



Hearts & Hooves

A Therapeutic Riding Center
and 501(c)(3) Corporation



Dear Prospective Participant,

Thank you for your interest in Hearts & Hooves' programs at our PATH International Premier Accredited Center. The rider registration forms and the description of the rider selection process are enclosed in this packet. Helmets are provided, however, guidelines for purchasing a helmet are also included in this information packet should you prefer to supply your own. Session dates and lesson/arena fees are included in this packet. Once the completed forms have been received by Hearts & Hooves, you will be scheduled for an assessment by an experienced certified riding instructor to determine our ability to meet your needs, and to choose the best horse and lesson plan for you.

If you have any questions about the registration or selection process, please contact our office at 501-834-8509 and someone will be glad to help you. Also, if you are interested in our scholarship program, which is loosely based upon the Federal free/reduced lunch program guidelines, please let me know.

Again, thank you for choosing Hearts & Hooves!

Sincerely,

Michele Easter

Michele Easter

Executive Director

Hearts & Hooves, Inc.

www.heartsandhooves.com

measter@heartsandhooves.com

Hearts & Hooves strives to enrich the lives of people with disabilities through partnership with the horse.

Hearts & Hooves
Therapeutic Riding/Hippotherapy
Rider Registration, Emergency Release and Health History - MINOR

GENERAL INFORMATION

Rider Name: _____

DOB: ___ / ___ / ___ Age: ___ Height: ___ Weight: ___ Gender: M F

Race: _____ (used for United Way reporting) Currently receiving: () PT () OT () Speech

Address: _____ City: _____, County: _____ AR Zip: _____

Phone: _____ Mom Cell: _____ Dad Cell: _____

Employer/School: _____ Email: _____

() Parent or () Legal Guardian Name: _____

Address (if different than above): _____

Phone: _____ Mom work#: _____ Dad work#: _____

Mother's employer: _____ Father's employer: _____

CAREGIVER name (if applicable): _____ Contact number: _____

EMERGENCY RELEASE and CONTACT INFORMATION

In the event of an emergency, I _____ consent / _____ do not consent for self or minor/ward to be treated by a doctor or trained medical professional at the stables or at a clinic / hospital near Hearts & Hooves. In the event of an emergency, please contact the following:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

HEALTH HISTORY

Diagnosis: 1. _____ Date of onset: ___ / ___ / ___

2. _____ Date of onset: ___ / ___ / ___

3. _____ Date of onset: ___ / ___ / ___

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			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
Other			

**Hearts & Hooves
Therapeutic Riding/Hippotherapy**

Rider Registration, Emergency Release and Health History - MINOR

MOBILITY DEVICE required: ()AFO ()braces ()cane ()forearm crutches ()walker ()wheelchair

PHYSICAL FUNCTION (i.e., Mobility skills such as transfers, walking, wheelchair use, walkers, balance, etc.)

OBJECTIVE (i.e., In order to create the most meaningful riding experience for each individual, please list your expectations, goals or objectives for enrolling in our program) _____

What else would you like us to know about? _____

I am interested in: ___Therapeutic Riding (TR) with an instructor ___Hippotherapy (HPOT) with an OT or PT
___Equine Facilitated Learning (EFL)

Therapeutic Riding Goals: Please rate your goals in order of preference (1st choice, 2nd choice, etc.)

___ Social/Recreational ___ Skill ___ Exercise ___ Other _____

How did you hear about Hearts & Hooves? _____

BILLING ADDRESS (if different than participant/rider) – see Terms and Agreements:

Business / Agency: _____ Contact person: _____

Address: _____ City: _____, AR Zip: _____

Phone: _____ Email: _____

Do you need information on scholarship opportunities (based loosely on federal free lunch program)? ___ yes ___ no

RETURNING PARTICIPANTS: In the past year, have you seen improvements in any of the following?

___ Speech/Communication ___ Balance/Coordination ___ Sensory Integration
___ Following Directions ___ Strength Improvement ___ Behavior Management
___ Self Esteem ___ Other _____

VOLUNTEERS: Our program couldn't exist without our dedicated volunteers. Please indicate your interest in serving as a volunteer with Hearts & Hooves in any of the following areas:

___ Leading horses ___ Grounds / Flowers ___ Office work
___ Side-walking ___ Special Events ___ Grant Writing
___ Fundraising ___ Telephoning ___ Other: _____

Lesson / Arena Fees

See Lesson Fee page. A session fee may be prorated if a participant joins Hearts & Hooves mid-session.

I hereby certify the above information is correct as of the date below. I have read the Terms and Agreement and Lesson Fees, and I understand the fee structure and my responsibilities.

Signature: _____

Date: _____

Parent or Legal Guardian

Hearts & Hooves Physician Release

Rider: _____ Contact Phone Number: _____

DOB: ___ / ___ / ___ Age: ___ Height: _____ Weight: _____ Gender: M F

Address: _____ City: _____, AR Zip: _____

Hearts & Hooves strives to enrich the lives of people with disabilities through partnership with the horse. In order to assure the fullest possible protection and greatest personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a rider.

Diagnosis: 1. _____ Date of onset: ___ / ___ / ___
 2. _____ Date of onset: ___ / ___ / ___
 3. _____ Date of onset: ___ / ___ / ___

For those with **Down Syndrome (MUST fill out both lines):**

- AtlantoDens Interval X-rays, date: _____ Result: + -
- Neurologic Symptoms of AtlantioAxial Instability: _____

Previous Surgical Procedures: _____

Medications for: _____

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

Braces/Assistive Devices: _____

Seizure Type _____ Controlled: Y N Date of Last Seizure: _____

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 Disabilities			
Cognitive			
Emotional / Psychological			
Pain			
Other			

IN MY PROFESSIONAL OPINION, THE PATIENT NAMED ABOVE currently has no known medical conditions that would prevent him/her from SAFELY RECEIVING RIDING INSTRUCTION UNDER certified SUPERVISION.

Physician's Signature: _____ Date: _____

Physician's Name (printed) _____ Clinic Name: _____

Address: _____ Telephone: _____

Hearts & Hooves

Terms and Agreements

1. **Hearts & Hooves reserves the right to selectively determine participant eligibility and program participation** based on safety, precautions, contraindications and liability issues associated with each individual. Hearts & Hooves also reserves the right to remove any participant, volunteer or guest from direct or indirect contact with the horse as deemed necessary for safety of the participant, horse, volunteer and/or other persons.
2. **All participants must have complete and current forms** to participate in programs offered by Hearts & Hooves. Participants will not be placed in the program or on the waiting list until all completed forms are received by Hearts & Hooves.
3. Participants who are not able to take part independently, with the help of volunteers or require one on one with an instructor will not be placed in group lessons; alternatives include private lessons, ground lessons or hippotherapy.
- ____ 4. **Payment Due:** Fees are due prior to the start of each session as detailed on the Session Fees form. The participant, legal guardian or agency of each participant will be invoiced prior to the beginning of each session. *All invoiced fees are due within 30 days from the date of invoice, unless arrangements have been authorized by the Executive Director prior to session beginning.* All late payments will incur a \$25 late fee. **It is the responsibility of the participant or legal guardian to assure that all fees are paid in full as described above or (s)he will not be allowed to finish the session.** There will be no makeup lessons or credits for lessons missed due to late payment. Late payments may result in the scheduled lesson time being given to a person on the waiting list. There will be a \$35 fee for any returned checks. Participants and/or legal guardians are ultimately responsible for all fees.
Initials
- ____ 5. **Hearts & Hooves reserves the right to adjust our fee schedule with 30 days notice based on the needs of the business.**
- ____ 6. **Cancellation Policy:** Credits will only be given for center closing, which will be reflected on invoices up front. Unplanned center closings will be reflected on the next bill. If mounted activities are cancelled by Hearts & Hooves, ground lessons will be offered during the scheduled riding time. Credits issued will be applied to the participant's next session fee (credits will not be carried for more than one session). No cash refunds will be given. Due to the instructor(s)' other scheduled lessons and duties, **makeup lessons will only be provided if there is time available that same week.** Make-up lesson schedules are first-come, first-served. If the rider chooses not to schedule their make-up time, or misses the make-up time, no credit will be given.
Initials
- ____ 7. **Session refund policy:** While we know that unexpected circumstances arise, it takes time to process the refund. We also may not be able to fill the participant's slot. Therefore, we have developed the following policy: If a participant cancels for the session prior to classes commencing, full tuition minus a \$50 administrative fee is refunded. If a participant cancels during the first week of classes in a session, Hearts & Hooves will refund the full tuition minus \$95 (\$50 administrative fee plus a cost of a lesson). No refunds are available after the first week of classes.
Initials
8. **Mounted Time:** Lessons include teaching care and responsibility of the horse as well as riding, and therefore, riders may not be mounted during the entire lesson. Activities also include, but are not limited to, grooming, leading, and learning various aspects of horse care and tack. Hippotherapy may also include stretching and/or carry over activities with the therapist; the lesson fee is billable for the full scheduled lesson regardless of the mounted time.
- ____ 9. **Not on Time:** Riders who are late for designated lessons are not guaranteed to ride; riders will be mounted only if there is an available person who has been trained in proper mounting techniques. **Horses will be returned to the barn after 15 minutes of waiting for riders who have not notified the program of their delay before start of lesson.** Riders who are late or do not attend their scheduled lesson without notifying the program four (4) hours in advance of absence more than two (2) times may be removed from the assigned time slot at the discretion of Hearts & Hooves, in order to meet the needs of someone on the waiting list. Cancellation messages left during non-business hours should be left on voicemail (501-834-8509), not on an instructor's personal cell phone or email address, to insure the cancellation is handled timely and appropriately.
Initials
10. **Continuity:** Hearts & Hooves recognizes the importance of continuity and will make all reasonable efforts to provide sessions as planned. However, Hearts & Hooves reserves the right to cancel sessions when deemed necessary due to, but not limited to, inclement weather, emergencies, lack of volunteers or staff, etc.
11. **Helmets:** All mounted persons are required to wear ASTM approved riding helmets, unless a specific physician's order states that the rider does not have adequate head control to support the weight of a standard helmet, in which case a lightweight helmet may be substituted. All students enrolled in any Hearts & Hooves' program are generally required to wear ASTM approved riding helmets when leading, grooming or caring for a horse. Participants are encouraged to purchase their own riding helmet, if possible. If not, a standard helmet will be furnished each session. Helmets older than 5 years from manufacture date are not acceptable.
12. **Clothing:** Everyone should wear comfortable, but not loose or baggy, clothing, as well as appropriate protective shoes. Loose or dangling jewelry and/or clothing will not be permitted. All mounted persons should wear long pants, socks and approved protective footwear; boots with smooth leather soles and a minimum of 1/2" heel are preferred for mounted riders. If proper boots are not worn and rider is in a saddle, saddles must be equipped with safety stirrups for participant to ride.

I have read and understand these Terms and Agreements and agree to adhere to all conditions as set forth above.

Participant's name: _____ Date: _____ Participant Signature: _____
If Applicable

Parent or Legal Guardian: _____ Date: _____ Signature: _____

Hearts & Hooves

PARENTAL/GUARDIAN PERMISSION AGREEMENT AND RELEASE OF LIABILITY

I, _____ give permission for my child/ward, _____, to participate in activities relating to horses, either on my own horse(s) or on horse(s) provided by Hearts & Hooves, including, but not limited to, grooming and horseback riding with Hearts & Hooves.

I understand that the activity of riding or working with or around horses involves numerous risks of injury including loss of control, collisions or obstacles. I understand that an animal, irrespective of its training, and usual past behaviors and characteristics, may act or react unpredictably at times, based upon instinct or fright. I acknowledge that these are inherent risks to be assumed by each participant on the activity and that I allow my child to participate at his/her own risk. I agree to fully assume any risks of injury or death in connection with activities caused by or related to participation in activities with Hearts & Hooves.

I acknowledge that if I my child/ward has any allergies (i.e. insect, animal, etc.) or known medical conditions (i.e., asthma, high blood pressure, etc.) that might be affected by participation in horse activities that I am responsible for providing and administering the necessary medications. I understand that although Hearts & Hooves strives for and promotes safety in equine activities, I am solely responsible for my child/ward's health and safety at all times.

I am aware that Hearts & Hooves, its advertising agencies, news media and any other persons interested in its work may periodically take films and photographs. **They _____ may / _____ may not use pictures or videos of me or my child/ward and/or audio recordings of my child's/ward's or my voice.**

I have read all the information supplied by Hearts & Hooves and any questions I have about the activities or this or any other form have been answered. I recognize that accidents do occur and that certain risks and dangers exist in all activities. These risks include, but are not limited to, loss or damage to personal property, injury or fatality due to participation in activities, accident or illness in remote places, and accidents while traveling to and from activity sites. I understand that Hearts & Hooves does not carry any insurance on any horse or persons involved in any horse related activity if I bring my own horse or any other onto the property.

In consideration of my child/ward's involvement with Hearts & Hooves, I personally assume any and all risks in connection with my child/ward's participation in the activities and I, on behalf of myself, my spouse, my heirs, assigns, and legal or personal representatives, hereby release all claims, including negligence, arising out of this participation and associated activities while on the premises, and I hereby indemnify and hold harmless Hearts & Hooves, Inc., their successors and assigns, their agents and employees, and their sponsors or affiliates from any liabilities, actions, and claims, including negligence, arising from any accident or injury to my person or property.

I understand that all information (written and/or verbal) about participants at this center is confidential and will not be shared with anyone outside the center without the express written consent from center management. I also understand that any pictures or videos I take while at Hearts & Hooves may not be published or forwarded in any format, including social media, without written consent from Hearts & Hooves.

I acknowledge that I have carefully read this agreement, that I fully understand its contents, and that I sign this form with full cognizance of its nature and effect. I acknowledge that the terms herein are contractual and not a mere recital. I further acknowledge that I am aware that I am releasing certain legal rights that I otherwise may have and that I am entering into this contract in behalf of myself and/or my family of my own freewill.

By signing this release, I acknowledge that I have carefully read the foregoing and that I fully understand its contents.

THIS IS A RELEASE OF LIABILITY: DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH THE TERMS.

Signature of Participant (if 18 years of age or older)

Date

Signature of Parent or Guardian

Date

Hearts & Hooves

Barn Rules

Hearts & Hooves wants to provide you and our special equestrians the most meaningful riding experience. To help assure your enjoyment and safety, we ask that you observe the following guidelines at all times:

1. Please park in designated parking areas; do not block lane, shop door, drives or other vehicles.
2. All participants, family members and/or their guests are asked to stay in the designated "people areas" at all times unless explicitly instructed otherwise per occurrence. **Please do not go into barns or pastures unless specifically directed to by instructor (or allow siblings/guests to). Do not allow siblings or participants to play on wheelchair ramp or in entrance to arena.**
3. Please do not bring any personal pet(s) to the Stables; if you must, keep them in your vehicle.
4. Please respect this property. Place trash in designated receptacles.
5. **No running, yelling or smoking around the horses by participant or family member – you may scare the horse.** This includes while in direct contact with the horse as well as areas near the horse, i.e., waiting to mount, in bleacher area, **siblings watching lessons**, etc. This includes no running or jumping on the bleachers.
6. **No gum or candy is allowed while in contact with the horse;** a participant may choke if the horse makes a sudden start or the horse may end up a mess if the drink, gum or candy is dropped! Volunteers and staff are role models. Drinks are only allowed if specifically approved by instructor each occurrence.
7. Smoking anywhere at the Stables is forbidden; smoke may scare the horses as well as present a fire hazard if the cigarette is improperly disposed of. No smoking in any of the barns or buildings. **If you must smoke, please do so in your car and take any cigarette butts with you off property.**
8. Many horses are not accustomed to strangers and/or children. For your protection, do not pet horses that are not used in your lesson. Always keep hands away from the horses' mouth and nose.
9. When approaching a horse, speak softly; a startled horse may kick or pull. Never tease or abuse a horse; bad and dangerous habits may develop.
10. Do not feed the horses treats unless supervised by an instructor. Fingers can sometimes be mistaken for carrots and some of our horses don't have the teeth to chew the treats! In addition, please do not put your hands on the muzzle (mouth) of the horse; although soft and inviting, it may teach a horse to nibble and therefore scare or injure a rider.
11. Horses should never be tied to stall doors in the barns or cross-boards on the fence (use posts instead).
12. Do not use barn owned or boarded horses, tack, etc. without consent every usage.
13. There are only two telephone lines at the stables, which you are welcome to use for local calls. Since it is a business phone, please limit your calls to 5 minutes.
14. Hearts & Hooves has many animals other than horses. Although Hearts & Hooves does not expect any harm, petting any of these animals is at the individual's risk. As with any animal, instinct due to fright or perceived danger may cause the animal to react accordingly.
15. **Climbing or playing in or on stored hay, fences, wheelchair ramp or gates is prohibited for participants or for guests.** Please stay out of all restricted areas and do not climb on any fences for your safety and the safety of our participants.

I have read the above rules and have been given a chance to ask questions concerning the ones that I do not understand. I agree to adhere to these rules and to explain them to any guest(s) that may come out with me at any time.

Signature - Participant/Volunteer

Date

Signature - Parent or Legal Guardian

Date

Hearts & Hooves Rider Selection Process

Hearts & Hooves, Inc. is a 501(C)(3) non-profit organization that provides equine (horse) assisted activities to persons with disabilities, Veterans, and at-risk youth. Hearts & Hooves' mission is to enrich the lives of people with disabilities through partnership with the horse.

It is Hearts & Hooves' policy to assess every rider individually with safety as a number one priority. Potential riders are evaluated by an experienced certified riding instructor and, when necessary, a licensed medical professional, to determine the rider's suitability in our program. The evaluation is based on the individual's abilities, height, and weight, and the staff, horse, and equipment necessary to support the rider. The evaluation will be based on the riding instructor's and health professional's personal experiences and judgments as well as the PATH Intl. (Professional Association of Therapeutic Horsemanship International) published precautions and contraindications. Hearts & Hooves reserves the right to selectively determine rider eligibility and program participation based on safety and liability issues.

In keeping with our veterinarian's recommendations to reduce stress and ensure optimum soundness for our horses, the following rider weight guidelines have been established for balanced riders:

Maximum balanced weight:	under 5'tall	150 lbs
	5'1" – 5'6"tall	175 lbs
	5'7" – and up	200 lbs

If riders are not balanced (i.e., lean to one side, cannot sit without support, need help supporting upper body, etc.) or will be doing position changes on the horse, the above rider weight guidelines will be reduced proportionately to the rider's involvement relative to each horse's posted maximum weight limit. These are general guidelines. Participant eligibility is based on each participant's unique circumstances, as well as the strengths and limitations of our horses, volunteers and instructors. Eligibility may be reassessed at any point.

The following details the process for determining the eligibility of a potential therapeutic riding participant:

1. Prospective riders must be four (4) years of age or older.
2. Meet height and weight requirements stated above.
3. Be able to sit on a static surface (non-moving) for 5 minutes, unsupported.
4. Prospective riders or their legal guardians must complete and return all necessary forms to Hearts & Hooves, including the Physician's Release Form.
5. All forms are reviewed by qualified staff to determine if there are any contraindications that would be detrimental to the rider, horse or staff; questionable medical conditions will be investigated further if necessary.
6. If there are no apparent contraindications, and the program has the appropriate mount, equipment, and staff for the prospective rider, an assessment session will be scheduled. During this session, the prospective rider will come to the barn, meet with a certified riding instructor and necessary staff. If it is determined it is safe to proceed, a brief riding experience will be provided to further assess the participant's eligibility for the program.

The following details the process for determining the eligibility of potential hippotherapy riding participants:

1. Prospective riders must be two (2) years of age or older.
2. Licensed therapists must meet all requirements for providing therapy at Hearts & Hooves.
3. Prospective riders or their legal guardians must complete and return all necessary forms to Hearts & Hooves, including the Physician's Release Form.
4. Therapist provides rider profile information to Hearts & Hooves.
5. All forms are reviewed by qualified staff and Hearts & Hooves' medical advisor to determine if there are any contraindications that would be detrimental to the rider, horse or staff. The medical advisor will investigate further any questionable medical conditions.

Hearts & Hooves will inform the prospective therapist and/or rider whether it is deemed appropriate for this person to ride in the program. If approved, Hearts & Hooves will schedule a riding time convenient to the rider based on availability or will advise the participant that he / she will be put on a waiting list until such session becomes available. If riding is not deemed appropriate by staff, alternative programs may be suggested and discussed as possibilities (e.g., ground lessons).

Hearts & Hooves, Inc.
Equestrian Riding Helmets

All of our riders are **required** to wear equestrian riding helmets in all phases of their lessons on and around the horse, as stated in the Terms and Agreements:

“All mounted persons are required to wear ASTM approved riding helmets unless a specific physician’s order states that the rider does not have adequate head control to support the weight of a standard helmet, in which case a lightweight helmet may be substituted. All students enrolled in the Hearts & Hooves therapeutic program are also required to wear ASTM approved riding helmets when leading, grooming or caring for a horse. Riders are encouraged to purchase their own riding helmet, if possible. If not, a standard helmet will be furnished each session.”

Anyone interested in purchasing a helmet is encouraged to do so. An approved helmet requires that the **helmet’s safety rating meet or exceed ASTM/SEI-F1163 safety standards**. There are several manufacturers of these helmets, to list just a few:

- Lexington Safety Products
- Troxel
- International Riding Helmets
- Lidlocker

Riding helmets are available in various stores in the area, such as (but not limited to) Tractor Supply Company (TSC), Farmer’s CO-OP Association, or Gallups. You may also search the internet or catalogs for the best prices.

When choosing a helmet, look for one that sits on top of the head, with the bottom fairly parallel to the ground. When secured on the head, the helmet should stay in place relative to the eyes when moved up and down (i.e., the eyebrows will rise and fall a little with the helmet when moved). In addition, helmets should be replaced when the manufacture date is more than five (5) years old (even if not broken, the dense foam begins to break down, reducing the helmet effectiveness in case of an accident).

I hope that this helps. If you have any questions, please do not hesitate to contact our office by phone (501)834-8509 or email info@heartsandhooves.com.