



Participant Information

WHO AND WHAT:

Reins of Hope is a 501-3c non-profit organization based in Spencer, IA. We are 100% volunteer based and led by an amazing team of volunteers. Without our great team of volunteers and horse owners, we would not be able to provide our program. We offer therapeutic horseback riding to youth with differing abilities between the ages of 2 - 18, allowing them the opportunity to ride and connect with a horse. Our program is offered twice per year and typically held at the Clay County Fairgrounds Indoor Arena.

All participants will be required to wear a helmet when within the fenced in arena, near or while riding the horse. *If your child is unable to wear a helmet, we ask that you refrain from applying at this time to allow another individual the opportunity.* We Thank You for your understanding and encourage you to practice wearing a helmet (example: bike helmet) while at home and ask that you apply at another time.

Research shows that equine-assisted services can improve balance, coordination, mobility, sensory integration, attention, problem-solving, empathy, impulse control, self-esteem, and much more. All horses are tested prior to use in our programs. Each participant will have a team of 3-4 volunteers including a horse lead, two side walkers, and on occasion an activity assistant beside them for assistance and safety.

WHEN AND WHERE:

We offer two seven week programs throughout the year. Our Spring and Fall programs are typically held at the Clay County Fairgrounds in Spencer, IA with two different sessions typically starting at 6:00 pm and 7:00 pm. We typically accept up to 12 participants (acceptance numbers may fluctuate each year). Occasionally our program may be held at another site - this will be shared with the participants as needed. Each program is a **six-seven week commitment (pending facility availability)** 1x/wk with each session lasting approximately 1 hour.

APPLICATION REQUIREMENTS:

- Applicants are between 2 - 18 years of age at the time of riding sessions and less than 180 lbs.
- Must be able to wear a helmet at ALL times while in the Arena.
- Have a medical diagnosis of physical, mental, behavioral, or emotional impairment.
- Must submit a current Physician's Referral as part of the application process. If the rider has Down's Syndrome, the referring physician will need to rule out Atlanto-Axial Dislocation Condition via a diagnostic x-ray.

*Due to health risks, an individual who has Down's Syndrome with the presence of Atlanto-Axial Dislocation Condition would not qualify for our horseback riding programs.

- Be able to **ATTEND ALL** 6 or 7 scheduled session dates.
- Have a parent/guardian on site and available during riding sessions.



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APPLICATION REQUIREMENTS:

By applying, you are committing to attend 1x/wk for 1 hr each week for the seven week program, if accepted. A parent or guardian must complete and submit *ALL* aspects of the application process by the deadline for the chosen program.

- General Application Details
- Liability Release
- Physician's Referral Submitted
- Photography / Videography Release

A current Physician's Referral will need to be obtained as part of the application process. **If the rider has Down's Syndrome, the referring physician will need to rule out Atlanto-Axial Dislocation Condition via a diagnostic x-ray.

If an individual is not selected as a participant however meets our requirements, they may be asked to be placed on our Wait-List and asked to participate in our Welcome Night. Being part of our Wait-List means you may be contacted and offered to participate for a session if a chosen participant is unable to attend. This is typically a short notice (we do our best to notify as soon as we are made aware of an availability - hours, days, or week ahead of time)

Upon application deadline lapsing, our Selection Committee will Review all applicants and make selections, a notification will be sent out via email regarding acceptance or refusal. This occurs approximately 2 weeks prior to the first session.

Please submit all Paperwork to us via reinsofhopespencer@gmail.com should you wish to mail in the application, please contact us for the correct mailing address.

Application Deadlines:

Spring applications are accepted until the **Fourth Tuesday in April.**

Fall applications are accepted until the **Third Tuesday in July.**

**Each program requires a new application to be completed. Please complete and submit the application prior to the deadline for your chosen program sessions.

Upon Board Review of all applicants, following the application deadline, a notification will be emailed out regarding acceptance or refusal approximately 2 weeks prior to the start of the first session.



Participant Information

Today's Date: _____

Applicants First & Last Name: _____ DOB*: _____

Diagnosis: _____

Applying Parent/Guardian Name: _____

Parent Guardian Telephone: _____ Email Address: _____

Address (City, State, Zip Code): _____

Additional Parents/Guardians First & Last Name: _____

Additional Parent/Guardian Telephone: _____

Interested in: Spring Sessions _____ Fall Sessions _____

Please **explain or describe the diagnosis** to help us better understand this condition:

Impairments: Sight _____ Hearing _____ Speech _____ Mobility _____ Sensory _____

Muscle tone _____ Balance _____ Coordination _____

Are Braces or other assistive devices used? Yes _____ No _____

To aid their experience, please share more specifics that may aid our understanding of their condition such as **triggers/preferences/therapies**: _____

Medical History you think is pertinent: (i.e. seizures, breathing trouble)

Height: _____ **Weight:** _____ **T-Shirt Size (Circle):** Adult vs Youth **Size:** S, M, L, XL

How did you hear about us? _____

Do give us permission to contact up to 3 References listed below (teachers, therapists, social workers) to help us better understand your child's diagnosis, triggers, and ways we may best be able to assist them? _____ Yes, _____ No

** Due to the number of applicants, a letter will be emailed to you a couple of weeks prior to the first session if the student will or will not be accepted to the program. Place an X here: _____ if you wish to receive this via postal mail.

Should you not be chosen to participate, would you be willing to be placed on a **waitlist** (agree to be contacted should someone not be available for a session)? __Yes __No



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Reference Information:

Reference 1:

Name: _____

Relationship (teacher, therapist, etc): _____

Phone Number: _____

Email: _____

Reference 2:

Name: _____

Relationship (teacher, therapist, etc): _____

Phone Number: _____

Email: _____

Reference 3:

Name: _____

Relationship (teacher, therapist, etc): _____

Phone Number: _____

Email: _____



Participant Information Physician's Referral Form

Date: _____
Patient Name: _____ Date of Birth: _____
Height: _____ Weight: _____
Address: _____ City: _____ State: _____ ZipCode: _____
County: _____
Parent/Guardian: _____

Reins of Hope is a therapeutic horseback riding program designed to benefit the participants physically, socially, and emotionally. Safety equipment and specially tested horses and volunteers are used in each program. In order to ensure the fullest possible protection and greatest personal benefit from the program, *every participant is required to furnish the following medical information before being accepted as a participating riding student.*

Diagnosis: _____
Date of Onset: _____

Note: *Because of the nature of the activity of horseback riding, no individual diagnosed as having Down's Syndrome can be accepted for participation in riding instruction without proof of a negative diagnostic x-ray for Atlanto-Axial Dislocation Condition.*

Medical History: _____

Surgical Procedures: _____

Medications: _____

Defects present in (please circle):

Sight Hearing Speech Neuro-sensation Muscle Tone
Balance Coordination Mobility

Are braces or other assistive devices used? (Please circle) No Yes
Please specify by circling: Crutches Wheelchair Other - please list: _____

Comment if applicable:
Seizures: _____

Incontinence: _____

General Comments: _____

In my opinion, the patient named can receive riding instruction under appropriate supervision.

Physician's Signature: _____ Date: _____
Address: _____ City: _____ State: _____ ZipCode: _____
Phone: _____



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Reins Of Hope Photography and Publication Release

I, _____, parent/guardian of _____, (the "Releasor"), hereby grant permission and consent to Reins of Hope of Spencer, IA (the "Releasee") to take or to have taken, still or moving photographs and films including television pictures of my son/daughter/ward while in participation of Reins of Hope programs and/or of myself and/or my family that may be present in the background during Reins of Hope programs. I understand the photographs or films obtained may be used for, but not limited to, publicity, advertising, and website content.

PARTICIPANT RELEASOR'S SIGNATURE

NAME: _____

DATE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____



Participant Information

Equine Assisted Growth & Development Services Agreement, Liability Release, and Assumption of Risk Agreement

CLIENT INFORMATION

PARTICIPANT: _____ **DATE OF BIRTH:** _____
DIAGNOSIS: _____ **WEIGHT:** _____
BEGINNER (UNDER 10 HOURS): YES / NO

PARENT / GUARDIAN: _____
MAILING ADDRESS: _____
CITY, STATE, ZIPCODE: _____
PARENT / GUARDIAN AGREES TO BE PRESENT DURING ALL RIDING SESSIONS: YES / NO

TERMS AND CONDITIONS

1. AGREEMENT PURPOSE: I, the parents or legal guardians of _____, do hereby voluntarily agree to participate in Equine Assisted Growth and Development Services, hereinafter known as EAGDS, as a client of Reins of Hope, and that I will utilize a horse provided by Reins of Hope for EAGDS purposes.

2. AGREEMENT SCOPE, TERRITORY, AND DEFINITIONS: This agreement shall be legally binding upon you, the parents or legal guardian thereof, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of Clay County, Iowa. This agreement is intended to be valid and binding at all times now and in the future when Reins of Hope permits You and the Participant (directly or indirectly) be near any horse, receive riding and/or training instruction, or guidance from its associates and/or when the Participant rides, trains, and/or is near horses as part of EAGDS. Any disputes by you shall be litigated in and venue shall be in Clay County, Iowa. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with Iowa State law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "We", "Me", "My", "Us" shall herein refer to the above registered client and the parents or legal guardians thereof.

3. INHERENT RISKS / ASSUMPTION OF RISKS: I/We acknowledge that risks, conditions, and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I/we agree to assume them.

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The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and/or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and/or failing to act within the ability of the participant. Horses are 5 - 15 times larger, 20 - 40 times more powerful, and 3 - 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding, driving and training are activities in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has 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; Spinning around; Changing directions and/or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and/or Running from danger. I/We also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I/We are not relying on Reins of Hope to list all possible risks for Us.

I/We acknowledge that there is a natural risk of injury, whether caused by Participant or someone else, in the use of or presence at a Reins of Hope location, the use of equipment and services at any Reins of Hope location, and participation in Reins of Hope related activities. These activities include but are not limited to, the use of any Reins of Hope location equipment, activity tools, or materials, and Reins of Hope location events, community, school, or non-profit programs hosted by a Reins of Hope location. I/We understand that the risk of injury includes, but is not limited to: Injuries arising from the use of any Reins of Hope location or equipment, including any accidental or "slip and fall" injuries; and Injuries or medical disorders, including, but not limited to, heart attacks, strokes, heart stress, head injuries, sprains, strains, cuts, bruises, broken bones and torn muscles or ligaments, resulting from Your use of or presence at a Reins of Hope location, or Participant's use of equipment or services at a Reins of Hope location, or our participation in any Reins of Hope activities; I/We understand and voluntarily accept this risk on behalf of Participant. I/We agree to specifically assume all risk of loss, theft or damage of personal property for the Participant while he or she is present at any Reins of Hope location, or participating in any Reins of Hope location related activity and defined above. I/we acknowledge and understand the Participation includes possible exposure to and illness from infectious disease including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; I/we knowingly
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and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of Reins of Hope; and I/We understand and voluntarily accept this risk on behalf of ourselves and the Participant. I/We agree to specifically assume all risk of injury, harm, loss, theft or damage of personal property for the Participant including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of Reins of Hope, while he or she is present at any Reins of Hope location, or participating in any Reins of Hope location related activity and defined above.

4. CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS, AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES.

I/We acknowledge that Reins of Hope is NOT responsible for total or partial acts, occurrences, or elements of nature and/or sudden and/or unfamiliar sights, sounds and/or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, raining, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person. Irregular footing on outdoor groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I/We also understand that these are just some of the risks and I/We agree to assume others not mentioned above. I/We are not relying on Reins of Hope to list all possible conditions for us. The Participant and parent or legal guardian will personally inspect the facilities utilized during the EAGDS prior to each session in order to satisfy that all premise conditions are reasonably safe for this Participant's intended purpose, usage, and presence upon the premises.

5. SADDLE GIRTHS / NATURAL LOOSENING WARNING. I/We acknowledge that Saddle girths (fastener straps around horse's belly) may loosen during riding. I/We understand that our participant, if able to communicate this, will notify their Side walkers or Horse Lead of any girth looseness so actions can be taken to avoid slippage of the saddle and the potential for the rider to fall from the horse.

6. A. PROTECTIVE HEADGEAR / HELMET WARNING: I/We agree that on behalf of your child, _____, We have been fully warned by Reins of Hope that protective headgear/helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding, driving, training, and being near horses, and I/We understand that the wearing of such headgear/helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences.

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6. B. PROTECTIVE HEADGEAR/HELMET ACCEPTANCE: We on behalf of our child, _____, accept that he/she is to wear headgear/helmet at all times during sessions.

7. LIABILITY RELEASE: I/We agree that in consideration of Reins of Hope allowing _____ participation in EAGDS activity, under the terms set forth herein, I/We the parent and/or guardian, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Reins of Hope its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and other acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Reins of Hope's and/or ITS ASSOCIATES ordinary negligence or legal liability; and I do further agree that except in the event of Reins of Hope's gross negligence and/or willful and/or wanton misconduct, I/We shall not bring any claims, demands, legal actions and causes of action, against Reins of Hope and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by I/We and our minor child or legal ward in relation to the premises and operations of Reins of Hope to include while riding, driving, training, handling, or otherwise being near horses owned or operated by Reins of Hope, or in the care, custody or control of Reins of Hope, whether on or off the premises of Reins of Hope, but not limited to being on Reins of Hope's premises. I/We understand that I/We need to monitor our Participant before and after sessions, as the potential exists for there to be a safety concern around horses.

8. EQUINE ACTIVITY LIABILITY ACT (EALA)WARNING OR LANGUAGE: I/We acknowledge that I/We have reviewed the State of Iowa's EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE, a copy of which is attached hereto and incorporated as if fully set forth herein.

INSTRUCTION TO SIGNERS: DO NOT SIGN UNLESS A COPY OF THE EALA WARNING OR LANGUAGE IS ATTACHED TO THIS AGREEMENT.

Emergency Contacts

1. NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____
2. NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____

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Signer Statement of Awareness:

I/We, the undersigned, hereby certify that I have read and understand this Agreement, Liability Release, and Assumption of Risk Agreement. I understand that by signing this document I am giving up rights to sue today and in the future. I attest that all facts are true and accurate. I am signing this while of sound mind and not suffering from shock, or under the influence of alcohol, drugs, or intoxicants. I agree to accept the Terms & Conditions of this entire Agreement and will adhere to them in detail.

PARENTS OR LEGAL GUARDIANS SIGNATURE

NAME: _____ **DATE & TIME:** _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

NAME: _____ **DATE & TIME:** _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

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IOWA WARNING

UNDER **IOWA LAW**, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

A number of inherent risks are associated with domesticated animal activity. A domesticated animal may behave in a manner that results in damages to property or an injury or death to a person. Risks associated with the activity may include injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, pecking, falling, or butting.

A domesticated animal may act unpredictably to conditions, including, but not limited to, a sudden movement, loud noise, an unfamiliar environment, or the introduction of unfamiliar persons, animals, or objects.

The domesticated animal may also react in dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities.