



Healing Hoofbeats, Inc.

10636 W Linger Longer Rd

Youngstown, FL 32466

(850)722-5400

www.healinghoofbeats.org

Dear Prospective Riders:

Thank you so much for your interest in our Therapeutic Riding Program. Lessons are offered 6 days a week.

To enroll at Healing Hoofbeats, please take the following steps:

- Read carefully the attached information.
- If you are concerned about you or your child's reaction to horses please set up a meeting to tour the facility and meet the instructor and horses prior to completing the attached forms.
- Complete the attached Rider Registration Form, Rider Application, Release and Consent Forms.
- Request your physician complete and return the Physician Assessment Form prior to your assessment. *Please Note: A rider must have a completed Physician Assessment on file prior to riding.*
- Mail, scan and email or deliver the completed forms to Healing Hoofbeats.
- After processing your application, our Director, Amy Douglas, will call to schedule an appointment to meet the student and tour the facility. Your paperwork will need to be completed and delivered to the Healing Hoofbeats, Inc. office PRIOR to your assessment.

Please do not hesitate to call if you have any questions or need clarification.

All of us at Healing Hoofbeats are looking so forward to having you as part of our Healing Hoofbeats family.

Sincerely,

Amy Douglas
Director



EXPLANATION OF SERVICES

Therapeutic Riding:

Therapeutic riding lessons are equestrian skill based lessons for people with disabilities. The focus of the lessons is skill development and progression while improving the rider's physical, cognitive, emotional and/or social skills. Taught by a North American Riding for the Handicapped Association (NARHA) Certified Therapeutic Riding Instructor and assisted by volunteer aids, helping the rider reach their full potential is of paramount importance. Often times the riders participate in tacking up and horse care. Riders that have physical, intellectual, cognitive, developmental, and/or learning differences can benefit from therapeutic riding.

Group Classes: Group classes are 30 minutes or 1 hour long and have a maximum of 4 riders per class. The 30 minute classes are designed for younger riders with shorter attention spans and those riders who tire quickly. Group classes are beneficial due to the opportunity to interact with other riders and families. The riders can also learn from the other students in the class and enjoy group activities. All riders new to Healing Hoofbeats and therapeutic riding are strongly encouraged to register for group lessons. Riders are scheduled by age, skill level and availability.

Private Classes: Private classes are one hour long and recommended for riders who desire the one on one attention to improve their skills. Private lessons are especially beneficial for students who are honing their skills for competition. In the event that a student signs up for a group lesson and due to enrollment is the only person in a time slot, they will pay the group rate with the understanding that available spots will be subject to filling.

Hippotherapy*: (not available at this time)

Hippotherapy is a form of therapy that uses the movement of the horse as a means to achieve therapy goals. The horse's movement promotes active responses in the client and facilitates activation of postural control, balance, motor and sensory systems. The sessions are conducted by licensed Physical, Occupational or Speech therapists and assisted by a certified riding instructor and volunteer aids. Although the focus is not on skill development, the client develops balance and feel of the horse and often times will participate in therapeutic riding as well. Clients who have movement, speech and/or motor deficits can benefit from hippotherapy. Some of the issues that may be addressed in a session are:

- ♦ Abnormal Muscle tone
- ♦ Impaired Balance
- ♦ Abnormal Reflexes
- ♦ Decreased Coordination
- ♦ Impaired Sensorimotor function
- ♦ Postural Asymmetry
- ♦ Decreased trunk mobility
- ♦ Abnormal limb function

****A physician's prescription for physical therapy and/or occupational therapy with hippotherapy is required.***



ELIGIBILITY GUIDELINES

Minimum Age: 4 years old unless recommended* to begin sooner by a medical professional. (* Recommendation letter from physician is required)

There is no maximum age limit.

Weight Maximums: Due to the recommendations from our veterinarian we have the following weight restrictions for Riders:

Under 5' tall:	150 lbs maximum
5'0" – 5'6"	180 lbs maximum
5'7" – 6'0"	210 lbs. maximum
6'1" – 6'5"	250 lbs. maximum

Physical Requirements: Riders over 80 pounds must be able to maintain a sitting position; holding on with one hand.

Fee Schedule and Policies: Lessons are \$25 each for all types and duration. We strive to keep your costs as low as possible while provide excellent service. Payment is required at each lesson. If you require financial assistance, some scholarships are available. They are need based as funds are available.

New Rider Meetings:

All riders new to Healing Hoofbeats must have a meeting with the program director before being scheduled in a lesson spot. Once your application has been processed, you will be called to schedule an appointment. This meeting allows the director and instructor to determine a class appropriate for the participant and the participant to become familiar with the facility and meet a few horses.

Scheduling:

Students will be scheduled as appropriate lesson spots become available. Those currently riding at Healing Hoofbeats will be given first priority when scheduling. Others will be scheduled on a first come first serve basis. If we are unable to schedule your rider, he/she will be put on a waiting list. As a suitable spot opens up, you will be contacted.

Late Attendance or Absences:

- Once all riders have been mounted and class has started, latecomers will not be admitted.
- ☒Two absences without phone calls by 8am of lesson day may result in a rider being dropped from the program.
- If your rider has to miss class, please contact Healing Hoofbeats at 850-722-5400 so we can avoid having the horse tacked up unnecessarily.

Class Cancellations:

- Since we don't have a covered arena and are weather dependent, classes may be cancelled due to weather. When uncertain if your class will be held call Healing Hoofbeats at 850 722 5400 ***no earlier than two hours prior to class.***

Attire and Equipment:

- Appropriate clothes for riding are long pants and hard soled boots with a low heel. This is for comfort and safety. Avoid boots with thick tread. These can be difficult to slide into and out of stirrups. Since we use



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safety stirrups on all of the English saddles sneakers are permissible for English riders. Wear close-fitting clothing for safety as well as comfort. Loose or baggy clothing can get caught and tangled.

- **All riders are required to wear an ASTM/SEI approved Equestrian Helmet.** If you don't have your own helmet, Healing Hoofbeats will provide you with one. Should you choose to purchase your own we recommend Equus Unlimited on Douglas Rd. in Panama City (850)763-9163 or order from Jeffersequine.com out of Dothan, AL.

Guidelines for Participants and Visitors:

- No smoking is allowed on site.
- No additional dogs are allowed on site.
- Please walk, use appropriate voices and avoid sudden movements particularly near the horses.
- Refrain from using umbrellas near the horses and riding arena.
- Do not approach or feed any animals unless accompanied by staff member.
- Closely supervise riders, siblings of riders and visitors while waiting.
- Visitors must remain outside the riding area at all times.
- Ask permission from the horse handler or instructor to take photos or use a flash camera.
- Wait for an instructor or specially trained volunteer to mount or dismount the riders.

Volunteers:

Healing Hoofbeats instructors are assisted by an incredible team of volunteers. They groom and tack the horses, assist with mounting and dismounting and, when needed, help the riders during class. Many volunteers help in other aspects of the organization, from facility maintenance, to office work and fund-raising. Please take a moment to thank our volunteers, without whom Healing Horses would not be possible.

If you or someone you know is interested in volunteering, please have them contact the Healing Horses Program Director at 850-722-5400. Volunteer registration forms are available on our website at www.healinghoofbeats.org. All potential volunteers must attend a volunteer training workshop. Workshop dates are posted on the website.



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Rider Registration Form

Session: (Circle One) Spring Summer Fall **Year:** _____

Rider's Name: _____ Date of Birth: _____

Address: _____ City: _____

Zip Code: _____ E-mail: _____

Phone Number: (H) _____ (C) _____

Primary Disability: _____

Secondary Disability: _____

Custodial Parent/Caregiver Name (If applicable): _____

Phone: (H) _____ (C) _____ (W) _____

E-Mail: _____

Make Checks Payable to:

Healing Hoofbeats

10636 W Linger Longer Rd
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Phone: 850-722-5400
www.healinghoofbeats.org

Student Availability: Please list **all** times that apply. Lessons are scheduled at various times within a time block. As soon as the schedule has been completed, you will be sent a confirmation of your riding time.

Preferred lesson times: (please list in order of preference)

Days of the week & time: _____

Please Note: - Classes that students miss for reasons other than weather will not be credited nor refunded.



Participant Application and Health History

Participant			Gender		Male	Female
DOB	Age	Height		Weight		
Address						
Phone		Email		Alternative Phone		
Employer/School						
Primary Physician			Physician Phone			
Primary Therapists (please list name, type of therapy and phone number)						
Parent/Legal Guardian/Caregiver						
Address (if different from above)						
Phone			Alternative Phone			
How did you hear about the program?						

Health History

Disability: Primary:	Date of Onset
Secondary:	

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Cone/Joint			
Muscular			
Thinking/Cognition			
Allergies			



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

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

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

Ambulatory? Yes _____ No _____
Crutches _____ Cane _____ Braces _____ Walker _____ Wheelchair _____
Able to sit independently? Yes _____ No _____ Verbal? Yes _____ No _____

For those with Down Syndrome: An Atlantoaxial x-ray and annual exam to exclude Atlantoaxial instability is required for clients with Down Syndrome over the age of 3.
Date of X-Ray: _____ Results: _____
Neurologic Symptoms of Atlantoaxial instability: _____

Psycho/Social Function (I.e. Work/school including grade completed, leisure interests, 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
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Photo Release
 I DO Do NOT consent to and authorize the use and reproduction by Healing Hoofbeats, Inc.
of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, website, or any other use for the benefit of the program.

Signature	Date
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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR PARTICIPANTS

Name	DOB	Phone
Physician's Name	Preferred medical facility	
Health Insurance Company	Policy #	
Allergies to medications		
Current Medications		
Date of Last Tetanus Shot:		
List any medical issues that may affect participation:		

In the event of an emergency, contact:

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 the property of the agency, I authorize Healing Hoofbeats, Inc to:

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

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

To be signed in front of center staff:

Consent Signature (Client, parent, or legal guardian)	Date
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Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

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

In the event emergency medical aid/treatment is required, I wish the following procedure to take place:

To be signed in front of center staff:

NON-Consent Signature (Client, parent, or legal guardian)	Date
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POLICY OF CONFIDENTIALITY:

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Healing Hoofbeats, Inc. and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____

*(If volunteer/participant is under 18 years of age, **both** signatures are required)*

ADULT LIABILITY RELEASE

(For persons 18 Years and Older ONLY)

"WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities." Chapter 773, Florida Statute.

I, _____, acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at Healing Hoofbeats are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against Healing Horses, Inc. and Red Oak Farms, LLC, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by Healing Horses, Inc. and Red Oak Farms, LLC or while on Red Oak Farms property, from whatever cause, including but not limited to the negligence of The Released Parties.

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof.

Participant Signature: _____ Date _____

Participant Name: _____

Please Print



RELEASE FOR A MINOR OR WARD

(For Persons Under 18 Years of Age or for Adults Who Have a Legal Guardian)

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities." Chapter 773, Florida Statute.

That I, _____, the undersigned, a parent/legal guardian of _____, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by Healing Hoofbeats, Inc. and Red Oak Farms, LLC, and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by Red Oak Farms / Healing Hoofbeats are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against Healing Hoofbeats, Inc. and Red Oak Farms, LLC, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at Healing Horses, Inc. or while on Red Oak Farms property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY HEALING HORSES, INC. AND RED OAK FARMS, LLC. **IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT HEALING HOOFBEATS, INC. AND RED OAK FARMS, LLC FROM THE CONSEQUENCES OF THE RELEASED PARTIES OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED this the _____ day of _____, 20_____

Parent/Legal Guardian #1

*Parent/Legal Guardian #2**

Printed Name

Printed Name

** if participant is under 18 years of age, signatures of both custodial and non-custodial parent are required.*



Date: _____

Dear Health Care Provider:

Your patient, _____

Participant's name

is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability - include neurological symptoms

Coxa Arthrosis

Cranial Defects

Heterotopic Ossification/Myositis Ossifications

Joint subluxation/dislocation

Osteoporosis

Pathologic Fractures

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Other

Age - under 4 years

Indwelling catheters/medical equipment

Medications - I.e photosensitivity

Poor endurance

Skin breakdown

Medical/Psychological

Allergies

Animal Abuse

Cardiac condition

Physical/sexual/emotional abuse

Blood pressure control

Dangerous to self or others

Exacerbations of medical conditions (RA, MS)

Fire Settings

Hemophilia

Medical Instability

Migraines

PVD

Respiratory Compromise

Recent surgeries

Substance abuse

Thought control disorders

Weight control disorder

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 the center at the address/phone indicated above.

Sincerely,

Amy Pachucki

Director



Medical History & Physician Statement

Participant		Gender; Male Female	
DOB	Age	Height	Weight
Diagnosis		Date of onset	
Past/prospective surgeries			
Medications			
Seizure Type		Controlled Y N	Date of last seizure
Shunt present: Y N	Date of last revision		
Special precautions/needs			
Independent Ambulation Y N	Assisted Ambulation Y N	Wheelchair Y N	
Braces/assistive devices			
For those with Down's Syndrome: AtlantoDens Interval X-Rays, date		Results + --	
Neurological Symptoms of AtlantoAxial Instability			

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

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			



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Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that Healing Hoofbeats, Inc. will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Healing Hoofbeats, Inc. for ongoing evaluation to determine eligibility for participation.

Name/title

MD DO NP PA Other _____

Signature

Date

Address

Phone:

License/UPIN Number: