



H.O.R.S.E. Therapies , Inc.

Helping Others Rehabilitate through the Service of Equines

Welcome to H.O.R.S.E. Therapies, Inc.!

We are thrilled that you are considering participating in H.O.R.S.E. Therapies, Inc.'s adaptive riding program. We look forward to sharing our wonderful horses with you. H.O.R.S.E. Therapies, Inc. provides adaptive riding lessons and Equine Assisted Activities (EAA) to youth and adults experiencing a variety of challenges. Many of whom will find their participation in these activities and the connections made with our horses to be very therapeutic. Please read below to learn more about our programming.

In adaptive riding sessions clients engage in equine- assisted activities through learning horsemanship skills on the ground and riding skills in the saddle. The goal of these sessions is to promote self-advocacy, intellectual engagement, and physical strength to individuals with physical, cognitive and emotional challenges. Our lesson plans are customized to the unique goals and needs of each rider. Riding skills are taught by certified therapeutic riding instructors and begin with the basics and follow a clear progression to create capable and well-adapted riders.

Benefits of our program:

Cognitive- During sessions clients will have the opportunity to improve their ability to concentrate on specific tasks, work through problems, improve their ability to remember sequencing, and patience.

Emotional - Participating in adaptive riding and horsemanship sessions provides a positive atmosphere for learning. Clients will benefit from new abilities, self-discipline, and improved self-confidence and emotional well-being. Participants also find that they may be able to gain trust and an emotional connection between both animals and humans alike.

Physical - The three-dimensional motion of the horse provides the rider with various benefits. The horse's movement stimulates the rider's hip, back and core muscles and simulates walking. Riding relaxes and strengthens muscles and improves body tone, posture, balance, joint mobility, and coordination. Participating in ground horsemanship lessons may help participants gain endurance and strength as they learn the skills necessary to be a knowledgeable horse person.

Social - Horsemanship nurtures a positive self-image. Participants may experience both independence and connection while in sessions. Participants learn how to build meaningful connections on and off the farm through the opportunity to engage with staff, volunteers, other riders and community members. Participants also learn how to advocate for themselves, giving them a sense of independence knowing that they can support themselves and their equine partners.

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Rider Policies

Attendance & Cancellations: Riders should arrive at the farm 5 minutes prior to the start of the session to allow the maximum use of the scheduled session time. Riders are not to be left unattended at the farm or on the property before the Certified Therapeutic Riding Instructor starts the session or after the session. H.O.R.S.E. Therapies, Inc. staff cannot be responsible for supervising riders before or after the session time. Excessive or repetitive cancellations will jeopardize your appointment slot. H.O.R.S.E. Therapies, Inc.'s adaptive riding program is small and time slots are at a premium.

Non-Emergency Cancellations: We require 48 hours-notice to cancel a session. Please call H.O.R.S.E. Therapies, Inc. main office in the event you need to cancel. Please be courteous about cancelling sessions as your therapist and volunteer's time is valuable. Cancellations received less than 48 hours prior to session time will be charged a cancellation fee of \$25.00.

Emergency Cancellations: We recognize that emergencies do happen. In the event of an emergency, call the H.O.R.S.E. Therapies, Inc. main office. Cancellation fee exceptions will be made due to an emergency.

Weather-Related Cancellations: H.O.R.S.E. Therapies, Inc. may close or cancel sessions due to inclement weather or uncomfortable temperatures. H.O.R.S.E. Therapies, Inc. staff will notify you with as much advance notice as possible.

H.O.R.S.E. Therapies, Inc. Cancellations: There are times when the farm is closed for holidays or training sessions throughout the year. H.O.R.S.E. Therapies, Inc. will notify you well in advance and attempt to reschedule you for the next available day.

Fees & Payment: Our Adaptive Riding Services are a fee for service direct payment service only. The cost is \$75 per private session (usually 50 minutes) and \$65 per group session. Please know we are committed to making our services available to those who need them and will work with you in any way we can to make receiving our services possible.

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Rider Policies

Farm Attire: Clothing Proper dress is required around the animals at all times:

- Fully enclosed shoes (shoes must have at least a two inch heel) – Mud boots may be necessary in the rainy months.
- Long pants
- No large necklaces, bracelets or earrings that dangle, or excessively loose-fitting shirts or pants.
- Rain coat/hat
- Sunscreen/light long-sleeved sun shirt

Forms: Your safety and well-being is our most important concern. All forms will need to be updated on an annual basis. Cancellation will result if riders forms are not returned to H.O.R.S.E. Therapies, Inc. by the specified due date. If the physical condition of the client change at any time, H.O.R.S.E. Therapies, Inc. should be notified immediately and a new Medical Information Form completed. All forms and waivers must be signed before a rider can go to the farm.

Farm and Safety Rules:

- Listen to your Instructor and other staff members at all times!
- Keep all gates closed all the time.
- Teasing, taunting, harassing, or purposely annoying, scaring, chasing, or irritating the animals at the farm is strictly prohibited.
- Treat animals with respect. Use kind, even if direct, words with the animals. Anyone not being kind will be removed from them.
- Do not go into fields, barns, or stalls without supervision from a staff member.
- Family members and guests must stay in designated area only. If you wish to go anywhere other than designated visitor areas, please check with a staff member first.
- Everyone must wear appropriate clothing and footwear for the environment.
- Do not give the animals any treats without permission from staff. (Despite what the animals may tell you!)
- No dogs allowed on the premises with the exception of service animals. Please check in with staff prior to bringing the service animal to a session.
- Please allow our staff to conduct the session without interruption. When the session is taking place, please give the client(s) and staff room to work and without distraction. Please keep conversation quiet.
- The most important rule: BE SAFE AND HAVE FUN!!!

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Rider Policies

Possible Reasons for Discharge: Please be advised of the following reasons that may lead to discharge from H.O.R.S.E. Therapies, Inc. Decisions will be made by management with input from the Instructors.

- Client develops a health condition that makes adaptive riding contraindicated.
- Uncontrolled and inappropriate behavior that constitutes a safety risk to patient, staff, volunteers, and/or therapy animals
- Three scheduled sessions are missed without prior canceling (at the discretion of the Instructor with management consult).
- Non-payment of funds after 30 days.
- Paperwork that is not returned within 30 days of due date.

Acknowledgement of Receipt of Informed Consent: By signing below, I acknowledge that I have received or reviewed a copy of this Informed Consent document. I acknowledge that my signature below indicates that I have read the information included, have asked any questions needed, and am aware of the business practices of H.O.R.S.E. Therapies, Inc. and the risks and benefits associated with Animal-Assisted Therapy services. I agree to abide by the terms and conditions stated in both of these documents.

Please sign below saying that you have read the above Policies and understand them.

Signature: _____ Date: _____

H.O.R.S.E. Therapies , Inc.

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Participant General Info

Participant's Name: _____ Current date: _____

Date of Birth: _____

Male/Female/Other _____

Age: _____

Weight: _____ Height: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary number: _____ (is texting ok for notifications? YES NO) Primary Email: _____

For Minors

Legal Guardian's Name: _____

Relationship to Participant: _____

Home phone: _____

Work: _____ Cell: _____

E-mail address: _____

Participant Resides with: _____

**Riders must be at least four years of age. **A rider's maximum weight may not exceed 230 lbs for balanced riders and 160 for unbalanced riders requiring side walkers. These limitations assure the wellness and optimum soundness of H.O.R.S.E. Therapies, Inc. horses, and provides a safe environment for staff, volunteers, and participants. Participants over the maximum weight are encouraged to participate in un-mounted horsemanship sessions*

Does the participant have any prior experience with horses? If so, Please explain (Experience is not required):

Describe Physical Function (e.g., gross and fine motor skills, limitations)

Describe Psycho-social Function (e.g., work/school including grade completed, leisure interests, relationships- family structure, support systems, companion animals, fears/concerns, etc.)

Please describe your goals for participation in this program (i.e. why are you applying? / What do you want to work towards?)

H.O.R.S.E. Therapies , Inc.

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H.O.R.S.E. Therapies, Inc. Medical Release Form

In the event that 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 H.O.R.S.E. Therapies, Inc. and/or agents acting on its behalf to:

- 1) Secure and retain medical treatment and transportation if needed.
- 2) Release client records upon request to authorized individual or agency in the medical emergency treatment.

Last tetanus shot: _____

Physician's name: _____ Preferred Medical Facility: _____

Health Insurance: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

Please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes:

In the event of an emergency, contact:

Name: _____

Cell: _____ Other: _____ Relationship: _____

Name: _____

Cell: _____ Other: _____ Relationship: _____

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____ Consent Signature: _____

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: _____ Non-Consent Signature: _____

H.O.R.S.E. Therapies , Inc.

Helping Others Rehabilitate through the Service of Equines

H.O.R.S.E. Therapies, Inc. Confidentiality Agreement & Photo Release

I, _____, desire to participate in services at H.O.R.S.E. Therapies, Inc. By nature of the informal farm setting, I understand that confidentiality as to my identity and participation in a therapeutic program may be compromised. If I attend a public event such as a horse show or parade, it is likely that my identity will be revealed because of the public nature of competitive shows and/or parades. Self-disclosure of identity and therapeutic issues is assumed for therapy group participants in order to establish appropriate group therapeutic milieu. Group participants must agree to keep confidential the identities and issues of other group members, or they will not be able to remain in the group. By signing below, I also agree to keep confidential the issues and identities of any other participants I see or meet while at the barn regardless of the context in which I see them.

____ I DO NOT have concerns about others knowing my identity or the identity of my minor child and thus, expect to participate fully in the programs offered.

____ I DO have concerns about others knowing my identity or the identity of my minor child and thus, do not wish to participate in public programs, and prefer scheduling at private, or at least, less busy times.

Photo/Media Release

I hereby: ☐ consent ☐ do not consent

To authorize the use and reproduction by H.O.R.S.E. Therapies, Inc. of any and all photographs and any other audiovisual and printed materials of me (or my son/daughter/ward if participant is under 18 years of age) for promotional and educational activities or other uses for the benefit of H.O.R.S.E. Therapies, Inc.

Participant's Signature

Participant's Printed Name

Date

Guardian's Signature

Guardian's Printed Name

Date

H.O.R.S.E. Therapies , Inc.

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Participant Consent for Release of Information

I _____, authorize H.O.R.S.E. Therapies, Inc. to release the following information about the participant _____:

I will allow the following information to be released (check all that apply)

___Name

___Contact Information

___Age/Basic description

___Medical History (only to be released to designated Medical facility)

___Testimonials/Riders' progress made through Adaptive Riding)

___Other (please describe) _____

This information may be released to (check all that apply):

___Newspaper/Magazine or other Publications

___Newsletter to H.O.R.S.E. Therapies, Inc. contacts

___Website/Social Media

___Other _____

Special Instructions:

By signing this form, I am agreeing to allow the information described to be released regarding the participant to the designated parties.

Participant's Signature

Participant's Printed Name

Date

Guardian's Signature

Guardian's Printed Name

Date

H.O.R.S.E. Therapies , Inc.

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HOLD HARMLESS/ LIABILITY RELEASE FORM

The undersigned participant, and his/her parent or legal guardian, if the participant is under the age of 18 years, does/do hereby execute this release, waiver and indemnification for himself, herself/themselves and his/her/their heirs, successors, representatives and assigns, acknowledges the inherent risk involved in riding or working around horses, which risks include bodily injury from using, riding or being in close proximity to horses among other risks, and further that both horse and rider can be injured in normal use, competition or schooling.

In consideration for the privilege of riding and working around horses at the Jacksonville Equestrian Center, the undersigned does hereby agree to hold harmless and indemnify, and further release H.O.R.S.E. Therapies, Inc., Jacksonville Equestrian Center, NFES and the City of Jacksonville, from any and all liability, loss, damage, costs, claims and/or causes of action including, but not limited to all bodily injury and property damage arising out of participation in the activity. It being specifically understood that said activity includes the handling of equines by the undersigned participant. This also includes any accident, damage, injury or illness to undersigned or any horse owned by such or to any family member, spectator accompanying the undersigned on the premises of the Jacksonville Equestrian Center.

I fully understand that horseback riding is a dangerous activity. Under Florida 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 risk of such activities. I wish to participate in these activities knowing that they are dangerous.

In exchange for being able to participate in these activities, for myself, my heirs, successors, representatives, assigns and legal representative. I release and agree not to make or bring any claim of any kind against H.O.R.S.E. Therapies, Inc., the Jacksonville Equestrian Center, NFES or the City of Jacksonville or its officers, directors, members, employees or guests for any damage to me or my property whether from anyone's negligence or not, or any other cause, arising out of my participation in equine activities. If anyone makes claims because of any injury to me (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs due to those claims. Furthermore, my signature hereby indicates my agreement to obey all rules set forth by the Jacksonville Equestrian Center.

I, _____ am voluntarily entering into this Release and Hold Harmless Agreement.

Participant's Signature: _____ Date: _____

OR

I, _____ am the parent/legal guardian of _____.

I have read the agreement above, and give permission for him/her to participate in all equine activities.

Guardian's Signature: _____ Date: _____

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– INFORMATION FOR PHYSICIAN

Please provide this sheet, along with the following forms to your physician.
The following conditions, if present, may represent precautions or contraindications to adaptive/therapeutic horseback riding. Therefore, when completing the following forms, please note whether these conditions are present and, if so, to what degree.

NEUROLOGIC

Hydrocephalus/shunt Spina bifida Tethered Cord
Chiari I Malformation Hydromyelia
Paralysis due to Spinal Cord Injury Seizure Disorders

ORTHOPEDIC

Spinal Fusion Spinal Instabilities/Abnormalities Atlantoaxial Instabilities Scoliosis
Kyphosis
Lordosis
Hip Subluxation and Dislocation Osteoporosis Pathologic Fractures Coxarthrosis
Heterotopic Ossification
Osteogenesis Imperfecta Cranial Deficits Spinal Orthoses Internal Spinal Stabilization
Disease

MEDICAL / SURGICAL

Cancer
Poor Endurance Recent Surgery Diabetes Peripheral Vascular Disease
Varicose Veins Hemophilia Hypertension
Serious Heart Condition Stroke (Cerebrovascular Accident) Allergies

SECONDARY CONCERNS

Behavior Problems
Age under 2 years
Age 2 - 4 years
Acute exacerbation of Chronic disorder Indwelling catheter

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Client Medical History & Physicians' Statement

Participant Name: _____ Height: _____ Weight: _____

Diagnosis: _____

Date of Onset: _____

Last Exam Date: _____

Medications: _____

Past/Prospective Surgeries: _____

Shunt Present? Y N Date of last revision: _____

Special Precautions, Diets/Needs/Allergies: _____

____ May participate in all activities ____ May participate except for:

Mobility:

Independent Ambulation? Y/N Assisted Ambulation? Y/N Wheelchair? Y/N

Braces/Assistive Devices: _____

Please indicate if patient has a problem and/or surgical history in any of the following areas by circling:

Auditory

Visual

Tactile Sensation

Speech

Skin

Cardiac

Circulatory

Allergies Immunity

Learning Disability

Mental Impairment

Neurologic

Pulmonary

Emotional/Psychological

Muscular Orthopedic Cognitive

Other

If any areas circled please provide comments:

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Physician Must Sign and Date this Form Below

I have seen and provided an exam for this individual within the last 12 months and to my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that H.O.R.S.E. Therapies, Inc. will weigh the medical information above against the existing precautions and contraindications. Therefore, I refer this person to H.O.R.S.E. Therapies, Inc. for ongoing evaluation to determine eligibility for participation. I have read the attached precautions and contraindications.

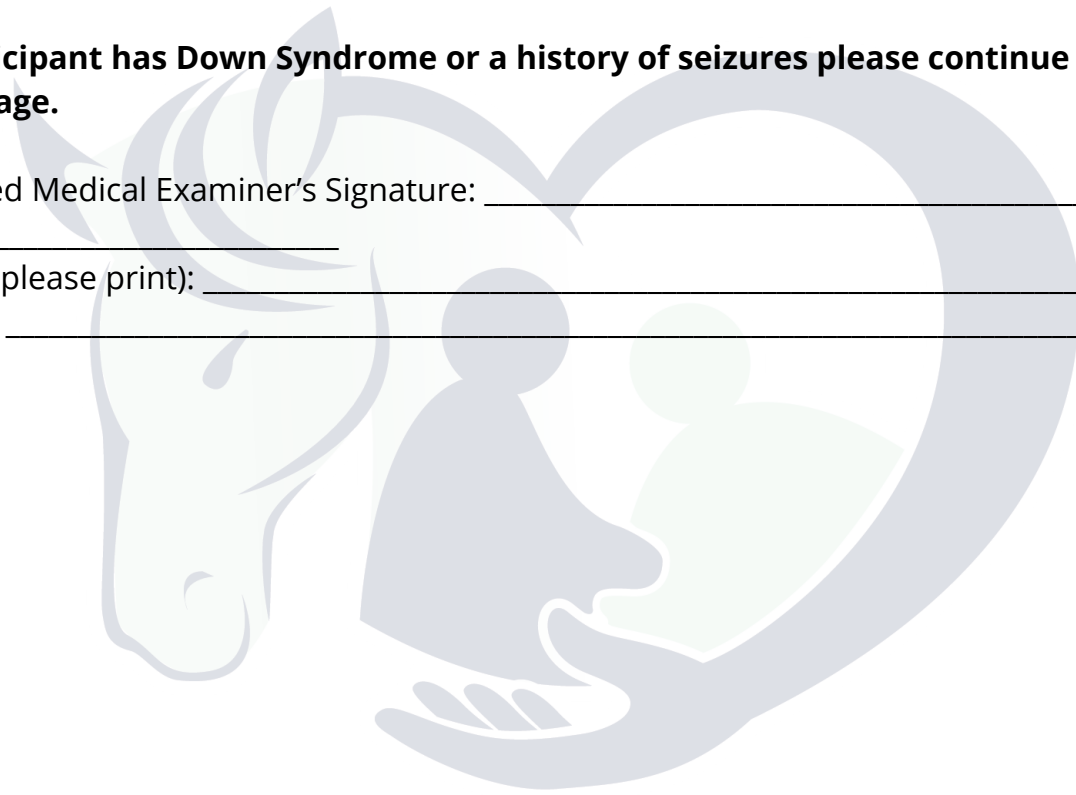
If participant has Down Syndrome or a history of seizures please continue onto next Page.

Licensed Medical Examiner's Signature: _____

Date: _____

Name (please print): _____

Phone: _____



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Physician Statement Continued *Participants with Down syndrome

Does the individual have an annual medical clearance from a licensed physician that includes a neurological exam that specifically denies any symptoms consistent with atlanto-axial instability? Yes No

Has there been a neurological exam that specifically denies any symptoms consistent with atlantoaxial instability (AAI) in the last year? Yes No

By signing below I confirm that the participant has revealed no signs of AAI or decrease in neurological function. To my knowledge there is no reason why this person cannot participate in supervised equestrian activities.

Licensed Medical Examiner's Signature: _____

Date: _____

Name (please print): _____

Phone: _____

*Participants with Seizure Disorders

PATH (Professional Association of Therapeutic Horsemanship Intl .) recommends the following information for PATH operating Centers for riders with seizure disorders.

Would you consider _____'s seizures to be:

____ Completely controlled ____ Very well controlled ____ Not controlled by medication

Note that the following are contraindications to riding:

____ seizures due to their sudden and complete loss of postural muscle tone activity or atonic or drop attack

____ A change of frequency or type of seizure until the condition is evaluated

____ Inability to manage a participant during an emergency dismount should a seizure occur.

Type of seizure: _____

Typical motor activity during seizure: _____

Description of clients behavior during seizure state: _____

Specific directions as to what to do if a seizure should occur at H.O.R.S.E. Therapies, Inc.: _____

Licensed Medical Examiner's Signature: _____

Date: _____

Name (please print): _____

Phone: _____