



Participant Information & Application

WHO: Reins of Hope is a 501(c)3 non-profit organization creating courage in motion in Spencer, IA. Without community support and our great team of volunteers and horse owners, we would not be able to provide our program.

WHAT: Equine (Horse) Assisted Services for youth with differing abilities, allowing them the opportunity to ride and connect with a horse.

- All horses are tested prior to use in our programs.
- Helmets are required.
- Each participant may have a team of 3-4 volunteers which includes a horse handler to lead and manage the horse, two side walkers to help and support the rider, and on occasion an activity assistant beside them for assistance and safety.

WHY (BENEFITS): Research shows that equine-assisted services can *potentially* improve:

- *Social:* self-esteem, belonging
- *Physical:* flexibility, balance, coordination, mobility, muscle strength, sensory integration
- *Cognitive:* attention, problem-solving
- *Emotional:* empathy, impulse control
- and much more

WHEN: *Two Seasons per Year. Each Season: ~6 weeks* (length may vary from 5-7 weeks); *Sessions: 1x/wk* for approximately 1 hour (typically Tuesdays and usually starting at 6pm or 7pm but may vary)

- **Spring Season:** May - June
- **Fall Season:** August - September
- **To get the most out of our program, we ask that you make every effort to attend each session.**
- ***A parent/guardian must remain on-site and available during sessions.***

WHERE: *Locations in Spencer, IA could include, but not limited to:*

Clay County Fairgrounds, NW Equestrian Center, Oneota County Park, others as designated based on availability

COST: FREE - *Thanks to community support!*

- Donations and Grants
- Horse Owners - donating their time, expertise, and use of their horses.
- Volunteers

Practice Helmet Use: All participants will be required to wear a helmet when within the fenced in arena, near, or while riding a horse. If your child struggles with sensory issues that make this difficult - practicing ahead of time is recommended.

- Start with wearing a stocking cap or hat.
- Graduate to using a bike helmet if you have one.
- Discuss any concerns with us - we may be able to borrow an old equestrian helmet for practice

Participant Information & Application

- *If after some practice, you are still having concerns/difficulties, please discuss with Reins of Hope! It may be necessary to delay participation for a season or year. Your child's safety is our priority and we appreciate your understanding of the importance of helmet use.*

APPLICATION REQUIREMENTS:

- Applicants are between 2 - 18 years of age at the time of riding sessions and weighing less than 150 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.
- Have a parent/guardian on site and available during riding sessions.
- We typically accept up to 12 participants per season (acceptance numbers may fluctuate each year).

APPLICATION DETAILS:

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 - Plan ahead to get this submitted!
- Photography / Videography Release

**** A completed application includes the submission of ALL of the following: General Details, Liability Release, Photography/Videography Release, and a completed Physicians Referral Form.**

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

Application Deadlines:

*Spring Season: **Third Tuesday in April***

*Fall Season: **Second Tuesday in July***

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

Participant Selections:

Following the application deadline, our Selection Committee will review all applications and determine session classes. A notification will be emailed out regarding acceptance or refusal, approximately 2 weeks prior to the start of the first session.

Wait List: If an individual is not selected as a participant however meets our requirements, they may be asked



Participant Information & Application

to be placed on our Wait-List and asked to participate in the event that a selected individual is unable to attend. Being part of our Wait-List means you may be contacted and offered to participate for a single session (or more) if a participant is unable to attend. This is typically a short notice (we do our best to notify you as soon as we are made aware of an availability - hours, days, or week ahead of time)

Contact Details:

Website: reinsofhopespencer.org

Contact Us: roh@reinsofhopespencer.org



Participant Information & Application

Today's Date: _____

Applicants First & Last Name: _____

DOB*: _____

Diagnosis: _____

Applying Parent/Guardian Name: _____

Parent Guardian Telephone: _____ Email Address: _____

Mailing 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 _____

If Yes, Please explain: _____

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, g-tube)

Height: _____ **Weight:** _____ **T-Shirt Size (Circle):** Adult vs Youth **Size:** XS, 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



Participant Information & Application

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 & Application

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 & Application

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 NAME: _____

MAILING ADDRESS: _____ **City:** _____ **State:** _____ **Zip Code:** _____

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 the 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.

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,

CONTINUED ON NEXT PAGE

Participant Information & Application

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 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.

CONTINUED ON NEXT PAGE



Participant Information & Application

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.

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. See Next Page!

CONTINUED ON NEXT PAGE



Participant Information & Application

Emergency Contacts

1. NAME: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: _____
2. NAME: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: _____

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: _____

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.



Participant Information & Application

Participant's Medical History and Physician's Statement

Reins of Hope provides equine assisted services & adaptive horseback riding 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.*

Participant Name						Date of Birth				Age				
Height		Weight		Head Circumference		Parent/Guardian Phone #								
Name of Parent/Guardian(s)														
Address					City:				State				Zip Code	
Diagnosis								Date of Onset						
Past/Future Surgical Procedures														

Evaluation Date: _____

Please indicate current or past areas of concern / special needs, including surgeries. *If Yes, please comment. They may have precautions and contraindications to equine activities.*

Area of Concern	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary / skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional / Psychological			
Pain			



Participant Information & Application

Participant's Medical History and Physician's Statement

For ALL participants with Down Syndrome: Due to the nature of Equine-Assisted Activities (horseback riding) we require that ALL participants diagnosed with Down Syndrome must have an ANNUAL certification from their physician that a neurological and/or physical examination reveals no sign of AAI or decrease in neurological function:

☐ **Negative Cervical X-Ray for atlantoaxial instability.** **X-Ray Date:** _____

☐ **Negative for clinical symptoms of atlantoaxial instability**

SEIZURE INFORMATION

Has the participant experienced a Seizure in the Past?

☐ Yes, please indicate seizure type

Type:

☐ No

Are the seizures controlled?

☐ Yes

☐ No

Date of Last Seizure:

Current Medications: _____

Are braces or other assistive devices used? (Please circle)

Crutches Walker Wheelchair Braces AFOs G-Tube Communication Device

Other - please list:

Please indicate any Precautions / Needs not noted above: _____

In my opinion, this individual can participate in supervised equine-assisted services / adaptive horseback riding instruction. Yes / No

Physician's Name (please print): _____ **Phone:** _____

Physician's Signature: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **ZipCode:** _____

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact us at 712-485-4221.