-caused missed sessions are not automatically refundable.

Notice of absence: Participants/parents should notify MWH as soon as reasonably possible when an absence is expected and should request any exemption before the second consecutive or third missed DWH session whenever circumstances permit.

Late arrival / early departure: Late arrival may reduce or prevent participation when joining the session would be unsafe, disruptive, or inconsistent with the planned activity. A shortened session caused by participant late arrival or early departure does not ordinarily qualify for a refund.

ATTIRE

- Closed-toe, secure footwear suitable for horses and uneven outdoor surfaces is required.
- Wear practical, modest clothing that permits safe movement. Long pants are recommended.
- Avoid dangling jewelry, loose scarves, unsecured accessories, or clothing that can snag on equipment.
- Weather-appropriate layering, sun protection, and hydration are the responsibility of the participants.
- No participant cell phones are allowed in the sessions, particularly when engaging with the horses!

11. PROGRAM FEE & PAYMENT UNDERSTANDING

Program fees vary by offering and enrollment period. The current DWH model may include participant fees and scholarship/community support. Any applicable fee, scholarship, payment schedule, or special arrangement will be confirmed by MWH before enrollment is finalized.

☐ Self / Family ☐ Scholarship requested / anticipated ☐ Church / Business / Community Sponsor

☐ Other: _____

Person/organization responsible for payment (if different from participant/parent):

Name / Organization	
Phone / Email	

FEE POLICY ACKNOWLEDGMENT

The cancellation/refund rules in Section 10 apply unless MWH provides a different written policy for a specific offering, event, scholarship, or special enrollment arrangement.

12. CHRIST-CENTERED PROGRAM NOTICE

MWH is intentionally Christ-centered. Programs may incorporate Christian values, Scripture, prayer, reflection, discipleship principles, and discussion of the example and teachings of Jesus Christ. Participation does not require a participant to claim a particular level of faith, but participants and families should understand and respect the Christian nature of the program.

☐ I understand the Christ-centered nature of MWH programming.

13. PARTICIPANT / PARENT EXPECTATIONS

- Treat participants, volunteers, staff, visitors, property, and horses with respect.
- Follow MWH safety instructions and remain within assigned program areas.
- Do not feed, handle, enter an enclosure with, or otherwise interact with a horse except as directed.
- Use appropriate language and behavior; no bullying, harassment, threats, violence, substance use, or intentional unsafe conduct.
- Tell MWH promptly about relevant changes that could affect safe participation.
- Follow arrival, pickup, attendance, communication, and cancellation procedures.
- Understand that MWH may modify or end an activity—or pause/end enrollment—when necessary for participant safety, horse welfare, conduct, program fit, or operational capacity.

14. APPLICATION CERTIFICATION & POLICY ACKNOWLEDGMENT

By signing below, I certify that the information provided is accurate to the best of my knowledge. I understand that this is an application for enrollment and does not guarantee acceptance, a specific horse, schedule, mentor, scholarship, or continued placement. I understand that final enrollment may require additional forms, releases, waivers, payment arrangements, and MWH approval.

I acknowledge that I have read and understand the session scheduling, severe-weather/other cancellation, fee refund/no-show, and DWH attendance/drop provisions in Section 10, including the automatic drop from the current DWH enrollment after two consecutive or any three DWH sessions within a Spring or Fall season are missed without a prior MWH-approved exemption.

☐ I acknowledge and agree to the policies stated above.

Printed Participant Name: _____

Participant Signature (if age/ability appropriate): _____ Date: _____

Parent/Guardian Signature (required for minor): _____ Date: _____

Printed Parent/Guardian Name: _____

MWH USE ONLY

Date Application Received	
Program / Cohort	
Fit / Safety Review	☐ Approved ☐ More information needed ☐ Not placed
Required Forms Complete	☐ Release/Waiver ☐ Emergency ☐ Media (if applicable) ☐ Other
Fee / Scholarship Arrangement	
Enrollment Status	☐ Enrolled ☐ Waitlist ☐ Hold ☐ Declined / Referred
MWH Representative	
Notes	