

HEALING HORSES

Therapeutic Riding Center

Dear Potential Healing Horses Rider,

Thank you for your interest in Healing Horses Therapeutic Riding Center. We are a non-profit program and provide year-round quality, effective, and enjoyable therapeutic horseback riding to the Coachella Valley Community.

Enclosed please find and complete:

- Student Application.
- Authorization for Emergency Medical Treatment Form.
- Medical History Form: *must be filled out and signed by the student's physician.*
- Waiver and Release of Liability.
- Fee Agreement.
- Photo Release.

Please keep for your reference:

- Lesson Information.
- Weight Policy.
- A Healing Horses Therapeutic Riding Center Session Calendar for current year; *use this as a reference for dates of session breaks, holidays, and special events.*

Once we have the completed forms we will contact you to confirm what lesson schedule you will be joining. Any scheduling preferences will be taken into account, though this will depend on current availability. Please keep in mind that you may have to be put on a waiting list until any or a more optimal time opens up.

Please refer to the guidelines in this packet for more information regarding lesson policies, fees, and what to expect. Always feel free to contact us via phone or e-mail with your questions or concerns.

We look forward to working with you and your family!

HEALING HORSES

Therapeutic Riding Center

STUDENT APPLICATION

Student's Name	_____	Date of Birth	_____
Address	_____		
City	_____	State	_____ Zip _____
Home Phone	_____	Work Phone	_____ Cell Phone _____
E-mail	_____		Ok to contact _____
Height	_____	Weight	_____ Age _____

Emergency Information

Parent/Guardian	_____		
Address	_____		
City	_____	State	_____ Zip _____
Home Phone	_____	Work Phone	_____ Cell Phone _____
E-mail	_____		Ok to contact _____

HEALING HORSES

Therapeutic Riding Center

Student Information

Please describe nature of disability

What would you like to achieve from the riding program?

Any previous horse experience?

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Therapeutic Riding Center

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency treatment / aid is required due to illness or injury during the process of receiving services, or being on the property of the agency, I authorize **Healing Horses Therapeutic Riding Center** 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.

Client's Name _____ Phone _____

Address _____

In the event I cannot be reached, contact

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure 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 _____
Client, Parent or Guardian

Print Name _____ Phone _____

Address _____

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Therapeutic Riding Center

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:

Date _____ Consent Signature _____
Client, Parent or Guardian

Print Name _____ Phone _____

Address _____

HEALING HORSES

Therapeutic Riding Center

STUDENT MEDICAL HISTORY

Date _____

Name _____ D.O.B. _____ Age _____

Sex _____ Height _____ Weight _____ Pulse _____ BP _____

Diagnosis _____

Cause _____

Medications
(type, purpose and dose) _____

Tetanus Shot _____ Date _____

Please indicate if the client has or has a history of any of the following secondary problems by checking the appropriate box to indicate "Yes". If you indicate "Yes" for any of the following please provide *COMPLETE* information for each.

AUDITORY IMPAIRMENT _____

LEARNING DISABILITY _____

MENTAL IMPAIRMENT _____

PSYCHOLOGICAL IMPAIRMENT _____

SPEECH IMPAIRMENT _____

VISUAL IMPAIRMENT
(glasses) _____

ALLERGIES _____

CARDIAC _____

CIRCULATORY _____

PVD _____

Postural Hypotension _____

HEALING HORSES

Therapeutic Riding Center

Hemophilia

PULMONARY

Asthma / COPD

NEUROLOGICAL

Seizures

Controlled?
(Type)

Last Seizure(Date)

Hydrocephalus

Shunt(# Revisions)

Sensory Loss

Pain

SKELETAL

Spinal Column Injury

Dislocating Joints

Laminectomy / Fusion

Scoliosis

Degree

Type

Brace

Last X-Ray

HEALING HORSES

Therapeutic Riding Center

Kyphosis / Lordosis

Degree

Type

Spondylolisthesis

Spinal Abnormality

Osteoporosis

Heterotrophis Ossification

Joint Disease

Cranial Defects

Fractures

Location

Healing

Ambulatory

ambulate independently

If not explain

PROSTHETICS / ORTHODONTICS

Type/Purpose

Type/Purpose

Other

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Therapeutic Riding Center

MEDICAL HISTORY

Please indicate any medical problems not indicated above.

Please indicate special precautions:

Please describe any other additional information that might help us to work with this student. Thank you for your time!

Physician's Signature

Date

Physician's Name
(please print)

Physician's Address

Telephone Number

49-950 Jefferson St. Suite# 130-235, Indio, CA 92201
Phone: (760) 449-4883

HEALING HORSES

Therapeutic Riding Center

WAIVER AND RELEASE OF LIABILITY

Name of Student (please print) _____

I acknowledge that horseback riding or activities involving horses is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, personal property loss or even death. Horses are large animals and even the quietest and calm horse can be unpredictable. I hereby assume the risk of participating in such activities.

- I hereby take the following action for myself and my executors, administrators, heirs, next of kin, successors and assigns:
- I waive, release and discharge from any and all claims or liabilities for death, personal injury or damages of any kinds, which acts arise out of or relate to my participation in, or my traveling to and from, the horseback riding events, the following persons or entities: **Healing Horses Therapeutic Riding Center** building or facility lessees, sponsors, and the officers, directors, employees, representatives, instructors and agents of the above.
- I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein, and
- I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as results of my actions and any attorney fees or costs incurred by them as a result of my action.

By signing this form, I affirm that I am eighteen (18) years of age or older, I have read this document, and I understand its contents.

Signature of Student (Parent/Guardian if minor)

Date Signed

HEALING HORSES

Therapeutic Riding Center

The undersigned (parent/guardian's name:)

the parent and natural or legal guardian of (minor's name:)

hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself and all other assigns to the terms of the Waiver and Release. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons and entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for or on behalf of the minor in the execution of the Waiver and Release.

Signature (Parent/Guardian)

Date Signed

HEALING HORSES

Therapeutic Riding Center

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Healing Horses Therapeutic Riding Center permission to take or have taken still and moving pictures and films, including television pictures, of

(print name)

_____ and consents and authorizes Healing Horses Therapeutic Riding Program and its work, media and other persons interested in Healing Horses Therapeutic Riding Program and its work, to use and reproduce photographs, films and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing: newspapers, television media, brochures, pamphlets, instructional material, books and clinical material. With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than that intention of Healing Horses Therapeutic Riding Program to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding Healing Horses Therapeutic Riding Center.

Signature (Parent/Guardian)

Date Signed

Print Name

NO, please do NOT take still or moving pictures or films of
(print name)

Signature (Parent/Guardian)

Date Signed

Print Name

HEALING HORSES

Therapeutic Riding Center

LESSON INFORMATION

Lessons are limited to 6 students per group and last 1 hour. In addition to the NARHA certified instructor, there may be up to three volunteers per student.

All students are encouraged to participate in games and competitions in the lessons to reinforce riding skills. These games encourage friendly competition, provide a sense of accomplishment, and allow students to be involved in positive socialization as well as giving a forum to allow them to display their talent and skills.

Along with acquiring new riding skills, lessons will include learning to care for the horses. This consists of learning about grooming, use of equipment, and proper behavior around large animals.

Lesson Policies

- Students should arrive 5-10 minutes prior to lesson time in order to get their helmet on, check in with the instructor, use the restroom if necessary, etc.
- A parent or guardian is required to remain on the Healing Horses during lessons. No student drop-offs are permitted regardless of age of rider.
- All students must wear long pants (no shorts, capris, clam-diggers, etc.) and closed-toed shoes, preferably with a heel. Riding helmets must be worn at all times and are provided.
- Young siblings or friends are welcome so long as they are under the supervision of an adult. No running, no yelling, no climbing, etc. is permitted, as it can be detrimental to the safety and quality of the lessons.

HEALING HORSES

Therapeutic Riding Center

WEIGHT POLICY

Unfortunately, riding is not an appropriate activity for everybody and we have occasionally had to decline services to those for whom riding is contraindicated. As a member of NARHA (North American Riding for the Handicapped), we must follow NARHA guidelines.

According to NARHA guidelines, riding is contraindicated if:

- The staff is unable to safely manage the client in any situation, including an emergency dismount.
- Safety or comfort of the horse is compromised.

An instructor will determine if riding is a safe and appropriate activity will evaluate people within the limit.

The chart below shows the maximum weight per height that is appropriate for riding at our center.

Women and Girls

HEIGHT	MAXIMUM WEIGHT FOR RIDING
4'11" and under	140 lbs
5'0" – 5'1"	145 lbs
5'2"	150 lbs
5'3"	155 lbs
5'4" – 5'5"	160 lbs
5'6"	165 lbs
5'7"	170 lbs
5'8" – 5'9"	175 lbs
5'10"	180 lbs
5'11" and above	185 lbs

HEALING HORSES

Therapeutic Riding Center

Boys and Men

HEIGHT	MAXIMUM WEIGHT FOR RIDING
5'2" and under	155 lbs
5'3"	160 lbs
5'4" – 5'5"	165 lbs
5'6"	170 lbs
5'7"	175 lbs
5'8"	180 lbs
5'9" – 5'10"	185 lbs
5'11"	190 lbs
6'0"	195 lbs
6'1" and above	200 lbs