

Office Use Only

Program: AR/AH HPOT EAL EFP MIL.

Rcvd Date: Intake Date: Program Year: 2018-2019 Entered in Fundly:



EQUINE ASSISTED ACTIVITIES & THERAPIES APPLICATION

(Must be completed in blue or black ink- **Incomplete applications will not be accepted**)

PARTICIPANT NAME: DATE COMPLETED:

BIRTH DATE: AGE: HEIGHT: WEIGHT: SEX: Male Female

ADDRESS: CITY/STATE/ZIP:

PARENT/GUARDIAN/CARETAKER: RELATIONSHIP:

PHONE #1: () Belongs To: Text OK? Y N Emergency Contact? Y N

PHONE #2: () Belongs To: Text OK? Y N Emergency Contact? Y N

E-Mail: BILLING PREFERENCE: Check Auto CC CC over Phone

SCHOOL/EDUCATION/DAY PROGRAM: Highest Grade/Education:

ETHNICITY (for grant purposes, please circle one): American Indian/Alaska Native Asian White
 Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander Other:

HEALTH HISTORY

DIAGNOSIS (primary & secondary):

SEIZURES: Yes No Controlled DATE OF LAST SEIZURE:

MEDICATIONS:

ALLERGIES:

AMBULATION DEVICE(S): Wheelchair Cane Crutches Walker Other:

PROSTHESIS or AMPUTATION: Yes No Notes:

PHYSICAL LIMITATIONS: Yes No Notes:

LEARNING STYLE (choose primary one): Visual (See it) Auditory(Hear it) Kinesthetic(Do it)

EDUCATIONAL: Reading Level: Counts To: Picture Recognition: Yes No Alphabet: Yes No

POSITIVE REINFORCERS: Verbal Praise Hi Fives Tangible Rewards Other:

ABLE TO FOLLOW HOW MANY STEP DIRECTIONS: 0-1 1-2 3-4 5+

PLEASE RATE the items below on a scale of 1-5 (1=Poor, 5= Excellent)

Attention Span: Sitting Posture: Standing Posture: Balance:

Gross Motor (hands): Gross Motor (overall): Fine Motor (hands): Fine Motor (overall):

HEARING: Good Limited Deaf Other:

VISION: Good Limited Blind Other:

COMMUNICATION METHODS:

RECEPTIVE: Verbal (full) Verbal (limited) Sign Communication Device Non-Verbal Other:

EXPRESIVE: Verbal (full) Verbal (limited) Sign Communication Device Non-Verbal Other:

SENSORY AVOIDANCE: Tactile Visual Auditory Notes/Explanation:

SENSORY SEEKING: Tactile Visual Auditory Notes/Explanation:

STIM BEHAVIORS: Yes No Notes:

BEHAVIOR ISSUES: Yes No Notes:

Office Use Only:

Reviewed By Staff: Initials: Date: Notes:

Horses Help Policies and Procedures

Please read, complete and return all forms. Do not hesitate to ask for assistance if you have any questions.

PAPERWORK

EAAT Application must be completed and signed prior to New Participant Intake. EAAT Application is valid for 1 Program Year. All Participants will be required to submit Update Paperwork and/or new EAAT Application prior to the start of the new Program Year in September. We anticipate Participant changes over a year's span and parents/guardians/caregivers are required to update Horses Help on a Participant's physical, emotional, or cognitive changes including accurate weight documentation. Physician's Release is valid for 1-2 years depending on the Program and individual's diagnosis.

Initial: _____

SCHEDULING

General: Scheduling is on a first-come-first-serve basis. Participants are grouped together by skill level, age, availability, horse availability, and class type request. Typically, Participants keep the same class schedule through multiple Sessions of the same Program Year.

New Participants: Scheduling will be discussed during New Participant Intake.

Returning Participants: Will be asked to submit a minimum of three day/time availabilities prior to the start of the New Program Year. Program Year class schedule is built from 'scratch' at the beginning of each ride year depending on number of Participants, class type requests, horse availability, etc. **We do not guarantee that Participants will have the exact day/class time they had in the past and changes in the Participant may make EAAT an activity that is no longer suitable.**

Initial: _____

CANCELLATIONS

Rider Cancellation: Horses Help does not issue Credit(s) for Participants who are absent due to sickness, vacation, etc. We appreciate notification of an anticipated absence so your horse is not prepped for class but you will not be given a Credit even with notice. Because of our large waiting lists, any Participant who misses more than 3 times in one Session will be re-evaluated for continued service and may result in dismissal from the Program.

Weather/Emergency Related Cancellation: Weather and emergency situations are unpredictable in Arizona; Horses Help reserves the right to cancel any classes which it deems unsafe to occur. This will insure the safety of its riders, staff, volunteers and horses. Credit towards the next Session will be issued for cancellations made by Horses Help.

Make-Up Classes: Horses Help does not typically offer 'Make-Up Classes' for canceled classes due to the complexity of scheduling. Credit(s) towards the next Session are used in lieu of 'Make-Up' classes.

Initial: _____

LATE ARRIVALS

We will wait **10 minutes** past the start of your scheduled class time. Horses will be put away after this 10-minute period and will not be available. Participants arriving late to and/or missing a class will receive NO CREDIT or make up time for class missed.

Initial: _____

DRESS CODE

Mandatory Attire: Appropriate attire is essential for the comfort & safety of the participant. **Long pants** such as jeans or khakis are required (special exceptions may be made in cases involving sensory processing issues). Please avoid pants made of nylon, polyester, or other 'slippery' materials as this can cause a Participant to slip off of a horse or become easily off centered. **Close-toed athletic type footwear** with a closed back is mandatory for all riders. Please avoid excessively bulky or thin shoes such as work boots, skate shoes, converse, etc. Additionally, all riders should wear a semi-close fitting shirt so posture is visible for the instructor. Long hair should be pulled back into a low ponytail. The rider may not ride if not dressed appropriately and NO CREDIT will be issued. Please provide a jacket, sweater, gloves, etc. for the cooler morning and evening ride times. Remember – you are outside for at least 30 minutes of class time. Please dress accordingly. If a dress code accommodation is required, you must contact the instructor prior to the day of the lesson.

Disallowed Attire: Due to safety issues we do not allow Participants to wear open-toed shoes, spaghetti strap shirts, excessively ripped pants or shirts, or low cut shirts.

Helmets: Must be worn by all mounted Participants and may be required for ground work per Instructor discretion. Horses Help will provide an ASTM/SEI certified helmet if the Participant does not have their own.

Initial: _____

MOUNTED CLASSES- RIDER WEIGHT RESTRICTIONS

At Horse Help, safety is our primary concern. We must insure the health and wellness of our participants, volunteers, instructors, and horses as mandated by PATH Intl. Horses are selected for participants based on a Rider's skill set, stability on the horse, equipment available, appropriateness of



volunteers available, horse conformation and movement, and Rider weight. Horses Help has maximum weight limits of 195lbs for balanced Riders and 135lbs for unbalanced Riders. Horses Help may accommodate Riders up to 120lbs in the Hippotherapy program. All Adaptive Riding and Hippotherapy Participants will be evaluated to ensure the safety of their participation in mounted programs. Among the factors to be considered will be the availability of appropriate horses, volunteers, and tack. Additionally, in the Adaptive Riding Program, Horses Help is unable to accommodate unbalanced riders who are above 135lbs. An unbalanced Rider is an individual who may demonstrate one or several of the following: lean to one side, cannot sit without support, needs help supporting the upper body, needs physical assistance during the mount or dismount, is easily left behind the horse's movement, etc. Please note that the herd, volunteers, and tack at Horses Help are dynamic and due to this fact, we may not always have horses, tack, or volunteers available to safely accommodate every individual who wishes to participate in our Program.

Rider Weigh-ins: It is our policy that all Riders will be weighed on-site at Horses Help prior to their first class of the Program year to ensure accuracy of the weight given by parents/guardians on paperwork. Riders known to be over 120 lbs. may require a minimum bi-annual weigh in prior to their first class of both Session 1 and 3. This will ensure we have achieved the best possible match between horse, rider, and volunteers. Horse Help reserves the right to weigh any Rider before any given class to ensure proper horse/Rider match.

Initial: _____

PAYMENT PROCEDURES & PROGRAMS OFFERED

Invoices & Payments: Invoices will be sent out during 'Break Weeks'. We accept cash, check, and credit/debit card. Invoices are to be paid in full by your first class of the Session.

Late Fees: Late Fee of **\$35.00** will be assessed for each Invoice that is not paid by your second class of the Session. Repetitive Late payment may be cause for a Participant to be re-evaluated for continued service and may result in dismissal from the program.

Initial: _____

INFECTIOUS DISEASES

Please be considerate of our Participants, volunteers and staff by staying at home if you are not feeling well. Colds, fevers, and runny noses can be passed on to others. *Refer to 'Horses Help Sick Policy' Handout for details.*

Initial: _____

OBSERVING CLASS

Families and friends of Participants are welcome to observe classes as long as they remain in **Designated Observation Areas**. If an observer is disruptive to any Participants in a class or is not acting in a safe manner they may be asked to leave the Horses Help property. There are specific areas designated for observation. Any Horses Help staff or volunteer reserves the right to ask an observer to leave an area that is not meant for observation. We also ask that activities in the Observation Areas such as running and throwing/swinging/rolling objects does not occur as it may scare a horse as this is a safety hazard.

Photo/Video Policy: You are welcome to take photos/videos of your Participant as long as it is not disruptive to the class. Please ask approval from the Instructor/Staff on-site **before leaving a Designated Observation Area** to capture a photo/video. Please avoid photos/videos of other Participants as they may not have a photo/video release. Please do not take photos/videos of any horse that is not assigned to your Participant as this horse may not be released for photos/videos yet due to their status in our program.

Initial: _____

RESTROOMS & WATER COOLER

The **Tack Building** (brick building located just south of the stalls) has 2 restrooms, one of which is handicapped accessible. Please enter only from the NORTH door of this building. Be cautious as you pass between the Designated Observation Areas and the Restrooms. A water cooler with drinking water is in the hallway outside the bathrooms.

Initial: _____

INTERACTION WITH HORSES

Please **DO NOT PET HORSES** without approval from Horses Help staff. Our horses are considered working animals and we ask that you respect their space. **Absolutely NO feeding of the horses, climbing on stall/arena railing, and/or reaching through enclosures to pet the horses.** Barn aisles are considered Off Limit areas unless directly escorted by a Horses Help Staff member.

Initial: _____

PETS

We have a high commitment to safety for our participants and horses and seek to minimize distractions wherever possible. Therefore, **NO pets are allowed on the premises.** Exceptions are certified companion or working therapy support animals. Proof of certification/training must be provided and on file in the Horses Help Main Office.

Initial: _____

PARKING

Please park in the designated areas. Do not block gate access or walk way areas. If there is no parking available please ask a staff member for direction. **Please observe the 5 MPH sign when entering and exiting the property for safety of horses and humans.** Your cooperation is appreciated.

Initial: _____

SMOKING

There is absolutely no smoking on site.

Initial: _____

EQUINE ACTIVITY LAW

Warning: *Under Arizona Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to A. R. S. s 12-553*

Initial: _____

I understand the information in this form and agree to the above conditions as defined by Horses Help.

Signature of Participant
(If participant is under the age of 18, Parent/Guardian must sign)

Date

Photo/Video Release

I understand that I consent to and authorize the use and reproduction of any and all photographs and any other audiovisual materials taken of me, my son/daughter or ward, for promotional printed material, educational activities, social media and exhibitions or for any use for the benefit of Horses Help.

I Consent I Do Not Consent

Signature of Participant
(If participant is under the age of 18, Parent/Guardian must sign)

Date

Risk Management Statements

- | | | |
|--|---|---|
| ❖ I understand that I cannot smoke while on the property of Horses Help. | Y | N |
| ❖ I understand Horses Help has designated business hours at which time staff are present on property. | Y | N |
| ❖ I understand that I must wear an ASTM-SEI approved riding helmet to ride any horse. | Y | N |
| ❖ I understand that horses are not to be fed anything by hand or touched on the face. Hand feeding and touching on the face/mouth encourages biting and nipping. | Y | N |
| ❖ I understand that horses are unpredictable. They may kick, bite, and step on me. | Y | N |

Signature of Participant
(If participant is under the age of 18, Parent/Guardian must sign)

Date

Confidentiality Statement

- ❖ Volunteers, participants, and their families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Horses Help shall preserve that right of confidentiality for all individuals in its program.

I, by signing below, acknowledge this policy and will abide by it.

Signature of Participant
(If participant is under the age of 18, Parent/Guardian must sign)

Date

Liability Release



I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. I will exercise safety precautions for my own protection, and I agree to abide by the policies and procedures of Horses Help, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Horses Help, nor any of its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses Help events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Horses Help event.

I further acknowledge that I will not hold Horses Help, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses Help events are conducted, liable or responsible for any injury sustained by me while participating in activities at sites where equine assisted activities and therapies and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent any and all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release Horses Help, its officers, instructors, volunteers, participants, employees, agents as well as the owner of the property, where lessons, horse shows or other Horses Help events occur, from all liability for property damage and personal injury to me, and I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with Horses Help activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Horses Help event is being held, or any person or equipment affiliated with said event. Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Horses Help events are conducted, including minors.

PARTICIPANTS: I represent that I am physically able to undertake all reasonable participant activities and I participate in such activities at my own risk. INITIAL: _____
(parent/guardian must initial if participant is under age of 18)

Warning: Under Arizona Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to A. R. S. s 12-553.

I have read and understand all of the above and waive any claim which may arise against Horses Help, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses Help events are conducted.

This agreement is effective upon signing and continues so long as I participate in Horses Help events.

I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings, or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

Participant Name (Please Print)

Additional Family Members/Visitors such as siblings, parents, aids, etc. (Please Print)

Signature of Participant
(If participant is under the age of 18, Parent/Guardian must sign)

Date



Letter to Physician

PO Box 71005, Phoenix, Arizona 85050 www.horseshelp.org Office: 602/569-6056

Dear Physician:

Your patient would like to participate in one of our Equine Assisted Activities and Learning programs at Horses Help (Program may include riding). These activities are supervised by riding and/or groundwork instructors who are certified by the Professional Association for Therapeutic Horsemanship International (PATH Intl.) and assisted by trained volunteers. Because safety is of the utmost importance, we request your evaluation of this person's appropriateness for groundwork and/or horseback riding at Horses Help.

The **following are some of the precautions/contraindications** that we take into account when considering riders for our programs. We welcome your comments, questions and concerns. All of our participants must have an original signed and dated Physician's Release on file with Horses Help in order to participate (see reverse side for form).

ORTHOPEDIC

Atlantoaxial instability – include neurologic symptoms
Coxa arthrosis
Cranial deficits
Heterotopic ossification/Myositis ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic fractures
Spinal fusion/fixation
Spinal instability/abnormalities

NEUROLOGIC

Hydrocephalus/shunt
Seizure
Spina Bifida/Chiari II malformation/tethered
Cord/hydromyelia

OTHER

Age – under 4 years of age
Indwelling catheters
Medications – i.e. photosensitivity
Poor endurance
Skin breakdown

MEDICAL/PSYCHOLOGICAL

Allergies
Animal abuse
Physical/sexual/emotional abuse
Blood pressure control
Dangerous to self or others
Exacerbation of medical conditions
Fire setting
Heart conditions
Hemophilia
Medical instability
Migraines
PVD
Respiratory compromise
Recent surgeries
Substance abuse
Thought control disorders
Weight control disorder

We appreciate your assistance.

Horses Help

602-569-6056 (o)
602-765-7031 (f)
www.HorsesHelp.org

Physician's Release



Participant Name: _____ Date of Birth: _____ Male/Female _____
 Address: _____ City/State/Zip: _____
 Parent/Guardian/Care Giver: _____ Phone: _____
 Diagnosis: _____ Date of Onset: _____
 Tetanus Shot: No Yes → Date: _____
 Seizures: Yes No Controlled Type: _____ Date of Last Seizure: _____
 Medications: _____

Persons with Down Syndrome: Neurologic Symptoms of Atlantoaxial Instability: Present: ____ Absent: ____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking YES or NO.
 If YES, please comment.

AREAS	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic - Skeletal -- Scoliosis Degree			
Balance			
Shunts			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

MOBILITY:
 Independent Ambulation: YES NO Braces: YES NO
 Crutches: YES NO Wheelchair: YES NO
 Please indicate any special precautions: _____

In my opinion this patient can participate in supervised equestrian activities. In conjunction with these activities I concur in the referral of the patient to a physical/occupational therapist or other health care professional for evaluation of abilities/limitations in performing exercises and implementing an effective equestrian program.

Additionally, I certify that the height and weight listed below were measured by a member of our staff on the date this form was signed.

Patient Height _____ **Patient Weight (taken at Physician's Office)** _____

 Physician's Name (PLEASE PRINT)

Physician's Signature (must be MD, PA and nurse practitioner signatures not accepted)

Address: _____ City/State: _____ Zip: _____
 Phone: (_____) _____ **Date:** _____

THIS FORM IS VALID FOR A PERIOD OF TWO YEARS FROM THE DATE SIGNED EXCEPT IN CASES WHERE THE PARTICIPANT MUST SHOW PROOF OF NEGATIVE NEUROLOGICAL SYMPTOMS OF ATLANTOAXIAL INSTABILITY. PHYSICIAN'S RELEASE MUST HAVE AN ORIGINAL SIGNATURE and DATE

RETURN TO Horses Help:

MAILING: P.O. Box 71005, Phoenix, AZ 85050 – Drop off in person: 2601 E. Rose Garden Ln, Phoenix, AZ 85050