



# Enrollment Packet

## PARTICIPANT'S APPLICATION AND HEALTH HISTORY

### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Alternative #: \_\_\_\_\_

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

Employer/School: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_

Referral Source: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

### HEALTH HISTORY

Diagnosis & Date of Onset: \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	Yes	No
Vision	_____	_____
Hearing	_____	_____
Sensation	_____	_____
Communication	_____	_____
Heart	_____	_____
Breathing	_____	_____
Digestion	_____	_____
Elimination	_____	_____
Circulation	_____	_____

Emotional/Mental Health \_\_\_\_\_

Behavioral \_\_\_\_\_

Pain \_\_\_\_\_

Bone/Joint \_\_\_\_\_

Muscular \_\_\_\_\_

Thinking/Cognition \_\_\_\_\_

MEDICATIONS (*include prescription, over-the-counter; name*) \_\_\_\_\_

*Describe your abilities/difficulties in the following areas (include assistance required or equipment needed)*

PHYSICAL FUNCTION (Le. Mobility skills such as transfers, walking, wheelchair use, driving, bus riding)

PSYCHO/SOCIAL FUNCTION (Le. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animal, fears/concerns) \_\_\_\_\_

What are your GOALS? What would you like to accomplish with therapeutic horseback riding? \_\_\_\_\_

**PHOTO RELEASE**

I DO \_\_\_\_\_

I DO NOT \_\_\_\_\_

Consent to and authorize the use and reproduction by of any and all photographs and any other audio/visual materials taken of me for promotional material educational activities, exhibitions or for any other use for the benefit of the program.

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

## RIDER'S APPLICATION

TO BE COMPLETED BY PARENT, CAREGIVER OR THERAPIST. PLEASE INCLUDE ANY OTHER INFORMATION WHICH WOULD BE HELPFUL. USE THE BACK OF THIS FORM OR ADDITIONAL SHEETS IF NEEDED.

Rider's Name: \_\_\_\_\_

Long term goals: \_\_\_\_\_

\_\_\_\_\_

Short term goals: \_\_\_\_\_

\_\_\_\_\_

Specific activities/ exercises being used to achieve these goals: \_\_\_\_\_

\_\_\_\_\_

Behaviors to be encouraged: \_\_\_\_\_

\_\_\_\_\_

Behaviors to be discouraged: \_\_\_\_\_

\_\_\_\_\_

Rider's likes, dislikes, interests, hobbies: \_\_\_\_\_

\_\_\_\_\_

What is the rider's major challenge: \_\_\_\_\_

\_\_\_\_\_

Behavior patterns which may effect our work with this rider: \_\_\_\_\_

\_\_\_\_\_

What is the most effective method used in communicating with this rider: \_\_\_\_\_

\_\_\_\_\_

Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

# Participant's Medical History & Physician's Statement

This should be completed by your doctor or therapist.

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Seizure Disorder/Type? \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

**Mobility:** Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_

**For those with Down Syndrome:** AtlantoAxial Interval X-rays, Date: \_\_\_\_\_ Result: \_\_\_\_\_

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

Please indicate current or past special needs in the following systems/area: \_\_\_\_\_

*To my knowledge, there is no reason why this person cannot participate in supervised therapeutic horseback riding. However, I understand that Hopeful Hearts will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional in the implementation of an effective equine activity program. (e.g. PT, Of, SLP, Psychologist, etc.)*

Name/Title: MD \_\_\_\_\_ DO \_\_\_\_\_ NP \_\_\_\_\_ PA \_\_\_\_\_ Other \_\_\_\_\_

Date: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

# Participant's Consent for Release of Information

I hereby authorize: the staff of Hopeful Hearts Therapeutic Riding to release information from the records of: \_\_\_\_\_

*(participant's name)*

The information is to be released to: \_\_\_\_\_

*(center or therapist's name)*

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

Medical History

Physical Therapy evaluation, assessment and program plan

Occupational Therapy evaluation, assessment and program plan

Mental Health diagnosis and treatment plan

Individual Habilitation Plan (I.H.P.)

Classroom Individual Education Plan (C.I.E.P.)

Psychosocial evaluation, assessment and program plan

Cognitive-Behavioral Management Plan

Other: \_\_\_\_\_

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

*Printed Name*



## RIDER AGREEMENT

### TERMS AND CONDITIONS

**These policies are established to ensure safe and effective riding lessons.**

#### **Lesson Policy Standard:**

A lesson is 45-50 minutes in length and is to consist of horse preparation, mounting each client and tack adjustments, exercises while mounted, cool down time, and dismounting and for some riders, un tacking, grooming and putting horse back to his pasture. Please note we consider a lesson starting when the client enters the tack up area through the large entry gate. The instructor additionally has the responsibility of safety for clients, volunteers, and horses at all times so therefore, the instructor has the right to deviate from the above lesson outline when safety is a concern. NO PRIVATE LESSONS are given unless the instructor believes it to be necessary.

#### **Payments:**

**Therapeutic riding lessons are to be paid at the beginning of each month for the upcoming month by credit card.**

- **In case of missed lessons due to illness or vacations with a minimum of 24 hour notice, lessons will be made up at a schedule agreeable by rider and instructor within the same month.**
- **It will be the responsibility of the family to contact the Hearts Office at (512) 588-2446 OR the instructor to schedule make up lessons. If you miss your Lesson with less than 24hours notice a penalty will be applied. If you need to cancel outside office hours, contact instructor directly via phone.**

#### **Weight limits:**

Our weight limit for riding is approximately 200 pounds, depending on the rider's ability to maintain good balance. No weight limit applies for ground work activities.

#### **Basic Guidelines:**

I understand that it is my responsibility prior to entering the arena to inform the instructor of any new medical or physical problems which may impact my safety or ability to perform correctly during my scheduled therapeutic riding lesson. I further agree to handle all other questions or suggestions according to Hearts Therapeutic Riding Program's policy listed at the end of this contract.

I understand that lesson times are planned and that I need to be on time. **If I am late more than 15 minutes from my scheduled time, my mount will be un-tacked, unless I have made prior arrangements.** I further understand that even if I am late, the time for ending the lesson will remain as scheduled. I further accept that the instructor is the only person with authority to cancel any lesson. The only considerations for approved barn cancellation of a lesson are bad weather conditions (thunderstorms, extreme cold, etc.), a client's medical absence with a written doctor's excuse, or a death in the family. Make-up lessons will only be scheduled for the above

described lesson cancellations. **All management-approved make-up lesson scheduling will be arranged between the instructor/office and parent/guardian.**

I understand that proper attire must be worn for therapeutic riding lessons. Proper attire is pants, shirt, protective shoes/boots and SEI-ASTM approved riding helmet which fits properly with an attached harness. A helmet can be provided but it is highly suggested that each rider brings their own helmet that fits correctly. **Ask us where to purchase a helmet and have your helmet fitted.**

I further accept that Hearts Therapeutic Riding reserves the right to release a client due to unsafe situations, physical stress to the client resulting from riding and/or any safety/medical problems that may arise.

Client's information files will be held in confidentiality and only shared when necessary to assure the safety of a client in the treatment or during an official incident review. I am aware of the inherent risks of being around horses and mounted on horseback and riding. I further understand that I must be careful while on the property of Hearts Therapeutic Riding particularly while horses are being handled. Hearts Therapeutic Riding cannot and does not assume any liability for accidents, injury, or death to person or persons. I further have reviewed and understand the content of Texas' Liability Law which is posted at the pasture/arena entrance gate and in the barn. Likewise, I accept full responsibility for friends and visitors accompanying myself on Hearts Therapeutic Riding property.

**Program Enrollment Policy:**

Enrollment in the Hearts Therapeutic Riding Program begins upon program's receipt of a fully completed enrollment packet. Make every effort to get the packet turned in prior to a scheduled lesson but if approved by the instructor, bring the packet to the first lesson. If enrollment packet is not turned in, a Liability Release form must be signed before riding.

**General Conduct Policy for Parents, Clients, and Guests during a Hearts Therapeutic Riding lesson:**

**Parent/Client waiting area:**

Parent/Client waiting area is located on the tack room porch, picnic tables or in your vehicle. You can watch the lesson at the arena unless it is distracting for the rider.

**Arrival to lesson:**

If a previous lesson is in progress or dismounting, quietly go to parent/client waiting area. All clients are to wait at the parent/client waiting area until a volunteer or instructor comes to escort them. This is for the safety of everyone.

*The only people who are to be in the arena/mounting area are the instructor, volunteers and clients that are getting ready to mount for the current lesson.*

If you need to talk to the instructor about medical or physical problems which may have a safety implication for the current lesson, please do so before the mounting phase of the lesson gets started.

**During the lesson:**

To ensure the best possible riding experience, please do not speak with riders during lessons. While a therapeutic riding lesson is in progress all parents, family members, and guests must stay in the waiting areas which are the roped off picnic table area, the classroom or their vehicles. You may only enter the arena if asked by the instructor or volunteer. No loud noises (clapping, door slamming on cars, loud talking/ laughing, calling to clients, etc.) No umbrellas or flash

cameras while horses are present. No ball playing, tag games, or fast type movement games allowed before, during or after lesson schedule times. Please do not bring your dog to the property.

This policy is for the safety of all. During a scheduled therapeutic riding lesson, our instructor and volunteers must maintain lesson focus at all times for the safety of our clients.

**After therapeutic riding lesson:**

After the lesson, the rider will be returned to the parent/guardian.

**Confidentiality:**

All rider/client information is confidential, and records are kept locked in a file cabinet. Staff and volunteers are asked to not repeat what is heard in riding lessons and all relationships are to remain professional.

**Question and Suggestion Policy:**

If a client or parent/guardian has a question or suggestion pertaining to a client, problem, complaint, suggestion, etc. please email or call the Executive Director, Lisa Rivers at (512)484-8480 or [lisarivers302@gmail.com](mailto:lisarivers302@gmail.com)

**I have read and understand the above contract which I agree to abide by in total and I have received a copy of this contract. I further understand that if any of Hearts Therapeutic Riding contract policies are not followed Hearts Therapeutic Riding has the right to cancel this contract.**

**Rider Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent/ Guardian:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Rider Signature:** \_\_\_\_\_

**Parent/guardian Signature:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_

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

**Please sign and turn this last page into Hearts Therapeutic Riding and keep the agreement for your records. Thank you.**



**Authorization for Emergency Medical Treatment Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

Policy: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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 Hopeful Hearts staff or volunteers 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.

**Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
(Client, Parent or Legal Guardian)

**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 Legal Guardian)

A COPY OF THE COMPLETED MEDICAL/HEALTH HISTORY SHOULD BE ATTACHED TO THIS FORM

## Equine Waiver & Release Form Hearts Therapeutic Riding (HTR)

This Waiver and Release from tort and civil liability is made this \_\_\_ day of \_\_\_ (mo.), \_\_\_ (yr.), between Equine Activity Participant \_\_\_\_\_ (Participant) and HHTR.

1. Participant understands that there are risks inherent in dealing with horses and ponies (equine activity). For example, Participant understands that some of the inherent risks include:
  - a. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
  - b. The unpredictability of an equine's reaction to sounds, sudden movements, unfamiliar objects, persons, or other animals;
  - c. That there may be hazards, including, but not limited to, surface or subsurface conditions;
  - d. the possibility of a collision with another equine, another animal, a person, or an object;
  - e. The potential of an equine activity Participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the Participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the Participant;
2. With full understanding of the inherent risks involved in equine activity, some of which have been described in Paragraph 1 above, Participant agrees to wave, release and hold harmless HHTR from all tort and civil liability arising from or related to participation in equine activity. This agreement to waive, release and hold harmless includes not only HHTR but their employees, volunteers, agents, and independent contractors whether they be trainers, veterinary personnel, farrier's equine care providers, and maintenance personnel and the like.
3. Participant further understands the examples of the equine activity taking place on or with an equine, including, but not limited to:
  - a. Riding, jumping, showing, competitions, fairs, trade shows, trail riding, and the like;
  - b. Teaching, instructing, and evaluation, both the rider and the equine;
  - c. Routine care and feeding of the equine (Boarding), including veterinary and farrier;
  - d. Traveling, loading and unloading of equines;
  - e. Breeding activity, both natural and artificial.
4. This Voluntary Waiver Agreement is made and entered into in the State of Texas and shall be enforced and interpreted under the courts and laws of the State of Texas.

### "WARNING"

"Under Texas law (Chapter 87, civil practice and remedies code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities."

5. Participant agrees that Participant has been given sufficient time to read, understand, and ask questions, if any, concerning the nature and scope of this Voluntary Waiver Agreement.

\_\_\_\_\_  
Lisa Rivers  
Stable / Farm Owner.  
or Author. Rep

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

For : Hearts & ERCT

\_\_\_\_\_  
Parent or Guardian if Participant is a minor  
Date : \_\_\_\_\_

## CANCELLATION POLICY

To ALL Hearts Families,

### Addendum: LESSON CANCELATION AND RESCHEDULE POLICY CHANGE

\*\*For ALL OUTSIDE FUNDING FAMILIES (ie BCBS, DSSW, etc)

We are now requiring a Credit Card to be held on file for cancellation of lessons OR failure to attend without notification to office or instructor within 24 hours of the scheduled lesson time. If this policy is not met, it will result in a fee of \$25 unless a makeup is approved by Hearts management. Please provide the card number and expiration at the time of signing this policy agreement. All credit card numbers are kept securely.

\*\*For PRIVATE PAY FAMILIES

All lessons will continue to be charged on the 1<sup>st</sup> of the month. There will be no credits/refunds given for lessons that are cancelled without a 24 hour notice or if there is a failure to show up to lessons. If this policy is not met, the lesson will be forfeit unless a makeup is approved by Hearts management.

\*\*If the INSTRUCTOR or HEARTS cancel, the families are NOT held liable for the lesson fees and will be able to schedule a makeup lesson. Every effort should take place to schedule any makeup lessons within the same month of the cancelled lesson.

\_\_\_\_\_, Guardian Signature

\_\_\_\_\_, Guardian Printed Name

\_\_\_\_\_, Instructor

\_\_\_\_\_, Student Name

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Credit Card Number

Expiration

Thank you ALL for understanding,

Lauren Tips, Program Director