

# WELCOME

Please read, complete and return all forms.. Do not hesitate to ask for assistance if you have any questions.

## PAPERWORK

All forms should be completed and signed prior to the first session. All participants including our returning clients must complete new paperwork each year including the doctor's release for equestrian activities.

## SCHEDULING

**General:** Scheduling is on a first come first serve basis. We group participants together by skill level, age, and availability. We will ask for three time preferences when scheduling. Riders participate minimum one time per week for each ride session.

**New Participants:** When a new participant returns the application for therapeutic riding /driving/vaulting/competitive teams, you will be scheduled for a tour of the facility. Following the tour, and available space, an intake evaluation will be scheduled. This is done with one of our certified riding instructors. Once the intake evaluation is complete the proper placement of the participant will be scheduled.

**Returning Participants:** Will be placed according to skill level after paperwork is complete. Class times are on a **first come first serve basis** so it is very important to return paperwork promptly.

## CANCELLATIONS

We understand that things happen which are out of our control from time to time. Our participants are enrolled for a six week session. We appreciate a 24 hour notice if it is necessary to miss a particular lesson. We will issue a credit ride for a 24 hour notice. Participants who simply do not show up without notice will not be issued a credit. Because of our large waiting lists, any rider who misses more than 3 times per session will be re-evaluated for continued service, which may result in dismissal from the program. Weather is unpredictable in Arizona, so Horses Help reserves the right to cancel any classes which it deems unsafe to ride. This will insure the safety of its riders, staff, volunteers and horses. Credit time will be issued for a weather related cancellation.

Initials \_\_\_\_\_

## INFECTIOUS DISEASES:

**Please be considerate of our riders, volunteers and staff by keeping your rider at home if they are not feeling well. Cold, fevers, and runny noses can be passed on to others.**

## LATE ARRIVALS

Please let us know if you are going to be late. Classes are planned and prepared for, our staff, volunteers and horses are dedicated to you, **so if you're late, communicate!** We will wait for 15 minutes past the scheduled ride time. Horses will be put away after this 15 minute period and will not be available so we do not disrupt the current active class. **NO** credit or make-up time will be issued.

Initials \_\_\_\_\_

## DRESS CODE FOR PARTICIPANTS:

Appropriate attire is essential for the comfort & safety of the rider. Long pants are required. Avoid pants made of nylon, polyester, or other 'slippery' materials. Close-toed footwear with a closed back is mandatory for all riders. Riders that will be riding in saddles and in competitions will need appropriate riding boots. Additionally all riders in the "equestrian" programs should wear a close fitting shirt so posture is visible for the instructor and long hair should be pulled back. The rider may NOT ride if not dressed appropriately.

**Weather related 'gear'** – please provide a jacket, sweater, gloves, etc. for the cooler morning and evening ride times. Remember – you are outside for 30 minutes of class time. Please dress accordingly.

**Helmets:** **must** be worn by all riders. Horses Help will provide an ASTM/SEI certified helmet if the rider does not have their own.

## WEIGHT RESTRICTIONS:

The weight limit for riding at Horses Help is 200 pounds. Due to safety concerns for our volunteers and instructors and the welfare of our therapy horses, riders will not be allowed to ride if they are over 200lbs. Additionally each horse has a weight limit and each rider may be weighed at any time during the ride year to make sure they are a good match for their horse.

**PAYMENT PROCEDURES - Therapeutic Riding - 30 minute lesson**

We accept Cash and Checks. Credit Card charges can also be done, as well as electronic payment through PayPal, however, this does include a cost to the center. **Fees are to be prepaid prior to or by the first ride day of each session.** A Late Fee of **\$35.00** will be assessed if payment is not made prior to Week 2 of the current ride session.

**Basic Fee: \$180.00 for a 6-week ride session.** Classes will be up to 4 riders with like abilities.

**Semi-Private: \$240.00 for a 6-week ride session** (two riders with like abilities).

**Private: \$50 per lesson – by appointment and Instructor availability.**

**Initials** \_\_\_\_\_

**OBSERVING CLASSES:**

We are happy to have families and friends of participants observe as long as it does not distract the class. In order to keep the integrity of the class, we ask that you do not interrupt or distract the participant during the active session. **Riders should remain in the waiting area until their instructor or a volunteer comes to get them for their lesson.** There are specific areas designated for observation. For the safety of the riders, volunteers, and horses we request that riders, parents, caregivers, guests and siblings refrain from entering any area where horses are being prepared for class. Additionally we ask that activities in the observations area be kept low key as ball throwing and other swinging, rolling things may scare a horse. This is a major safety factor!

Many parents wish to help by side walking during class. We are happy to train you for this skill. However, it may be that you will be working with another rider. Let us know if you wish to participate.

**Initials** \_\_\_\_\_

**RESTROOMS**

The tack building (brick building located just south of the stalls) has 2 handicapped accessible bathrooms. Entrance is at the front (north) of this building. Please be careful as you pass through the horse waiting area and barn aisle. There is also drinking water available in the hallway, outside the bathrooms.

**HORSES**

Do not feed any of the horses. Our animals are on special diets and you may interfere with their health. In addition, unsupervised feeding of animals may result in injury. **Please do not go into the barn area** without an instructor or trained volunteer.

**Initials** \_\_\_\_\_

**PETS**

We have a high commitment to safety for our patients and horses, therefore, no pets are allowed on the premises. Exceptions are certified companion or working therapy support animals.

**Initials** \_\_\_\_\_

**PARKING**

Please park in the designated areas. Do not block gate access or walk way areas. If there is no parking available please ask a staff member for direction. **Please observe the 5 MPH sign when entering and exiting the property,** we could have horses and riders moving from one area to another. Your cooperation is appreciated.

**SMOKING – PARTICIPANTS & GUESTS:**

There is absolutely no smoking on site unless you wish to smoke in your car.

**I understand the information in this form and agree to the following conditions as defined by Horses Help organization.**

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



## HORSES HELP – RIDER APPLICATION Ride Year

(MUST be filled in completely in Blue or Black Ink ONLY)

NAME: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ALT. PHONE: (\_\_\_\_) \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Male/Female \_\_\_\_\_

DISABILITY (primary & secondary): \_\_\_\_\_

SEIZURES: YES NO CONTROLLED DATE OF LAST SEIZURE: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

AMBULATION (Wheelchair, canes, etc.): \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ E-Mail: \_\_\_\_\_

OCCUPATION/PLACE OF EMPLOYMENT: \_\_\_\_\_

SIBLINGS (NAME & AGE): \_\_\_\_\_

DOCTOR'S NAMES/ADDRESSES/PHONE: \_\_\_\_\_

THERAPIST'S NAMES/ADDRESSES/PHONE: \_\_\_\_\_

Would you provide a copy of any current therapy reports to Horses Help? YES NO

Is your therapist willing to interact with Horses Help? YES NO

SCHOOL/EDUCATION/DAY PROGRAM: \_\_\_\_\_

PHYSICAL LIMITATIONS: \_\_\_\_\_

POSITIVE REINFORCERS: \_\_\_\_\_

ATTENTION SPAN: \_\_\_\_\_ SITTING POSTURE: \_\_\_\_\_

VISUAL: \_\_\_\_\_ HEARING: \_\_\_\_\_

SPEECH: \_\_\_\_\_ PROSTHESIS: \_\_\_\_\_

### Please answer the following questions (use the back if needed):

1. Have there been any significant changes in the rider's condition within the past 3 to 6 months? Please let us know of any changes in health or physical development.
2. How did you hear about Horses Help?
3. Please indicate any special billing information.
4. Is there anything that we should know about the rider?
5. What are your expectations of Horses Help?



RIDER/VOLUNTEER NAME: (Please Print) \_\_\_\_\_

PHONE NUMBER: (AREA CODE: (     ) \_\_\_\_\_

## HORSES HELP LIABILITY RELEASE

I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. I will exercise safety precautions for my own protection, and I agree to abide by the policies and procedures of Horses Help, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Horses Help, nor any of its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses Help events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Horses Help event.

I further acknowledge that I will not hold Horses Help, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses Help events are conducted, liable or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent any and all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release Horses Help, its officers, instructors, volunteers, participants, employees, agents as well as the owner of the property, where lessons, horse shows or other Horses Help events occur, from all liability for property damage and personal injury to me, and I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with Horses Help activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Horses Help event is being held, or any person or equipment affiliated with said event.

Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Horses Help events are conducted, including minors.

**VOLUNTEERS: I represent that I am physically able to undertake all reasonable volunteers' activities and I participate in such activities at my own risk. INITIALS: \_\_\_\_\_**

**RIDERS: I represent that I am physically able to undertake riding activities and have presented a Physicians' Medical Statement indicating approval of my participation and I do so at my own risk. INITIALS: \_\_\_\_\_**

I have read and understand all of the above and waive any claim which may arise against Horses Help, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses Help events are conducted.

This agreement is effective upon signing and continues so long as I participate in Horses Help events.

I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

\_\_\_\_\_  
Signature of Rider or Volunteer

\_\_\_\_\_  
Signature of Parent/Guardian (if necessary)

Date: \_\_\_\_\_



## HORSES HELP PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by HORSES HELP of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

\_\_\_\_\_  
Signature of Rider, Volunteer

\_\_\_\_\_  
Parent or Guardian (if rider or volunteer is under age of 18)

## RISK MANAGEMENT STATEMENTS

- |  |   |   |
|--|---|---|
| ❖ I understand that I cannot smoke while on the property of Horses Help unless in designated area.         | Y | N |
| ❖ I understand Horses Help has designated business hours at which time staff are present on property.      | Y | N |
| ❖ I understand that I must wear an approved ASTM approved riding helmet to ride any horse.                 | Y | N |
| ❖ I understand that horses are not to be fed anything by hand. Hand feeding encourages biting and nipping. | Y | N |
| ❖ I understand that horses are unpredictable. They may kick, bite, and step on me.                         | Y | N |

\_\_\_\_\_  
Signature of Rider, Volunteer

\_\_\_\_\_  
Parent or Guardian (if rider or volunteer is under age of 18)

\_\_\_\_\_  
Date

## CONFIDENTIALITY STATEMENT

- ❖ **Volunteers, riders and their families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Horses Help shall preserve that right of confidentiality for all individuals in its program. I, by signing below, acknowledge this policy and will abide by it.**

\_\_\_\_\_  
Signature of Volunteer, Rider, or Parent/Guardian

\_\_\_\_\_  
Date



# HORSES HELP -- AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 of the agency, I authorize HORSES HELP 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.

Rider/Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian/Emergency Contact Person:

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Insurance ID \_\_\_\_\_

**ALLERGIES, MEDICAL CONDITIONS and MEDICATIONS**  
**(Please list any medical problems, special situations, seizure activity, etc.)**

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

**CONSENT PLAN**

This authorization includes X-ray, surgery, hospitalization, medical and any treatment deemed "Life Saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

(Parent or Guardian must sign if rider or volunteer is under age of 18)

PRINT Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**NON-CONSENT PLAN**

I do not give my consent to 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.

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

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

(Parent or Guardian must sign if rider or volunteer is under age of 18)

PRINT Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

## HORSES HELP MEDICAL HISTORY/PHYSICIAN RELEASE

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ Male/Female \_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_  
 DIAGNOSIS: \_\_\_\_\_ DATE OF ONSET: \_\_\_\_\_  
 TETANUS SHOT: NO YES → DATE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
 SEIZURES: TYPE: \_\_\_\_\_ CONTROLLED: YES NO DATE OF LAST SEIZURE: \_\_\_\_\_  
 MEDICATIONS: \_\_\_\_\_

### PERSONS WITH DOWNS SYNDROME

This section must be completed in order to participate.  
 Cervical X-ray for Atlanto Axial Instability: Positive: \_\_\_\_\_ Negative: \_\_\_\_\_ X-ray Date: \_\_\_\_\_

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking YES or NO.  
 If YES, please comment.

AREAS	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic - Skeletal -- <i>Scoliosis Degree</i>			
Balance			
Shunts			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

### MOBILITY:

Independent Ambulation:                    YES    NO                    Braces:                    YES    NO  
 Crutches:                                    YES    NO                    Wheelchair:                YES    NO  
 Please indicate any special precautions: \_\_\_\_\_

In my opinion this patient can participate in supervised equestrian activities. In conjunction with these activities I concur in the referral of the patient to a physical/occupational therapist or other health care professional for evaluation of abilities/limitations in performing exercises and implementing an effective equestrian program.

Physician's Name (PLEASE PRINT): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED. IT MUST HAVE AN ORIGINAL SIGNATURE.**  
**RETURN TO: Horses Help, P.O. Box 71005, Phoenix, AZ 85050 / 602/569-6056                    08/06**



# Horses Help Therapeutic Riding Center

PO Box 71005, Phoenix, Arizona 85050 [www.horseshelp.org](http://www.horseshelp.org) Office: 602-569-6056

Dear Physician:

Your patient would like to participate in our therapeutic riding program at Horses Help. These activities are supervised by riding instructors who are certified by North American Riding for the Handicapped Association (NARHA) and assisted by volunteers. Because safety is of the utmost importance, we request your evaluation of this person's appropriateness for horseback riding at Horses Help.

The following are some of the precautions/contraindications that we take into account when considering riders for our programs. We welcome your comments, questions and concerns. All of our riders must have an **original signed and dated** medical release on file with Horses Help in order to participate (see reverse side for form).

## **ORTHOPEDIC**

Atlantoaxial instability – include neurologic symptoms  
Coxa arthrosis  
Cranial deficits  
Heterotopic ossification/Myositis ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic fractures  
Spinal fusion/fixation  
Spinal instability/abnormalities

## **NEUROLOGIC**

Hydrocephalus/shunt  
Seizure  
Spina Bifida/Chiari II malformation/tethered  
Cord/hydromyelia

## **OTHER**

Age – under 4 years of age  
Indwelling catheters  
Medications – i.e. photosensitivity  
Poor endurance  
Skin breakdown

## **MEDICAL/PSYCHOLOGICAL**

Allergies  
Animal abuse  
Physical/sexual/emotional abuse  
Blood pressure control  
Dangerous to self or others  
Exacerbation of medical conditions  
Fire setting  
Heart conditions  
Hemophilia  
Medical instability  
Migraines  
PVD  
Respiratory compromise  
Recent surgeries  
Substance abuse  
Thought control disorders  
Weight control disorder

We appreciate your assistance. Please complete and return this form to: