



Welcome to Manes and Miracles!

Manes and Miracles is a non-profit 501(c)(3) organization dedicated to improving the lives of those in Arizona's East Valley who have physical, mental, and emotional disabilities by providing a first-rate therapy facility with unique, effective, and highly motivating tools such as equines, ranch animals, and indoor and outdoor play areas. We aim to affordably enhance the lives of those we serve through the connections they share with our specially trained horses, committed therapist partners, and caring volunteers.

We are passionate about creating positive relationships through volunteer opportunities, fundraising events, community outreach, and meaningful collaborations with other physical and mental health service providers. This generous support network makes it possible for Manes and Miracles to provide scholarships, develop additional programs, and continually improve our clients' experiences. We honor the support of our community by using our resources prudently and transparently.

Benefits of Activities and Therapies with Equines

Participating in services with equines offers a myriad of benefits. Physically, the rhythmic movement of horseback riding mimics the human gait, engaging nearly every system of the body, improving balance, coordination, muscle strength, fine and gross motor skills, core engagement, and more. While participating in mounted activity that feels more like play than the effective work taking place, participants report experiencing improved focus, confidence, coping skills, communication, compassion, and trust. The bond formed between the participant and the horse can be a powerful motivator, helping the participant accomplish goals faster, as well as alleviate anxiety, reduce stress, and improve mood. Horses are intuitive creatures, often mirroring the emotions of those around them, which can help individuals become more aware of their feelings and develop better emotional regulation.

We are honored to work with special needs families throughout the East Valley who see the value of horses as a part of the healing journey for their loved ones and are ready to work together to build the success of the Manes and Miracles programs. Together, we'll go far!

Programs Offered

Equine-Assisted Physical Therapy (EAT)

Sometimes called 'hippotherapy', equine-assisted physical therapy at Manes and Miracles is the evidence-based practice of partnering with horses to incorporate the unique movement of equines as a part of a physical therapy program.

Adaptive Riding (AR)

Sometimes referred to as Therapeutic Riding, Adaptive Riding is a recreational horsemanship program with tailored riding exercises and activities aimed at improving riding and ground-based skills in accordance with the abilities of the rider.

Equine-Assisted Activities (EAA)

Equine-assisted activities is a ground-based learning program designed to promote overall well-being and personal growth through unmounted interaction with horses and other animals in a group setting.

Camps

Camps at Manes and Miracles are single or short-term, multi-day programs that utilize the ranch environment and animals to teach various skills to children with all abilities, focusing on accessibility and inclusivity.

EAAT refers to all equine-assisted activities and therapies

Policies and Procedures

Application for Services with Equines at Manes and Miracles

Before being added to any program at Manes and Miracles, the application packet must be completed and submitted for each potential participant. A completed packet must include these Policies and Procedures, completely read through and filled out, the Health Care Provider Statement, and, if applicable, a scholarship application. The application packet must be resubmitted annually. The Health Care Provider Statement must be submitted every year or after a significant medical event or change (i.e. Surgery, new diagnosis, etc)

A spot is not considered reserved until all the intake paperwork has been completed and submitted.

Equine Use Warnings

The American Hippotherapy Association provides the following warning for participation in equine-related activities:

The primary concern is to provide a safe, productive treatment session for all patients. As with any treatment, there is the need to do no harm. Recognizing that horse-related activities do hold inherent risks, we need to assess patient participation with a risk/benefit analysis. The essential question for all patients is, "Will the benefit of equine movement outweigh the risk?" This question must be answered by consensus with the entire therapy team: patient, parent or guardian, therapist(s), horse expert, and physician. There may be others included, depending on the individual situation. All individuals must be comfortable with the decision to participate by being familiar with all pertinent information and risks.

There are numerous obvious and non-obvious inherent risks present in activities with horses, despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of U.S. Consumer Products), horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe and may even lead to death. Horses are large prey animals with a strong flight instinct. **NO HORSE IS A COMPLETELY SAFE HORSE.**

Horseback riding is the only sport where one much smaller, weaker predator animal - the human - tries to control and become one unit of movement with another much larger, stronger prey animal - the horse - with each having a limited understanding of the other. Horses in an EAAT program are surrounded by up to four predators (the participant, therapists, side walker, and lead walker) and asked to remain calm during activities that are unique to EAAT such as constant movement and weight shifting from 'wiggly' or unbalanced riders, toys and equipment, frequent stopping and standing, etc. Horses are selected for the Manes and Miracles programs with a high priority on calm temperaments and the ability to be desensitized. They participate in a rigorous onboarding, desensitizing, and integration plan, with continued schooling, all of which contribute to a lower likelihood of a negative reaction.

Despite all efforts, if a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts, which may include but are not limited to stopping short, changing directions or speed at will, shifting, bucking, rearing, biting, kicking, or running from perceived danger.

If a rider falls from a horse to the ground, it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in injury or death to the rider. Such a fall may cause greater impairment than originally experienced by the participant. This possibility should be given careful consideration before making the informed decision that participation in equine activity is or is not appropriate for the potential participant.

Mounted activities are not appropriate for everyone.

Initial: _____

Precautions & Contraindications

Participants with a history of intentional violence to animals, of intentionally starting fires, or other chronic behavior that is deemed dangerous or harmful to the animals, guests, volunteers, staff, partners, facility, or equipment at the Ranch are not permitted to participate in an activity at the Ranch. Per AHA Statement of Best Practices, the following are also ABSOLUTE Contraindications for Equine Movement:

- Active, unsafe mental health disorders
- Acute herniated disc with or without nerve root compression
- Chiari II malformation with neurologic symptoms
- Atlantoaxial instability (AAI) – a displacement of the C1 vertebra in relation to the C2 vertebra as seen on an x-ray or computed tomography of a significant amount (generally agreed to be greater than 4 mm for a child) with or without neurologic signs as assessed by a qualified physician; this condition is seen with diagnoses which have ligamentous laxity such as Down syndrome or juvenile rheumatoid arthritis
- Unstable spine or joints including unstable internal hardware, severe osteoporosis, or spinal deformities.
- Grand mal seizures, uncontrolled by medications
- Coxa arthrosis – degeneration of the hip joint; the femoral head is flattened and functions like a hinge joint versus a ball and socket joint.
- Hemophilia with a recent history of bleeding episodes
- Indwelling urethral catheters
- Medical conditions during acute exacerbations (rheumatoid arthritis, herniated nucleus pulposus, multiple sclerosis, diabetes, etc.)
- Open wounds over a weight-bearing surface
- Pathologic fractures without successful treatment of the underlying pathology (e.g. severe osteoporosis, osteogenesis imperfecta, bone tumor, etc.)
- Tethered cord with symptoms

Additional ineligibility terms:

1. Participant does NOT WANT to participate in equine-related activities or has phobias of animals.
2. The movement of the horse will cause a decrease in the participant's function, an increase in pain, or generally aggravate the medical condition of the participant.
3. Severe allergies to horses, hay, or other elements likely to be encountered in a barn environment.
4. Recent surgeries or open wounds.
5. Certain cardiac conditions.

Initial: _____

Weight limits:

A rider who cannot or will not support themselves unassisted in a properly seated position for a minimum of 20 minutes while the horse is in motion is considered an 'unbalanced rider'.

- A Balanced Rider on a bareback pad must weigh less than their therapist's maximum weight limit or 115 lbs, whichever is less. Balanced participants in unassisted, saddled programs must weigh 150 lbs or less.
- Unbalanced participants in a program using a bareback pad must be 50 lbs or less to minimize discomfort to the horse. Unbalanced riders using a hard saddle must be 60 lbs or less. This includes riders who are unable to support themselves unassisted in a properly seated position for a minimum of 30 minutes.
- EVERY mounted participant will perform an on-site weigh-in administered by a staff member at the beginning of each season. Participants within 10 lbs of the weight limit will weigh in at the beginning of each term to determine ongoing eligibility.
- There is no weight limit for ground-based program participants.

Initial: _____

These lists are intended to be a guide and are not exhaustive of every circumstance that may warrant limiting participation in equine activity. You must consult with the participant's primary or specialty healthcare provider to determine if participating in equine activity is safe and appropriate for their circumstances and complete the Health Care Provider Statement indicating the participant is deemed able to undertake all reasonable participant activities. A change in the physical or medical status of the participant may make activity with horses at Manes and Miracles unsuitable for their safety.

Initial: _____

Safety Rules

Attire

All mounted activity participants MUST wear an ASTM-SEI approved, equestrian-rated safety helmet. Helmets are provided by Manes and Miracles, however, participants are encouraged to provide their own equine-rated helmets to ensure proper fit and personal comfort. **Personal helmets may be an ESA-approved expense!*

- Close-toed shoes are mandatory. Hard-soled boots or shoes with a heel are recommended, but athletic shoes are permitted. Crocs and other sling-back shoes are not permitted.

Please dress in comfortable clothing appropriate for the weather and for active movement. Long pants are preferred to prevent chafing and create a barrier between the child and volunteer/therapist contact points. Pants of 'slippery' material, such as nylon and polyester, should be avoided. Mid-thigh shorts are acceptable and must be worn under skirts. Loose-fitting clothing can get caught or tangled and so should be avoided. No dangling jewelry. Long hair should be pulled back and away from the face. Spaghetti strap, cropped, or low-cut shirts, and shirts or pants with excessive rips or holes are not permitted. Participants who are not properly attired may not participate and may be subject to 'no-show' terms.

Initial: _____

Additional Safety Rules

- CHILDREN MUST BE WITH A SUPERVISING ADULT AT ALL TIMES.
- Participants who are minors are required to have a parent or caregiver with transportation to remain on-site during a lesson/session.
- Guests and spectators must remain in the designated viewing areas. The barn and other posted 'off-limit' areas are not open to parents, caregivers, or visitors without staff permission.
- Participants assume responsibility for their guests. Guests must adhere to all policies.
- NO running, pushing, yelling, or climbing on rails, fences, or gates. No loud music.
- The indoor therapy gym is for clients ONLY. Visiting guests are not permitted on the equipment.
- Pictures must not be taken of other participants. Some participants may not have photo releases.
- No pets are allowed on the premises. Only individually trained or in-training service dogs and miniature horses qualify as service animals. Service animals must always be leashed, controlled by, and accompanied by their owner. See A.R.S 11-1024 for additional information.
- No weapons are allowed at the Ranch.
- NO SMOKING. The Ranch is a no-drug, no alcohol, no tobacco facility. This includes vaping, e-cigarettes, chewing, and other tobacco delivery methods.
- No mistreatment, abuse, harassment, bullying, or other behavior that creates an uncomfortable situation for our guests or animals will be tolerated.
- **The Ranch speed limit is 5 MPH.** Please only park in designated parking areas.
- Participants MUST notify Manes and Miracles of significant medical events or changes such as significant injury, concussion, surgery, broken bone, or change in diagnosis.

Participants or parents/guardians who demonstrate behavior that violates policy or is deemed disrespectful, hostile, disruptive, or unsafe may be immediately dismissed from the program without reimbursement or the option for returning.

Initial: _____

Scheduling and Attendance

Manes and Miracles operates on five 'terms'. EAT, EAA, and AR are offered during the **Fall Term** (Mid-October- December), **Winter Term** (January to mid-March), and **Spring Term** (mid-March to mid-May). Summer camps occur during the **Summer Term**(June 1- late July). Limited EAL and AR classes are held during the **Late Summer Term** (August- end of September).

Scheduling is on a first-come, first-served basis, though we do not guarantee that participants will have the exact day and time as they had in the past. Scheduling will be discussed with the instructor/therapist during the new participant's intake assessment and again after an extended break (1 month or more). Participants will typically keep the same schedule through multiple terms. The following policies are designed to maximize the benefits of partnering with horses through consistency and reliability and to respect the immense amount of time and resources committed by the staff, therapists, volunteers, and horses behind the scenes to provide these services:

Cancellations: We understand that illness and emergencies occur; however, participants should do all they can to avoid cancellations within their control. Should cancellations be necessary, participants should notify their instructor/therapist with as much warning as possible.

Punctuality: Participants are encouraged to arrive 10 minutes before their assigned session/lesson to be settled in, hydrated, use the restroom, be prepared with a helmet, and be ready to begin their activity. If clients are 15 minutes late or later, they will be considered a 'no-show' and the horses will be put away, and the volunteers redirected.

No Shows: Participants who cancel within 1 hour of their session will be considered a "no-show" and will be subject to a \$15 fee. Clients with 2 no-shows in a term, or 3 no-shows in two terms, may be dismissed from participation in services. Many potential participants are waiting for the opportunity to participate in services at Manes and Miracles. This behavior, and any other that shows a disregard for the time, effort, and commitment required to accommodate each session, may be cause for dismissal.

Excessive Cancellation Policy: Clients may be dismissed from services with Manes and Miracles if they have more than 3 cancellations a term or 5 cancellations over two consecutive terms. Due to our low tuition fees, high program activity, extensive waitlist, and the need to efficiently manage our volunteer and staff time, we do not offer refunds, make-ups, or carry balances as a result of client cancellations.

Weather Cancellations: As an outdoor facility with no control over the elements, cancellations due to weather or the effects thereof will occur from time to time. Weather cancellations will be based on the AHA Statements of Best Practice comfort index policy and the forecast on the WeatherBug App. Cancellation decisions do not come lightly and are not subject to negotiation once they have been issued. To maintain affordability and sustainability, Manes and Miracles may cancel up to two classes/ sessions per client per semester longer than six weeks due to uncontrollable circumstances such as weather, staff illness, or horse unavailability, without providing make-up sessions. Should cancellations in one term exceed this, clients may be offered a make-up session or a credit for future terms. This policy helps manage costs and prevents overextending our limited resources, ensuring we can keep our tuition rates low. Use of the indoor gym is available and encouraged when weather cancellations occur.

Initial: _____

Please indicate if a day and time been arranged for your classes: Day: _____ Time: _____

Participant's First and Last Name: _____

Tuition and Fees

Our dedicated Board of Directors, staff, and volunteers strive to keep program expenses as low as possible, which in turn keeps fees affordable to all. Even so, the actual cost to Manes and Miracles per client is over \$1,750 per term! Thanks to the Scholarship Fund, funded by generous donors, successful fundraising efforts, and community grants, our fees for services are a mere fraction of the actual cost as follows:

\$225 per term for EAT | \$405 per term for AR | \$315 per term for EAA

*Initial here if you would like to **waive** the automatic scholarship, so those funds remain available for children in financial need. You will be billed \$1,750 for a full term or prorated if applicable: _____*

Manes and Miracles is an ESA-approved vendor; however, we are unable to accept insurance plans.

Will you be using ESA funding? ☐ Yes ☐ No

Equine-Assisted Therapies: Therapists are contracted with outside agencies; as such, the fees for their professional services are processed through their agencies and are typically covered by insurance. Insurance views the use of horses as an optional therapeutic tool, not a stand-alone therapy, and so does not cover the additional costs of partnering with horses. The Facility Use Fee secures the participant's spot at the Ranch for the term, giving them access to the optional, but highly beneficial use of the horses, equipment, facility, volunteers, and other resources.

Rates and Payment Options

There are no 'per lesson' rates. Fees are charged at a flat tuition rate for each term. Rates may be prorated for clients starting after the first of the term. Please check one of the following options:

- ☐ Full payment, due before the first week of the semester (required by ESA participants)
- ☐ 3 monthly payments, due one week before the first session of each month. (4% processing fee)

(Optional) I would like to have my credit card automatically charged at the terms requested above.

Address: ☐ Same as participant or Street: _____ City: _____ Zip Code: _____

Card Number: _____ Expiration Date: ____/____ CVC: _____

Name on Card: _____ Signature: _____

Overdue Invoices

Payment is due BEFORE services are provided. Nonpayment of fees will result in suspension from the program until payments are up to date. Sessions that are canceled due to non-payment will be considered a 'no-show'. ESA-funded clients may submit proof of submission and the subsequent status of submitted invoices prior to the start of each session for invoices not yet received. Failure to provide evidence that invoices are actively submitted may result in suspension from the program until they are received.

Initial: _____

Additional scholarships are available on a limited basis for those who qualify and must be requested annually through submission of the Scholarship Application and supplementary documentation.

ESA clients are not eligible for additional scholarships.

Equine-Assisted Activities and Therapies Intake Form

Participant Legal Name: _____ Preferred Name: _____

D.O.B.: ____/____/____ Age: _____ Gender: _____ Height: ____' ____" Weight: _____ lbs

***A weigh-in at the beginning of services is required.*

Address: _____ City: _____ Zip: _____

Primary Contact: _____ Relationship to child: _____

Email: _____@_____ Phone: (____) _____ - _____ Text ok? Y / N

Secondary Contact: _____ Relationship to child: _____

Email: _____@_____ Phone: (____) _____ - _____ Text ok? Y / N

Who will be responsible for transportation? ☐ Primary Contact ☐ Secondary Contact ☐ Other

If other, please provide name and cell phone: _____

Applying for (Check all that apply): ☐ Adaptive Riding ☐ Equine-assisted activities ☐ Camp

☐ Equine-assisted therapy *Therapist, if applicable:* ☐ Earhart ☐ Herbst ☐ Young

Diagnosis(primary and any secondary): _____

Please check all that apply: ☐ Learning delays ☐ Stim behaviors, Explain: _____

☐ Vision impairment ☐ Corrected with lenses ☐ Limited ☐ Blind Notes: _____

☐ Hearing impairment ☐ Corrected with assistive device ☐ Limited ☐ Deaf Notes: _____

☐ Physical delays, degeneration, or limitations. Explain: _____

☐ Cognitive delays, degeneration, or limitations. Explain: _____

☐ Communication differences and methods. Explain: _____

☐ Seizures, controlled with medication ☐ Seizures, uncontrolled Date of last seizure: _____

Assistive Devices: ☐ None ☐ Wheelchair ☐ Cane ☐ Crutches ☐ Walker ☐ Braces ☐ Walker ☐ Prosthesis

Notes: _____

☐ Allergies If yes, please list: _____

☐ Sensory Avoidance: ☐ Tactile ☐ Visual ☐ Auditory Explain: _____

☐ Sensory Seeking: ☐ Tactiles ☐ Visual ☐ Auditory Explain: _____

Primary Learning Style: ☐ Visual (See it) ☐ Auditory (Hear it) ☐ Kinesthetic (Do it) Notes: _____

Additional items we should be aware of: (i.e. Vocal or physical outbursts, fleeing, effective incentives, etc): _____

Individuals with a history of intentionally harming animals or starting fires will not qualify to participate in services at Manes and Miracles.

For Internal Purposes ONLY. This information MUST be completed but will stay private.

Ethnicity: ☐ Native American/Alaskan ☐ Black/African American ☐ Hispanic/Latino ☐ Asian

☐ White ☐ Multiracial ☐ Other: _____

Household Annual Income: ☐ <\$25,000 ☐ \$25,001-50,000 ☐ \$50,001- 75,000 ☐ \$75,007-100,000 ☐ \$100,000+

Is the child adopted? ☐ Yes ☐ No

Is the child in foster care? ☐ Yes ☐ No

of siblings? _____ #of people living with the child? _____ #of siblings with disability: _____

Why are you interested in participating in equine-assisted therapies or activities at Manes and Miracles?

Please attach another piece of paper if additional space is needed.

***Join us on Facebook, Instagram, LinkedIn, and YouTube to see the fun throughout the season!
Then tag us so we can share your memories: @manesandmiracles #manesandmiracles***

Manes and Miracles Liability Release and Hold Harmless Agreement

Please read carefully before signing!

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

REGISTRATION OF RIDER AND AGREEMENT PURPOSE AND CONSIDERATION - In consideration of my enrollment in Manes and Miracles (heretofore referred to as THIS FACILITY) programs or equine activities hosted by any Manes and Miracles affiliate and the signing of this agreement, I, the following listed individual and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in activities and events at THIS FACILITY. This agreement shall be legally binding upon the PARTICIPANT and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including minor children and personal representatives. It shall be interpreted according to the laws of the state and county of THIS FACILITY'S physical location. Any disputes by the rider shall be litigated in the county in which THIS FACILITY is located.

ACTIVITY RISK CLASSIFICATION, INHERENT RISKS, AND NATURE OF THE HORSE WARNING - Horseback riding is classified as a rugged adventure recreational sport activity. There are numerous obvious and non-obvious inherent risks present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of U.S. Consumer Products), horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe and may even lead to death. **NO HORSE IS A COMPLETELY SAFE HORSE.** If a rider falls from a horse to the ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet and the impact may result in injury or death to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal - the human - tries to control and become one unit of movement with another much larger, stronger prey animal - the horse - with each having a limited understanding of the other. If a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts which may include but are not limited to stopping short, changing directions or speed at will, shifting, bucking, rearing, biting, kicking, or running from perceived danger. **INITIALS:** _____

PARTICIPANT ACCEPTANCE OF RESPONSIBILITY - PARTICIPANT agrees that he/she has satisfied him/herself that the condition of the premises and the facilities will provide an adequate and reasonable level of safety for PARTICIPANT. THIS FACILITY is not responsible for any property damage, injury, or loss of life incurred by, or as a result of, any horse(s), volunteer, employee, agent, guest, or equipment on this premises to PARTICIPANT. PARTICIPANT IS AWARE OF THE RISKS AND DANGERS OF THIS ACTIVITY AND AGREES TO ACCEPT RESPONSIBILITY FOR ANY AND ALL INCIDENTS OCCURRING DURING THIS ACTIVITY. **INITIALS:** _____

CONDITIONS OF NATURE - THIS FACILITY is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, and wind, wild and domestic animals, insects, and reptiles that may walk, run, fly near, bite, or sting a horse or person; and irregular footing on indoor and out-of-door groomed or wild land which is subject to the constant change in condition according to weather, temperature and natural or man-made changes in the landscape. THIS FACILITY reserves the right to cancel the use of horses during sessions for any situation which it deems hazardous, including weather. PARTICIPANT will be notified of cancellations due to weather conditio **INITIALS:** _____

SAFETY WARNING - PARTICIPANT is hereby warned and informed by THIS FACILITY that all riders are required to wear a properly fitted and secured protective ASTM/SEI certified EQUESTRIAN riding helmet. Helmets are available at THIS FACILITY; however, THIS FACILITY recommends the PARTICIPANT purchase their own helmet to receive the benefits of a custom fit. Wearing such headgear while interacting with horses may prevent death or reduce the severity of head injuries resulting from a fall or other incident involving a horse. **Close-toed shoes with a closed back are required.** THIS FACILITY recommends athletic-type shoes or equestrian-style riding boots. Excessively bulky or thin shoes are not permitted. Due to the nature of interaction with the horses, staff, and volunteers and for the safety of all, clothing should cover areas that volunteers, therapists, or staff may touch during the session. **INITIALS:** _____

HEALTHCARE PROVIDER STATEMENT - I understand that THIS FACILITY requires health clearance from a medical professional every two years for all PARTICIPANTS. Annual clearance is *highly encouraged* and may be required annually depending on the PARTICIPANT's diagnosis and following major health events. PARTICIPANTS hereby knowingly assume all risk of injury, damage, loss, claim, liability, or expense of any kind stemming from changes in health since the most recent Healthcare Provider Statement. *I will notify THIS FACILITY of any relevant changes in medical history including, but not limited to: illness, surgery, injury, behavior changes, reduction in strength, weight change, balance, or coordination, and/or new, updated, and/or additional diagnoses.* **INITIALS:** _____

PHOTOGRAPHY RELEASE - I hereby authorize Manes and Miracles to publish photographs of myself and/or Participant, and our names and likenesses, for use in THIS FACILITY'S print, online, and video-based marketing materials, as well as other publications. I hereby release and hold harmless THIS FACILITY from any reasonable expectation of privacy or confidentiality for myself and/or PARTICIPANT associated with the images specified above. I further acknowledge that I nor the PARTICIPANT will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in THIS FACILITY'S marketing materials or other publications.. **Participants and guests shall respect the privacy of all clients by not taking photographs or videos of other clients/guests.**

☐ I consent ☐ I consent as long as my child's name is not disclosed ☐ I do NOT consent

INITIALS: _____

HORSE SAFETY- PARTICIPANTS agree to exercise safety precautions with proper care and conduct at all times while on or near any animal at the FACILITY. Do not approach horses unless instructed to do so by a FACILITY staff member or authorized agent. Do not feed horses ANYTHING without checking with a staff member first and NEVER feed from your hand. Horses should only be fed from their buckets or treat tins. NEVER approach a quarantined horse. Do not climb on railings or gates and NEVER enter a stall without a staff member's permission. Do not allow your guests/family/children to violate these policies. INITIALS: _____

LIABILITY RELEASE- In consideration of THIS FACILITY allowing my participation in activities at THIS FACILITY, under the terms set forth herein, I, the PARTICIPANT and the parent or guardian thereof if a minor, do agree to hold harmless and release THIS FACILITY, its Board of Directors, instructors, agents, volunteers, employees, participants, officers, members, property owners, affiliated organizations and insurers from legal liability. I do further agree that except in the event of THIS FACILITY'S gross and willful negligence, I shall bring no claims, demands, actions, causes of action, and/or litigation against THIS FACILITY and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS FACILITY. This includes while riding, handling, or otherwise being near horses owned by or in the care, and/or control of THIS FACILITY or on the property of THIS FACILITY for any reason. I agree to pay all costs and attorney's 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.

ACCIDENTAL/MEDICAL INSURANCE- Should medical treatment be required, I and/or my own medical insurance company shall pay all such incurred expenses. Accidental/medical insurance: _____ Policy # _____

STATEMENT OF AWARENESS AND CONFIDENTIALITY

I/WE, the undersigned, have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement.

I/WE further attest that all stated facts are true and accurate. I/WE agree to exercise the policies and procedures of Manes and Miracles as presently constituted and as any such policies may be amended from time to time. Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly agree to the terms set forth in the forms constituting the Manes and Miracles Application for all future activity at THIS FACILITY. I/WE do represent that PARTICIPANT is physically able to undertake all reasonable participant activities and voluntarily elects to participate in such activities at their own risk. I/WE understand that violation of any Manes and Miracles policies may warrant the immediate dismissal of the PARTICIPANT from any and all programs at THIS FACILITY. I/WE may be held financially liable for damage incurred due to the disregard of policies within this agreement. This agreement is effective upon signing and continues for the duration of participation in any Manes and Miracles event. **ALL RIDERS PARENTS LEGAL GUARDIANS OR AUTHORIZED AGENTS FOR SUCH PARTIES MUST SIGN BELOW**

AFTER READING THIS ENTIRE DOCUMENT

Participant Name: _____ Parent/Guardian Name: _____

Rider or Parent/Guardian Signature: _____ Date: ____/____/____

Such waiver shall also apply to visiting siblings and family members of the participant. Please list additional family members and visitors who may participate in or observe activities at Manes and Miracles and will also be covered in this waiver:

_____ DOB: ____/____/____	_____ DOB: ____/____/____
_____ DOB: ____/____/____	_____ DOB: ____/____/____
_____ DOB: ____/____/____	_____ DOB: ____/____/____

WARNING: Under Arizona State Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, according to A.R.S. § 12-553.

Scholarship Application

At Manes and Miracles, we aim to eliminate barriers to the healing power of equines. As part of this commitment, we are pleased to offer limited scholarships of 25%, 50% and 75% above the significantly reduced rates given to all our participants. Scholarship Applications must be *fully* completed and submitted to admin@manesandmiraclesaz.org. Applications may take up to four weeks to be reviewed by the scholarship committee. Please plan accordingly.

Applicant name: _____ Relationship to Participant: _____

Applicant email: _____ Applicant phone number: (____)_____-_____

Participant Information

First and last name: _____ Date of Birth ____/____/____

The participant ☐ does or ☐ does not receive ESA funding. **ESA recipients are ineligible for additional scholarships to ensure funds are available for clients without access to additional financial support.*

I am requesting a scholarship to cover an additional ☐ 25%, ☐ 50%, or ☐ 75% of program fees for up to
☐ 1 term, ☐ 2 terms, or ☐ 3 terms.

For participation in ☐ Equine-assisted therapy, ☐ Adaptive riding, or ☐ Equine-assisted activities

The participant is ☐ new, ☐ active (no gaps in service other than term or summer breaks), or ☐ returning after a gap in service

The participant has: ☐ Never applied for scholarships ☐ Applied but was denied ☐ Applied and been approved. Please provide details of prior scholarship award(s): _____

Is the participant currently participating in any other sport or extra-curricular activities? ☐ No ☐ Yes
If so, please specify: _____

Does the ability of the participant to receive services at Manes and Miracles depend on the outcome of the scholarship? ☐ Yes ☐ No

Household Information

Number of Household Members: _____ Number in household with a disability: _____

Household Annual Gross Income as reported on the IRS Form 1040: \$_____

Testimonials

Briefly describe why you are seeking services at Manes and Miracles:

Manes and Miracles frequently receives requests for financial assistance. Please explain why you feel your child should be awarded this scholarship:

Explain your current financial circumstances, including any hardships, exceptional circumstances, changes, or other information that you would like considered in the review process. Include a separate page if needed:

Do you consent to Manes and Miracles using the participant's photograph, name, and age in Manes and Miracles brochures, website, social media, or other marketing materials? ☐ Yes ☐ No

Do you consent to Manes and Miracles sharing non-confidential information provided in the "Testimonials" section of this application within our marketing materials? ☐ Yes ☐ No

Do you agree to leave a review or testimonial on one or more formats? (i.e. Google, Facebook, greatnonprofits.org, Manes and Miracles Testimonial form, etc) ☐ Yes ☐ No

Are you willing to learn about Arizona's Qualified Charitable Organization tax incentive and forward an email about Manes and Miracles as a QCO to five friends and/or family members residing in Arizona? ☐ Yes ☐ No

By submitting this application, you agree to the following:

(Please Initial)

_____ All of the information is true and correct to the best of your knowledge. Scholarships will immediately be discontinued and participants will be ineligible for future services if the applicant is found to have intentionally misrepresented information on this application.

_____ Submitting an application does not guarantee an award of additional scholarship funding. The terms of the final award may be different than what was requested.

_____ Participants with pending applications may still begin participation before approval, provided they are willing to settle fees personally before sessions begin. If approved, prepaid fees made after the date the application was received will become a credit on the participant's account toward future program balances. Applicants who are denied will have the choice of proceeding on a self-pay basis once the pre-paid term has been completed. Prepaid fees will not be reimbursed.

Applicant Signature: _____ Date: _____

*Please attach page 1 of your most recent from 1040 with your social security number blacked out. If your income has changed significantly from what is indicated there, please provide current proof of income such as 2 months of pay stubs, a letter from employer(s), current W2's, etc. Additional documentation may be required to verify the information within this application

OFFICE USE: Received date: _____ Review date: _____ Reviewed by: _____

Awarded? ☐ No ☐ Yes, ☐ under the terms requested or ☐ modified terms as follows:

Notes contributing to the decision: