



HOPE Therapeutic Riding Center
P.O. Box 334, Langley, WA 98260 (360) 221-7656
Email: hope@whidbey.com
Website: www.hope-whidbey.org

Dear Students, Parents and Guardians,

Welcome to HOPE, where you can “[Discover Your Abilities . . . Grab the Reins of Life!](#)” To make the application process smoother, we are providing you with our most current lesson policies and schedules, fee schedule, and application forms. In order to maximize the benefits of the lessons, we also want to clarify our expectations and explain our goals.

It is important that you carefully review the [Student Application Procedures and Policies](#). Those policies help avoid unnecessary administrative costs, and also insure student/family involvement in actively supporting our ability to offer quality equine-assisted activities.

HOPE is a non-profit 501(c)(3) organization that receives no funding from state or government programs. All of HOPE’s income is derived from the fees that we charge for our services (about 16% of our income in 2009), as well as individual and business donations, grants and proceeds from fundraising events. To allow us to charge only \$30.00 per lesson, HOPE subsidizes the cost of lessons by over \$600.00 per student per session. To that end, we must call upon you - our students and their families and guardians - to help raise much of these funds by your volunteer work on special events and fundraisers and by providing other volunteer work. Without your active support, HOPE simply cannot sustain its operations or continue its work to provide you with new and better services. Please join us in our efforts to meet and exceed our goals.

We truly appreciate your interest in and support of the HOPE Therapeutic Riding Center programs! Please be sure to complete ALL of the application forms and mail or drop them by the office along with your payment in time for us to receive them no later than the registration deadlines (dates provided in the enclosed 2010 Lesson Schedule). For your convenience, all forms are available to download from our website at www.hope-whidbey.org or we would be happy to mail them to you. If you have any questions, do not hesitate to call us at 360-221-7656 or email us at hope@whidbey.com.

Sincerely,

HOPE

“[Discover Your Abilities . . . Grab the Reins of Life!](#)”

04/11



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REGISTRATION FORM FOR SESSIONS

Check the Quarter for Which You Are Applying: Location

- Winter Quarter 20____
- Spring Quarter 20____
- Summer Quarter 20____
- Fall Quarter 20____

Check Your Preferred

Coupeville _____
Langley/Freeland _____

Check the Times of Day You Are Available to Ride:

- Mornings Specify Times Available: _____
- Afternoons Specify Times Available: _____

Fees for Spring Quarter are \$240.00, for Winter and Fall Quarters \$270 and for Summer Quarter \$180. For new students, there is an additional charge of \$30.00 for the New Student Assessment. See separate paperwork for information about scholarships.

Total Fees Submitted: \$ _____

Method of Payment:

- Check
- Money Order
- Visa
- Mastercard
- Discover Card
- Diners Club
- American Express

Name on Card Credit Card # Security Code Exp.
Date
Billing Address for Credit Card: _____

Student Name: _____

Phone: _____ **Email:** _____

Please submit this registration form WITH ALL OTHER REQUIRED PAPERWORK AND FEES prior to the registration deadline for this session, or one week prior to that time for scholarship students.



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STUDENT POLICIES & PROCEDURES

PROGRAM SERVICES: HOPE offers equine-assisted activities and therapy sessions for children and adults with special needs or challenging circumstances. Through these sessions, students learn to care for their horses, groom, tack, and gain riding skills at the walk and trot. When riders are more advanced, they will learn to canter and some may learn more advanced skills. Riders build confidence, strength, behavioral and emotional control, as well as develop better reading, listening and task completion skills, among other benefits.

SESSION SCHEDULES: We currently offer sessions on Thursdays in Langley, and on Tuesdays (and sometimes Mondays) in Coupeville in Spring, Summer, Fall and Winter Quarters. Our Winter Session on South Whidbey is in Freeland rather than Langley. Summer Quarter is six weeks long, Winter and Fall are nine weeks each and Spring is eight weeks. Group sessions are 1.5 hours long, while individual sessions are 1 hour long, both of which include grooming and tacking the horses. With enough advance notice and a sufficient number of students, we may add additional session days as necessary.

REGISTRATION PROCEDURE: HOPE accepts registrations only by appointment at the HOPE office or through the mail or email. Registration deadlines and fees are provided in the separate [Calendar](#). **ALL completed forms and fees must be received by HOPE on or before the registration deadline.** To better help us schedule, please indicate on the [Registration Form](#) all possible times of day the student is available.

Please make checks or money orders payable to HOPE. For your convenience, HOPE also accepts Visa, MasterCard, Discover Card, Diners Club and American Express. A \$25 fee will be charged for all checks returned due to insufficient funds. **If you are applying for a scholarship, please send all of your completed forms, including the scholarship application, so that HOPE will receive them no later than one week prior to the registration deadline. If your scholarship request is granted, all remaining fees must be submitted by the registration deadline.**

The Head Instructor will notify students of their session times after the close of registration.

RETURNING STUDENTS: If you started sessions within the past 3 years, your [Medical History & Physician's Statement](#) form on file is still valid, unless you have experienced major health changes. Students who began sessions with HOPE more than 3 years ago will need to resubmit that form completed by their health care provider. To register, submit a [Registration](#) form indicating available times for sessions along with the full amount of the fees for that Quarter. If you are reapplying for a scholarship, please also submit the required [Scholarship Application](#) along with your [Registration Form](#). Once a year a new [Authorization for Emergency Medical Treatment](#) must be submitted.

NEW STUDENTS: New students must submit the full packet of application forms:

- [Registration Form](#)
- [Participant's Application and Health History](#)
- [Student Policies & Procedures](#)
- [Authorization for Emergency Medical Treatment](#)
- [Photo Release & Confidentiality Agreement](#)
- [Participant's Consent for Release of Information](#)
- [Participant's Medical History & Physician's Statement](#) (completed by physician)
- [Release of Liability & Indemnity Agreement](#)
- [Student Dress Code](#)
- [Scholarship Application](#) (if applicable)

In addition to screening via the application paperwork, it is important that we assess your needs and determine whether we can provide services to meet your goals safely and effectively. To do this, we require an onsite assessment prior to final acceptance of any new student into the program. The assessment may take from 1 to 1.5 hours and requires a nonrefundable student assessment fee of \$30.00 payable at the time of registration, along with the session fees. Assessments will be scheduled after the complete application and fees are received. ***Please be sure to attend the assessment as scheduled or call more than 24 hours in advance to reschedule.*** Students accepted into the program receive guidelines explaining [Student Responsibilities](#) and [Horse Sense Safety Rules](#). Because family, guardians and friends often accompany the students, we recommend that they become familiar with these guidelines as well. In this way, they can reinforce the students' knowledge about horses, safety and personal responsibility.

FEES: To keep fees affordable, HOPE subsidizes over \$800 per student per Quarter. Funds must be raised in order for HOPE to continue these subsidies and work to expand services offered. **After registration, we will ask you to sign up to help with at least one (1) HOPE event or fundraiser, or to help at least three (3) hours with a program project each Quarter** coordinated in advance with the Executive Director or Head Instructor.

SCHOLARSHIPS: During each Quarter in which the student enrolls, the student or family must qualify for aid by submitting the [Scholarship Application](#) form with information which meets HOPE's financial aid criteria. In addition, during each Quarter, the scholarship student or his/her family must provide assistance with at least 2 HOPE special events or fundraisers, or help with at least 6 hours of program projects coordinated in advance with the Executive Director or Head Instructor. With your help, the money raised sustains your scholarship funding.

LESSON CANCELLATIONS/ABSENCES: If you register for a Quarter and then decide cancel, your fees will be refunded as follows. HOPE will keep \$30 of your fees as a nonrefundable deposit. If you cancel more than two weeks before sessions start, we will refund all of your fees, minus the \$30 deposit. If you cancel two weeks or less before sessions begin, we will refund half of your fees after deducting the \$30 deposit.

We are unable to offer make-up lessons or refunds for missed lessons. A credit toward the next Quarter will be applied only for sessions missed when notification of absence is received by HOPE one week or more in advance of the missed session. Advance notification enables volunteers to be notified as well as horse needs to be reassessed. To ensure the greatest progress towards your goals, we strongly encourage attendance at every session. In order to be fair to other students, our volunteers and staff, **students arriving more than 15 minutes late for their session will be unable to participate in that day's session and no refund or credit will be given for that session.**

Please read, check, sign, and return this portion by the registration deadline.

Student Name _____

I understand that **all forms must be completed and submitted on or before the registration deadline or my student will probably have to wait for the next Quarter.**

I understand that **HOPE requires that all session fees and any applicable new student assessment fee for each Quarter be paid with the submission of the application forms.**

I understand that if I am enrolling a new student, HOPE requires a non-refundable \$30.00 assessment fee to be paid with the submission of the application and registration form. New student assessments will be scheduled by appointment after the registration deadline.

I understand that after registration HOPE will require that I sign up to help with at least **1** HOPE event or fundraiser, or help at least **3** hours with a program project each session.

I understand that if I apply for financial assistance that during **each** session in which the student is enrolled, I must show financial need **PLUS** provide assistance with at least **2** HOPE events or fundraisers, or help with at least **6** hours of program projects coordinated in advance with the Executive Director or Head Instructor.

I understand that there will be no make-ups for missed sessions nor any refund of fees for sessions missed. A credit toward the next Quarter will be applied only for sessions missed when **notification of absence is received 1 week or more in advance**.

I understand that if I cancel participation in a Quarter, HOPE will in all cases keep the \$30 non-refundable deposit. Further, if I cancel more than two weeks before the beginning of the Quarter, HOPE will refund my fees minus that deposit and that if I cancel two weeks or less before the beginning of the Quarter, HOPE will refund half of my fees minus that deposit.

Student or Parent or Guardian Signature _____ Date _____

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PARTICIPANT'S APPLICATION AND HEALTH HISTORY

GENERAL INFORMATION (PLEASE PRINT OR TYPE)

Student: _____ **DOB:** _____

Age: _____ **Height:** _____ **Weight:** _____ lbs. **Gender:** Male Female

Street Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____ **Alternative Tel. #:** _____

E-mail: _____

Student Employer/School:

Address: _____

Phone: _____

Parent/Legal Guardian (if a minor): _____

Address (if different from above): _____

Phone: _____ **Alternative Tel. #:** _____

E-mail: _____

How did you hear about HOPE? _____

Does your employer provide matching funds for donations to non-profit 501(c)(3) organizations? Yes ___ No ___ Unknown ___

HEALTH HISTORY (Use separate sheet if necessary)

Diagnosis: _____

Date of Onset: _____

Diagnosis: _____

Date of Onset: _____

Handedness: Left Right

Hearing Impaired: Yes No **Hearing Aid:** Yes No **Which ear(s):** Left Right Both

Uses Sign Language: Yes No **Lip reads:** Yes No **Needs interpreter:** Yes No

Severely Visually Impaired: Yes No If yes, explain _____

The following information is requested in order for HOPE Therapeutic Riding Center to be better aware of the student's various medical providers, community resources used and treatments being received. HOPE may need to contact one or more of the providers for the sole purpose of clarifying any information provided to better assist the HOPE Head Instructor's assessment of the student's abilities and limitations and develop an appropriate plan for the student's sessions. Copies of summary results, therapy regimens, and Individual Education Plans (IEP) are most helpful. HOPE has Release of Information consent forms available for you to give to your providers.

Primary Health Care Provider: _____ **MD PA NP Other:** _____

Name of Practice/Hospital: _____

City: _____ **State:** _____

Phone: _____

Physical Therapist: _____

Name of Practice/Hospital: _____

City: _____ **State:** _____

Phone: _____

Occupational Therapist: _____

Name of Practice/Hospital: _____

City: _____ **State:** _____

Phone: _____

Speech Therapist: _____

Name of Practice/Hospital: _____

City: _____ **State:** _____

Phone: _____

Mental Health Provider: _____

Name of Practice/Hospital: _____

City: _____ **State:** _____

Phone: _____

Special Education Teacher: _____

Name of School: _____

City: _____ **State:** _____

Phone: _____

Other Service Provider: _____

Name of Practice/Hospital: _____

City: _____ **State:** _____

Phone: _____

(Use separate sheet if necessary)

Please indicate current or past special needs in the following areas: *(Use separate sheet if necessary)*

	YES	NO	COMMENTS
Allergies			
Behavioral			
Bone/Joint			
Breathing			
Circulation/Heart			
Cognitive/Thinking			
Communication/Speech			
Digestion/Elimination			
Emotional/Mental Health			
Hearing			
Motor skills (Fine/Gross)			
Muscular			
Neurological/Seizures			
Pain			
Prosthetics/Braces			
Sensation			
Vision			
Other:			

MEDICATIONS (prescription, OTC; name, dose, frequency and purpose)

Describe the student's abilities/difficulties in the following areas (include assistance required or equipment needed): (Use separate sheet if necessary)

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding, use of hands)

PSYCHO/SOCIAL FUNCTION (i.e. Work/School including grade completed, leisure interests, relationships, family structure, support system, companion animals, forms/concerns, etc.)

GOALS (i.e. Why are you applying? What would you like to accomplish? Example, improve strength/balance, verbal skills, social skills, control emotions, competition, recreation, etc.)

Signature: _____ **Date:** _____
(Adult Student/Parent/Legal Guardian)



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

PLEASE CHECK ONE: STAFF STUDENT VOLUNTEER

[PLEASE PRINT OR TYPE]

Name: _____ DOB: _____ Phone: _____

Address: _____ City/Zip: _____

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: _____

CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on property used by HOPE, I authorize HOPE Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to an authorized person or agency involved in the emergency medical treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "life saving" by the health care provider. **This provision will only be invoked if HOPE is unable to reach an emergency contact listed above.**

Date: _____ Consent Signature: _____

(Adult Student, 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 property used by HOPE. I understand that: **(please check one)**

- A parent or legal guardian will remain on site at all times during equine-assisted activities;
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

(Adult Student, Parent or Legal Guardian)



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PHOTO RELEASE

I, _____, hereby (**circle one**) DO DO NOT consent to and authorize the use and reproduction by HOPE Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed or electronic materials, educational activities, or for any other use of benefit to the HOPE program.

Signature: _____ **Date:** _____
 (Adult Student, Parent or Legal Guardian)

HOPE CONFIDENTIALITY POLICY

Due to the nature of therapeutic horseback riding, it is HOPE’s policy that all information pertaining to our students, their families, and volunteers shall remain privileged and confidential. This information may include, but not be limited to, any medical, social, referral, personal and/or financial information that may be disclosed due to participation in this program. By signing this Confidentiality Policy, you agree to adhere to the policy set forth here.

Disclosure of any confidential information shall not be made to anyone not associated with HOPE. Discussions involving any student shall be limited to progress reports, appropriate mounted and unmounted safety guidelines, and any other guidelines the instructor may deem appropriate in each situation. Volunteers will be given information concerning students on a “need to know” basis and in keeping with the confidential nature of our clients’ records. Each student shall be assured of record confidentiality and only authorized staff will have access to secured records.

Interviews or other forms of public discussions with any public relations media, through either television, radio, print or any other type of publication, is strictly prohibited by any volunteer or staff member.

Since our intentions are to safeguard our students and the continued operation of the HOPE program, this policy is designed to ensure that the privacy of our students, their families, our volunteers, staff and HOPE’s proprietary information is protected. Sensitive medical, psychiatric, psychological and/or personal information and well as information proprietary to the HOPE organization may be detrimental if released to those outside of the HOPE organization. Any such breach of confidentiality may result in legal action.

Failure to adhere to the HOPE Confidentiality Policy by any staff or volunteer may result in corrective action begin taken and/or termination of their services with HOPE.

Signature

Print Name

Date

07/10



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RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, _____, hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in equine-assisted activities with the HOPE Therapeutic Riding Center.

I fully understand that equine-assisted activities, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved is my responsibility and I completely release HOPE Therapeutic Riding Center and its agents from all liability for any and all injuries caused by my participation in equine-assisted activities. **Please initial to show that you agree**_____.

I fully understand that a horse irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as thunder, hail, lightening, high wind or snow sliding off the roof, or sudden appearance of another animal, person or machine can cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release HOPE Therapeutic Riding Center and its agents from liability for any and all injuries to me from my participation in equine-assisted activities. **Please initial to show that you agree**_____.

I fully understand that equine-assisted activities on any type of terrain can be dangerous to my horse and me and that this danger increases when moving fast, such as at a canter (lope) or at a gallop. Under these conditions, or even while moving at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I fully assume the responsibility for all of these dangers and risks, and completely release HOPE Therapeutic Riding Center and its agents from all liability for any and all injuries to me from the dangers and risks as stated above. **Please initial to show that you agree**_____.

I fully understand that horses and conditions are unpredictable and that the risk of injury or death is inherent to equine-assisted activities and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horses and equine-assisted activities. I completely release HOPE Therapeutic Riding Center and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and my participation in equine-assisted activities. **Please initial to show that you agree**_____.

I agree not to sue, claim against, attach the property of or prosecute HOPE Therapeutic Riding Center, its officers, board members, affiliated organizations, agents, employees and/or its volunteers for any injury or death caused by or resulting from my participation in equine-assisted activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree**_____.

I agree to defend, indemnify and hold harmless HOPE Therapeutic Riding Center and all of its officers, board members, affiliated organizations, agents, employees and/or its volunteers for any injury or death caused by or resulting from my participation in equine-assisted activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree**_____.

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives. **Please initial to show that you agree**_____.

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this Release of Liability and Indemnity Agreement on behalf of myself and/or my child or legal ward of my own free will. **Please initial to show that you agree**_____.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.

Participants under 18 years of age require the signature of a parent or legal guardian.
Signature of Participant:

Signature of Parent or Legal Guardian:

Address:

City: _____ **State:** _____ **Zip code:** _____

Phone: _____

Date: _____

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Student Dress Code Policy

-) All riders must wear long pants. No shorts or crop pants accepted. Loose fitting pants are recommended.
-) All riders must wear shirts that are appropriate in length so they do not show the midriff. For girls if you wear a tank top it must cover all of your undergarments. If you wear something that zips or buttons it must be closed.
-) All riders must wear close toed shoes. Riding boots/shoes are preferred but not mandatory.

Please read and sign.

Student/Guardian:

Date: _____

Thank You,
Melissa Jacobe
Instructor

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HORSE SAFETY RULES

BASIC RULES FOR SAFETY WHEN WORKING WITH HOPE HORSES

1. Understand that equine-assisted activities involving working with, on and around horses are inherently risky and can be dangerous. All the more reason to know how to be SAFER!
2. Students MUST ALWAYS wear a helmet when working on or around horses!
3. Unless deemed fully independent, students MUST wait for a Volunteer to be with them before entering a horse's stall or approaching a tied horse.
4. ALWAYS WALK; do not run when working with horses.
5. Never approach a horse directly from the rear! A horse cannot see back there and is more easily startled and may resort to a "Kick first, ask questions later" approach. It is better to walk towards the shoulder and neck.
6. Always speak to the horse before approaching or touching him. Let the horse know you are not there to hurt him and wait for him to accept you.
7. After he accepts your presence, keep a hand on his body as you walk around him and talk reassuringly to him.
8. NEVER tie a horse using the reins and bridle! If you have to tie him, use a quick-release knot, or simply wrap the lead rope attached to his halter around the hitching post.
9. Traditionally, you lead from the left side, placing your inside hand about 12 to 18 inches from the halter. Keep the excess lead rope folded, never wrapped, in your outside hand. Be careful not to let the rope drag on the ground to avoid you or the horse tripping on it. Learn to lead from both sides.
10. When leading, place yourself between the horse's head and shoulder. NEVER get in front of the horse and try to pull him. You will lose that tug-o'-war!
11. When leading, Volunteers always stay between the student and the horse, unless otherwise directed by the Instructor.
12. NEVER yank or jerk the horse's halter or lead rope! Use gentle 'pressure and release commands. Remember, some of our HOPE horses may be a bit elderly and need more time to react.
13. Keep at least two (2) horse lengths between your horse and the next. To increase the distance, either slow down, stop, make a short circle towards the inside of the arena, or safely cut across the arena and then get back on the rail.

14. If the horse pulls backward, step back with him rather than pulling against him. He will usually be ready to go forward again, since you have acknowledged his need. Also, look around. He may have seen something of concern that you had not noticed.
15. If the horse rears up, release the hand closest to the halter to avoid being pulled off the ground. However, do not completely let go of the lead rope, if safely possible.
16. Be aware of your surroundings and help keep your fellow students and volunteers aware, too. For example, let everyone know if you see a dog running loose or a loud truck passing by. This helps give everyone time to reassure their horse and student.
17. When tacking, grooming, or moving around the horse, NEVER go under the horse's neck or belly. Unbeknownst to you, he may have a sudden need to bring his leg up or head down fast. Ouch!
18. Pet the horses mostly on the neck and shoulders. Please DO NOT pet the horse's face.
19. After leading a horse into a stall, turn the horse so that he faces the door. Close the door leaving an opening large enough for you to get out safely if a dangerous situation arises. Take the halter and lead rope off the horse.
20. Only the Instructor and trained volunteers are allowed to bridle the horses. This rule is for the horses' safety and comfort.
21. When saddling, tighten the girth SLOWLY. Abrupt pulls can pinch the horse's skin and you may get a bite for your efforts.
22. Initially, adjust the saddle carefully with the girth just tight enough so that the saddle and pad will not shift. The Instructor will do a final tack check to insure the saddle is in the correct place and tighten the girth.
23. **ALWAYS wait for the Instructor's direction before mounting.** Patience is a virtue for all you eager students!
24. Whenever in doubt about something, ALWAYS ask the Instructors! Remember they are there to help EVERYONE!
25. Volunteers and Students, please let the Instructor know IMMEDIATELY if you are uncomfortable about anything, e.g., team assignment, uncertainty about task, whatever. We greatly value what you have to say. Your time with HOPE should be an enjoyable one! Horses (and people) are very sensitive creatures and can quickly pick up on your discomfort. We cannot help fix a situation, if we do not know about it. So tell us, please! Any of us! If need be, feel free to call the HOPE office at 360-221-7656.

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STUDENT RESPONSIBILITIES (GENERAL)

1. Learn and follow the Horse Safety Rules provided separately.
2. Clothing policy: See separate HOPE Dress Code
Wear layers that are warm and comfortable for a variety of temperatures. No halter or spaghetti-strapped tops or muscle shirts. **Long pants are required for riders.** Recommend having gloves and rain gear handy, too.
Boots are recommended. **Closed-toe/heel shoes are required.** NO sandals or slip-ons! Remember you could be walking in mud or worse! Lessons are rain or shine!
For safety reasons, remove all dangling jewelry (e.g., earrings, bracelets, necklaces).
3. Show up for every session or notify Instructor at least one week in advance of a future absence.
4. Show up at your scheduled session time. Sessions incorporate grooming and tacking time. Students arriving more than 15 minutes late will be unable to participate in that day's session.
5. Sign into the Daily Insurance Log.
6. Be respectful to yourself, your fellow students, the volunteers, your horse and the instructors.
7. Check Horse-Student Listing for your helmet size, horse assignment, volunteers assigned and tack needs.
8. Get your helmet and put it on.
9. Greet your volunteer(s) and together gather assigned grooming tools and tack before getting horse out.
10. With your volunteer(s), greet your horse and properly lead your horse from its stall, with volunteer assistance, if necessary.
11. Groom and get to know your horse. They feel so good!
12. Tack your horse then take your horse for his or her warm up walk around the arena.
13. **Wait for the Instructor to assist with mounting and dismounting.**
14. Listen to the Instructor's directions and try to do your best.
15. Have fun!!
16. Remember to offer your hard-working horse water, then untack and groom your horse.
17. Give your horse a treat (in bucket) and check water and muck stall with your volunteer's assistance.
18. Put away tack and grooming box after your horse is secure in its stall.
19. Thank your Team, including your horse, for their support!
20. Clean and put your helmet away.
21. Sign out of the Daily Insurance Log.
22. Have a great week!!!



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Dear Health Care Provider:

Date: _____

Your patient, _____, is interested in participating in supervised equine-assisted activities. In order to safely provide this service, our center requests that you complete the attached Medical History and Physician's Statement form. Please note that the following conditions may suggest precautions and contraindications to equine activities. We operate under the guidelines established by the North American Riding for the Handicapped Association (www.narha.org). Therefore, when completing the attached form, please indicate whether any of the conditions listed below are present and to what degree. This is not an all inclusive list, so please provide additional information as necessary. Being as specific as possible will assist our Head Instructor greatly in determining the student's eligibility and the most effective program for the student.

<u>ORTHOPEDIC</u>	<u>PSYCHOLOGICAL</u>	<u>MEDICAL</u>
Atlantoaxial Instability – include neurologic symptoms	Animal Abuse	Allergies/Asthma
Coxa Arthrosis	Physical/Sexual/Emotional Abuse	Cardiac Condition
Cranial Deficits	Dangerous to self or others	Blood Pressure Control
Heterotopic Ossification/Myositis Ossificans	Fire Settings	Hemophilia
Joint subluxation/dislocation	Depression	Hydromyelia
Osteoporosis	PTSD	Immuno disorders
Pathologic Fractures	Bipolar Disorder	Medical Instability
Spinal Joint Fusion/Fixation		Migraines
Spinal Joint Instability/Abnormalities	<u>OTHER</u>	PVD
	Age – under 4 years	Recent Surgeries
<u>NEUROLOGIC</u>	Indwelling Catheters/Medical Equipment	Respiratory Compromise
Hydrocephalus/Shunt	Medications (e.g. photosensitivity)	Substance Abuse
Seizures	Poor Endurance	Exacerbations of medical conditions (e.g., RA, MS)
Spina Bifida/Chiari II malformation/Tethered Cord	Skin Breakdown	TBI

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.

Sincerely,
Melissa Jacobe
 Program Director

Enclosure: Participant's Medical History and Physician Statement Form

07/10

"Discover Your Abilities . . . Grab the Reins of Life!"



HOPE Therapeutic Riding Center

P.O. Box 334, Langley, WA 98260 (360) 221-7656

Email: hope@whidbey.com

Website: www.hope-whidbey.org

PARTICIPANT'S CONSENT FOR RELEASE OF INFORMATION

_____ has applied to participate in equine-assisted activities at the HOPE Therapeutic Riding Center. The following information is requested for the sole purpose of better assisting the HOPE Head Instructor's assessment of the participant's abilities and limitations and development of an appropriate plan for the student's sessions.

I hereby authorize:

_____ (health care provider, counselor, therapist or facility)
of City _____ State _____ to release information from the records of: _____

(Participant's Name)

whose Date of Birth is: _____.

The information is to be released to: HOPE Therapeutic Riding Center

The information to be released is checked below:

- Medical History
- Physical Therapy evaluation, assessment and program plan
- Occupational Therapy evaluation, assessment and program plan
- Speech Therapy evaluation, assessment and program plan
- Mental Health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-Behavioral Management Plan
- Other: _____

This release is valid for three years and can be revoked, in writing, at my request.

Signature: _____ **Date:** _____
(Adult Student or Parent/Guardian)

Print Name: _____ **Phone:** _____

Relation to Participant: _____

Please send materials to: HOPE Therapeutic Riding Center
PO Box 334
Langley, WA 98260

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PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

Student: _____ DOB _____ Height: _____ Weight: _____ lbs

Address: _____ City: _____ Zip: _____

Diagnosis: _____ Date of Onset: _____

Diagnosis: _____ Date of Onset: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Date of Last Physical: _____ Date of Last Tetanus shot: _____

Medications: _____

Seizure Type: _____ Controlled: **Yes No**

Date/Severity of Last Seizure: _____

Special Precautions/Needs: _____

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

Braces/Assistive Devices: _____

Handedness: **Left Right**

Hearing Impaired: **Yes No** Hearing Aid: **Yes No** Which ear(s): **Left Right Both**

Uses Sign Language: **Yes No** Lip reads: **Yes No** Needs interpreter: **Yes No**

Severely Visually Impaired: **Yes No** If Yes, please provide details on Page 2.

For those with Down Syndrome:

AtlantoDens Interval X-rays, Date: _____ Results: + - _____

Neurologic Symptoms of AtlantoAxial Instability: _____

Student: _____

Please indicate current or past special needs in the following systems/areas, including surgeries.:

SYSTEMS/AREAS	YES	NO	IF YES, PLEASE PROVIDE THOROUGH DETAILS
Allergies			
Behavioral			
Bone/Joint			
Breathing			
Circulation/Heart			
Cognitive/Thinking			
Communication/Speech			
Digestion/Elimination			
Emotional/Mental Health			
Hearing			
Motor skills (Fine/Gross)			
Muscular			
Neurological/Seizures			
Pain			
Prosthetics			
Sensation			
Vision			
Other:			

Student: _____

NOTES:

To my knowledge, there is no reason why _____ cannot participate in supervised equine-assisted activities. However, I understand that the HOPE Therapeutic Riding Center will weigh the medical information above against the existing precautions and contraindications as per NARHA guidelines. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g., PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine-assisted activity program.

Name/Title: _____ MD DO NP PA Other: _____

Signature: _____ Date: _____

License/UPIN Number: _____

Name of Practice/Hospital: _____

City: _____ State: _____

Phone (Work): _____

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