

Ride Your Horse!



Welcome to Ride Your Horse! Therapeutic Riding Program.

Ride Your Horse! Therapeutic Riding Program provides horseback riding lessons and other related equine assistant activities to individuals with disabilities. The mission of Ride Your Horse! program is to encourage self-growth through physical, social, educational, and behavioral benefits through equine-related interaction.

Ride Your Horse! Therapeutic Riding Program follows the NARHA (North American Riding for the Handicapped Association) guidelines. Enclosed you will find information about our program and forms for enrollment. The responsible persons must complete ALL forms and ALL forms must be returned to begin enrollment. Equine assisted activities are formed around each person's abilities. In order for each rider to benefit the most in their lessons, every effort is made to match the rider's abilities with the proper horse and volunteers. We cannot always place a rider immediately and in that case we do offer a waiting list. If placed on the waiting list, you will be kept updated of any changes.

Once all the forms have been received by Ride Your Horse!, you will be contacted for an introduction/evaluation appointment. Riders will be evaluated by a NARHA Certified Instructor to ensure a safe and beneficial experience.

We look forward in meeting with you and welcome you to Ride Your Horse! Therapeutic Riding Program. **“Let the warmth of a horse carry you to your dreams”**

Sincerely,

Darlene Harman
President/Founding Director

www.rideyourhorse.com

714-292-3563

1370 S. Sanderson Ave., Anaheim, CA 92806

10730 Artesia Blvd., Cerritos, CA 90703

Ride Your Horse!



Listed below are some of the benefits that can be experienced from therapeutic riding:

Physical Benefits

- Improved balance
- Improved coordination and better motor control
- Stretching of tight or spastic muscles
- Decreased spasticity
- Increase range of motion

Social Benefits

- Increase self-esteem and confidence
- Social interaction on a 1:1 (or often 3:1- three staff/volunteers with each rider) level
- Increase experiences
- Age appropriate activities

Cognitive/Educational Benefits

- Improved hand/ eye coordination
- Improved visual/spatial perception
- Encouraged use and development of speech and or communication
- Sequencing, patterning and motor planning
- Counting
- Colors

Behavioral Benefits

- Increased Attention span
- Sensory Integration
- Behavior modification

Persons with disabilities such as Autism, ADD, ADHD, Cerebral Palsy, Down Syndrome, Rhetts Syndrome, Visual Impairments, Hearing Impairments, Social, Emotional, and Behavioral Disorders have experienced benefits from therapeutic riding.

If you have any questions, please feel free to contact me. You may also visit www.narha.org. for more information on the foundation of therapeutic riding.

Sincerely,

Darlene Harman
NARHA Certified Instructor

Ride Your Horse!



Medications (include prescription, over-the-counter; name, dose and frequency) _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

Physical Function (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding) _____

Psycho/Social Function (i.e. Work/school including grade completed, leisure interest, relationships-family structure, support systems, companion animals, fears/concerns, etc)

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)

Signature: _____ Date: _____

Photo Release:

I hereby consent to and authorize the use and reproduction by Ride Your Horse! Therapeutic Riding Program of and all photographs and other audiovisual materials taken of me/my son/ my daughter/ my ward for promotional printed material, educational activities or for an other use for the benefit of the program.

Signature: _____ Date: _____
Rider, Parent, or Guardian

Non- Photo Release:

I hereby **do not consent and do not authorize** the use and reproduction by Ride Your Horse! Therapeutic Riding Program of any and all photographs and other audiovisual materials taken of me/my son/ my daughter/ my ward for promotional printed material, educational activities or for an other use for the benefit of the program.

Signature: _____ Date: _____
Rider, Parent, or Guardian

Ride Your Horse!



Rider's Consent for Release of Information

I hereby authorize: _____
(Person or Facility)

To release information from the records of: _____ DOB: _____
(Rider's name)

The information is to be released to Ride Your Horse! Therapeutic Riding Program for the purpose of developing an equine activity program for the above named participant/rider. The information to be released is marked below.

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

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

Signature: _____ Date: _____

Print Name: _____

Relation to Participant: _____

Please send indicated material to:

Ride Your Horse! Therapeutic Riding Program
19801 Shorecliff Lane
Huntington Beach, CA 92648
714-292-3563 www.rideyourhorse.com

Physical Locations of RYH
1370 S. Sanderson Ave., Anaheim, CA 92806
10730 Artesia Blvd., Cerritos, CA 90703

Ride Your Horse!



PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

(To be completed annually by Primary Physician) (Page 1 of 2)

Participant's Name: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____ City: _____ State: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizures Type: _____ Controlled: Y N Date of Last Seizure: _____
 Shunt Present: Y N Date of last revision: _____
 Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N
 Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, Date: _____ Result: + --
 Neurologic Symptoms of AtlantoAxial Instability: _____

Precautions for outdoor activities? (Sun exposure, insect bite reactions, asthma, sensitivity to heat, etc.) _____

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

AREAS	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			
Other			



PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

(To be completed annually by Primary Physician) (Page 2 of 2)

Participant's Name: _____

PHYSICIAN'S STATEMENT

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that Ride Your Horse! Therapeutic Riding Program may contact me to discuss this information and will weigh the medical information above against the existing precautions and contraindications. I concur that a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) May be helpful in the implementing of an effective equine activity program.

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

Signature: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Information for Physician

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

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

Neurologic

- Hydrocephalus/shunt
- Spinal Bifida
- Tethered Cord
- Chiari II Malformation
- Hydromyelia
- Paralysis due to Spinal Cord Injury
- Seizure Disorders

Medical/Surgical

- Allergies
- Cancer
- Poor Endurance

Secondary Concerns

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

Please complete forms and send to:

Ride Your Horse! Therapeutic Riding Program
1981 Shorecliff Lane
Huntington Beach, CA 92648

Ride Your Horse! Therapeutic Riding Program Liability Release & Hold Harmless Agreement

RIDE YOUR HORSE! THERAPEUTIC RIDING PROGRAM, 1370 S. Sanderson Ave., Anaheim, CA 92806 and or 10730 Artesia Blvd, Cerritos, CA 90703 (Print Name of Participant:)

Hereinafter referred to as participant, and the parent or guardian of the participant, if the participant is under 18 or otherwise under a legal disability. (Print Name of

Parents/Guardians:)

Hereinafter referred to as "I" and RIDE YOUR HORSE! THERAPEUTIC RIDING PROGRAM hereinafter collectively referred to as "RIDE YOUR HORSE!"

IT IS HEREBY AGREED TO AS FOLLOWS:

1. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the registered participant, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of RIDE YOUR HORSE! physical location. This agreement is intended to be valid and binding at all times now and in the future when RIDE YOUR HORSE! permits me (directly or indirectly) to enter RIDE YOUR HORSE! property, be near any horse, receive instruction or guidance from its associates and/or when I ride and/or am near horses on or off of RIDE YOUR HORSE! property. Any disputes by the participant shall litigate in, and venue shall be the county in which RIDE YOUR HORSE! is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with 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", "MY" shall herein refer to the above registered participant and the parents or legal guardians thereof if a minor.

(Initial)

2. That, I, the undersigned, do for myself or on behalf of my child or legal charge, hereby voluntarily request to participate in therapeutic riding at RIDE YOUR HORSE! and that I, my child, or legal charge, will either ride his or her own horse, or horses provided by RIDE YOUR HORSE! for therapeutic purposes, which I expressly acknowledge are by their nature supplemental and complementary to, and not primary to, conventional therapy which I may or may not be currently participating in.

(Initial)

3. HORSE RIDING EXPERIENCE: (pls ck one) BEGINNER (under 10 hours) OVER 10 HOURS

4. **INHERENT RISKS/ ASSUMPTION OF RISK**

I ACKNOWLEDGE THAT: Horseback riding is classified as **RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY** and 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 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 way 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 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be a distance of from 3 ½ to 5 ½ feet, and the impact may result in harm to the rider. Horse back riding is an activity 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 shore; Spinning around; Changing directions and/or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and/or Running from danger. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on Ride Your Horse! to list all possible risks for me.

(Initial)

5. That parent or guardian and rider understands that upon mounting the horse, that Ride Your Horse! is not responsible for the results of the rider's actions or inaction's. The student rider further agrees to not abuse, misuse or deliberately agitate the horse.

(Initial)

6. **PROTECTIVE HEADGEAR / HELMET WARNING AND OFFERING** I/WE AGREE THAT: I for myself and on behalf of my child and/or legal ward have been fully warned and advised by RIDE YOUR HORSE! 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, handling, and/or being near horses, and I 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 or other occurrences. **I/WE ACKNOWLEDGE THAT:** RIDE YOUR HORSE! has offered me, and my child and/or legal ward if applicable, protective headgear / helmet that meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet. **I/WE ACKNOWLEDGE THAT:** Once provided, that I/WE will be responsible for properly securing the headgear/helmet on the participant's head at all times. **I am not relying on RIDE YOUR HORSE! and/or its associates to check any headgear/helmet or headgear/helmet strap that I/participant may wear, or to monitor my compliance with this suggestion at any time now or in the future.**

(Initial)

Ride Your Horse! Therapeutic Riding Program Liability Release & Hold Harmless Agreement

LIABILITY RELEASE I AGREE THAT: In consideration of RIDE YOUR HORSE! allowing my participation in this activity, under the terms set forth herein, I for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge RIDE YOUR HORSE!, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insures, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, caused of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to RIDE YOUR HORSE! and/or ITS ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of RIDE YOUR HORSE! gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against RIDE YOUR HORSE! 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 me and/or my minor child or legal ward in relation to the premises and operations of RIDE YOUR HORSE!, to include while riding, handling, or otherwise being near horses owned by me or owned by RIDE YOUR HORSE!, or in the care, custody or control of RIDE YOUR HORSE!, whether on or off premises of RIDE YOUR HORSE!, but not limited to being on RIDE YOUR HORSE! premises.

(Initial)

Each Participant and Parents or Legal Guardians must sign below after reading and completing this entire document.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, BEING OF LEGAL AGE, REPRESENT THAT I/ WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT. I/ WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I/ WE ARE GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I / WE 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 INTOXICATES.

SIGNATURE OF PARTICIPATE (Spouses must sign for themselves)

DATE

SIGNATURE OF PARENT, GUARDIAN AND/ OR SPOUSE #1

DATE

SIGNATURE OF PARENT, GUARDIAN AND/ OR SPOUSE #2

DATE

ADDRESS IN FULL

CITY

STATE

ZIP CODE

(_____)_____
PHONE NUMBER

(_____)_____
WORK NUMBER

PERSON TO CONTACT IN CASE OF EMERGENCY

RELATIONSHIP TO PARTICIPATE

(_____)_____
PHONE NUMBER

(_____)_____
ALT. PHONE NUMBER



CONFIDENTIALITY POLICY

1. Riders and their families, staff members, and volunteers have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. Ride Your Horse! Therapeutic Riding Center shall preserve the right of confidentiality for all individuals in its program. _____
(Initial)
2. The staff shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Any person who accidentally obtains such information must not disclose it to anyone without proper authorization. _____
(Initial)
3. Anyone who works or volunteers for, or provides services to, Ride Your Horse! Therapeutic Riding Program is bound by the confidentiality policy, including but not limited to: full and part-time staff, independent contractors, temporary employees, and volunteers. _____
(Initial)
4. A person must be over the age of 18 to give consent for disclosure of medical or sensitive information. For anyone under the age of 18, only parent(s), legal guardian or other legal representatives may give consent for disclosure. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision maker has been appointed, a written consent must be obtained from that individual. _____
(Initial)
5. Disclosure of private or sensitive information will not be given out without a person's consent based on a perceived need to protect the staff or anyone else from possible exposure through casual contact. EVERYONE should commonly practice infection control procedures with all riders and volunteers under the assumption that *anyone could have HIV, hepatitis, or other blood-borne diseases*. Casual contact poses NO RISK of transmission of diseases such as HIV. _____
(Initial)
6. Information will be disclosed to outside agencies or individuals only with the specific written consent of the rider or client (or volunteers due to a medical emergency). _____
(Initial)
7. Breach of this confidentiality policy may result in reprimand, loss of certain job/volunteer responsibilities, or termination of services/employment, to be determined by the President based on the severity of the breach. _____
(Initial)

I understand and will observe the confidentiality policy of Ride Your Horse! Therapeutic Riding Program.

Signature: _____ Date: _____
(Signature required of all staff, volunteers, independent contractors, and temporary employees)

Witness's Signature: _____ Date: _____



Authorization for Emergency / Medical Treatment Form

CHECK ONE CLIENT VOLUNTEER STAFF

Rider's Name: _____ DOB: _____ Phone: (____) _____
Address: _____

Physician's Name: _____ Phone: (____) _____
Health Insurance Co: _____ Policy # _____
Preferred Medical Facility: _____ Address: _____

Emergency Contacts:

In the event I cannot be reached, Contact: _____ Relationship: _____
Phone: (____) _____ Alt #: (____) _____

Contact: _____ Relationship: _____
Phone: (____) _____ Alt#: (____) _____

Allergies to Medications: _____
Current Medications: _____

In the event emergency medical aid/ treatment is required due to illness or injury during the process of receiving services, volunteering, or while being on the property of the agency, I authorize **Ride Your Horse! Therapeutic Riding Program** to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participate or volunteer records upon request to the authorized individual or agency involved in the medical emergency

That I further understand that should medical emergency treatment be required, the current insurance information here listed will be providing to the attending clinic or hospital to cover future payment of incurred bills.

(Initials)

I/WE AGREE THAT: Should medical treatment be required, I and/or my medical insurance carrier shall pay for ALL such incurred expenses.

(Initials)

Consent Plan:

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the contacts listed above are unable to be reached.

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

Print Name: _____ Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____

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, volunteering, 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 (If you choose this plan, you must fill in some specifics for the aid which you will/will not allow):

***Parent or legal guardian will remain on site at all times during equine assisted activities.**

(Initials)

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

Print Name: _____ Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____