

SHARE Therapeutic Riding Program

5200 McGill Rd
Anderson, SC 29626

AwesomeRiding@gmail.com
(910) 538-5575

Thank you for your interest in bringing your group to SHARE Therapeutic Riding Program's group activity session! Enclosed are three forms for the students to have filled out and signed by parents or guardians. The "What is..." form is for parent information but does not need to be signed. Feel free to make as many copies as you need, and to pass them out to others who might have an interest in bringing a group out to our facility. Hopefully the items below will answer any questions you may have.

1. Teacher or group leader should contact our Program Director, Lisa Hartman at (910) 538-5575 to arrange time and date for visit. She will answer any questions you may have.
2. All riders and those accompanying riders **MUST** wear closed shoes for safety around the farm. Riders will need to wear long pants. Everyone who rides must wear a helmet, and they are provided by the program.
3. Students who choose not to ride or do not have parent permission to ride by parent or guardian may participate in the lesson without mounting a horse. Full fee applies.
4. Parent or guardian for each student **MUST** have Release of Liability and Authorization for Emergency Treatment forms completed and signed. All adults accompanying the group must have the signed Release of Liability form.
5. Adults accompanying students, please be prepared to assist with mounting, side walking, and other activities.

We encourage special education classes, group homes, day programs for special needs persons, etc. to take advantage of this wonderful opportunity as often as possible. We know that equine therapy has many benefits. We would also like for you to refer your clients to us for privately arranged individual lessons. Scholarships for individual lessons are available on a limited basis. Thanks!

Lisa Hartman
(910) 538-5575
Trained & Certified instructor of
Professional Association of Therapeutic Horsemanship (PATHintl)

Group Packet

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Release of Liability

_____ (rider's name) would like to participate in the SHARE Therapeutic Riding Program. I acknowledge the risks and potential for risks of horseback riding. SHARE is a program that offers horseback riding lessons for adults and children with special needs. SHARE fully supports efforts to provide a wider range of recreational opportunities for individuals with special needs served within the public school setting or other groups. We offer an introduction to horseback riding to approved students, an educational experience, learning about horses and riding equipment, as well as horse feeding and grooming. The undersigned acknowledges that equestrian activities such as horseback riding, horse care, and maintenance contain inherent risks of injury and damage to the undersigned personally, the undersigned's property and horses. Based upon such knowledge and in consideration of SHARE allowing the undersigned to enter onto the premises, hereby, for myself, my heirs, executors and administrators waive, release, and hold harmless J-Rest Farm, its members, owners, agents, employees, volunteers, SHARE Therapeutic Riding Program and its representatives and volunteers from any and all right, or from any and all claims of any kind or nature that the undersigned might have as the result of, or arising out of the undersigned's participation, whether caused by the undersigned's own act or the acts of anyone or any animal within the undersigned's control.

UNDER SOUTH CAROLINA LAW: AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY

RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.

THE UNDERSIGNED HEREBY AKNOWLEDGES THAT I HAVE READ THE FOREGOING PARAGRAPHS AND UNDERSTAND THE CONTENTS THEREOF.

Signature: _____ Date: _____

Name: (Please print) _____ Phone numbers: _____

(Circle here: **NOT Riding** if student may not ride but will participate in the other activities.)

I am aware of the ABSOLUTE CONTRAINDICATION to Therapeutic Riding:

Structural scoliosis greater than 30 degrees

Spinal Cord Injury above T-6

Uncontrolled Seizures Hemophilia

Indwelling catheter

Positive X-ray for Atlanto-axial Instability

Tethered cord or Chiari 11 malformation

Hip subluxations, dislocations, or degeneration

(Please Print) Student's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ cell : _____ Work : _____

Other: _____ e-mail: _____

Parent or Guardian (Please Print): _____

Address, if different: _____

Emergency contacts:

Contact first if parent or guardian is unavailable: _____ phone: _____

Alternative if others above are unavailable: _____ phone: _____

Signature of parent or guardian: _____ date: _____

Photo release (optional) I hereby consent to and authorize the reproduction by SHARE any and all photographs and any other audiovisual materials taken of me/my son or daughter/my ward for promotional printed material, educational activities or for any other use that may benefit SHARE.

YES or NO (please circle) Signature _____ date _____

Group Permission, Photo Release

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Rider's Emergency Medical Treatment Form

In the event emergency medical aid or treatment is required due to illness or injury during therapeutic riding, I authorize SHARE Therapeutic Riding Program 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's Name: _____ phone _____
Address: _____ zip _____

Please list all possible phone numbers for parents/guardians (cell, work, home, etc):

Home _____ work _____ cell _____ other _____

In the event I cannot be reached, Contact: _____ Phone _____

Contact: _____ Phone _____

Physician's Name: _____ phone: _____

Preferred Medical Facility: _____ (check here if nearest is preferred) _____

Health Insurance Company: _____ Policy # _____

Consent to Treatment Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment or procedure deemed lifesaving by the physician. This provision will only be invoked if the persons above are unable to be reached.

Consent Signature: _____ Date: _____
(Client, Parent, or 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: _____
(Client, Parent, or Guardian)

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Liability Release Form

Name: _____ Age _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email _____

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Assumption of Risk:

I acknowledge that the enjoyment and excitement of Horseback riding or otherwise handling horses is derived in part from the inherent risk incurred by this activity. I am solely responsible for my decision to participate in this activity. I understand and accept that Horseback riding or otherwise handling horses involves dangers and risks which may include, but are not limited to the following:

- Horse behavior or temperament which includes biting, kicking or stepping on a person;
- Falling off or being thrown from a horse, such risk increases at higher speeds;
- Unforeseen maladjustment or malfunction of saddles and tack;
- Horseback riding on rugged terrain, including slippery trails;
- Injuries inflicted by animals, insects, plants or other participants;
- Accidents or illness in remote places without medical facilities;
- The forces of nature including lightning, unsuspected changes in terrain, weather changes, and others
- The physical exertion associated with horseback riding or otherwise handling horses.
- This facility is not considered a spectator property. Anyone entering property is considered a participant.

Release Agreement

In consideration of SHARE Therapeutic Riding Program furnishing either horses and/or a place to enable me to participate in equine and farm related activities, I hereby assume all risk of injury or loss of life to myself, and loss of or damage to property arising out of my participation in such activities, including hazards associated with any defect in a manufacturer's product. I specifically release and hold harmless SHARE, its owners, operators, agents, volunteers, guides, employees, and participants from any and all liability, including negligence (active or passive), as to any right of action or claim to relief that may accrue either to me or to my heirs or personal representatives for any such injury, loss of life, medical costs, attorney's fees, court costs, or loss of or damage to property which I may suffer while participating in equine activities, including activities preliminary and subsequent thereto. I declare that I carry medical insurance fully covering any and all injuries incurred. I further understand SHARE carry no medical insurance for the protection of participants, and any insurance coverage existing with respect to SHARE, shall not alter the terms of this waiver nor impose any liability on SHARE. I have carefully read this release and fully understand its contents. I am aware that this is a complete release of liability and I sign it of my own free will. This release will remain in full force and effect for all visits by me to SHARE unless I explicitly revoke it in writing and deliver such revocation in person to SHARE. I hereby give permission to the medical personnel selected by SHARE personnel to order X-rays, routine tests and treatment for family, minor children and myself and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by SHARE personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my family, minor children or myself as named above. I also agree to obey all Rules and all other posted signs or verbal directions while participating in any and all equine and/or farm related activities.

Signature of Participant: _____

(For participants under 18 years of age)

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

SHARE Therapeutic Riding Program requires ALL riders to wear a helmet

Group release 3

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What is SHARE Therapeutic Riding Program?

SHARE is a program that teaches therapeutic and recreational horseback riding to children and adults with special needs. Therapeutic riding uses the equine-oriented activities for the purpose of contributing positively to the cognitive, physical, emotional and social well-being of people with disabilities. Therapeutic riding provides benefits in the areas of education, sports, recreation, and medicine to individuals with a wide range of disabilities and special needs.

What are the Benefits of Therapeutic Riding?

Physically, therapeutic riding can improve coordination and help normalize muscle tone. It can help improve posture and increase the functional range of motion, muscular strength, and flexibility. Perceptual motor skills and sensory motor skills may also improve. The psychological benefits for the individuals who participate include improved motivation, self-esteem and confidence. Therapeutic riding enhances the development of cognitive skills and allows the rider to improve communication and socialization skills and to learn teamwork.

How Do I Participate with SHARE Riding Program?

*Must have physician approval for ongoing lessons *Must have appropriate behavior to maintain safety.

*Scholarships are sometimes available for those who cannot afford the fee.

ABSOLUTE Contraindications to Therapeutic Riding

Structural scoliosis greater than 30 degrees

Tethered cord or Chiari 11 malformation

Indwelling Catheter

Positive X-ray for Atlanto-axial Instability

Hip Subluxation, dislocation, or degeneration

Spinal Cord Injury above T-6

Hemophilia Uncontrolled seizure

RELATIVE Contraindications to Therapeutic Riding

Osteoporosis

Recurrent pathologic fractures

Varicose veins

Osteogenesis Imperfecta

Spinabifida

Diabetes

Lordosis or Kyphosis Recent Surgery

Heart Condition Spinal fusions/Spinal instability

Spinal stabilization devices

SHARE may be unable to accommodate a potential rider due to insufficient resources and/or program capabilities (i.e. availability of horses, equipment, therapists, volunteers, and instructors). SHARE follows PATH's Precautions and Contraindication guidelines for its riders. If you have any questions as to whether you may qualify for our program, please call our program director at (910) 538-5575.

WARNING

“Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from the inherent risks of equine activity.” S. C. Code Ann, §47-9-710 (1993)

Member of Professional Association of Therapeutic Horsemanship International (PATH)