

HEROES ON HORSEBACK - Silver Saddles

Phone: 843-757-5607 ♦ Fax: (866) 292-0834



Thank you for your interest in Heroes on Horseback (HOH). Before a participant can be considered for inclusion in the Heroes on Horseback programs, the attached forms must be completed and returned to Heroes on Horseback. You will be required to resubmit these forms annually in order to continue to participate in the Silver Saddles Program.

- New and present participants must meet the HOH age and weight policy as stated on attached sheet
- Physician's cover letter and medical history & physician's statement must be completely filled out and signed by the participant's physician
- Participant's Authorization for Emergency Medical Treatment must be completed
- Participant's Application and Health History must be completed

Once all forms are received at Heroes on Horseback and are verified for completeness, an evaluation will be arranged. During the evaluation, we will ensure that our program is appropriate for the potential participant and that there are no contraindications to participation in horseback riding activities. A brief mounted evaluation will take place if appropriate. Receipt of your payment will reserve your space in the riding session. Spaces are reserved on a first come first served basis.

HOH strives to provide the safest possible conditions for participants, volunteers, employees and horses. The acceptance and continued participation of a participant in our program depends on the availability of instructors, volunteers and suitable horses, and is based on our determination that we can safely accommodate the participant. HOH adheres to precautions and contraindications for participants established by PATH, International. HOH retains the right to refuse any participant that we cannot safely accommodate. Participants must inform HOH of changes in their health status and an annual update of the Medical History Form and Physician's Form is required.

HOH offers several week day sessions. Tuition is \$200.00 for four lessons.

We thank you for your interest and look forward to serving you soon. Please feel free to contact the office if you have any questions at (843) 757-5607.

Sincerely,
Peggi Lyn Noon
Program Director

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Policies

Unfortunately, riding is not an appropriate activity for everybody and we occasionally have to decline services to those for whom riding is contraindicated. As a PATH, International Premier Accredited program, we must follow PATH, International guidelines. To be in compliance with PATH, International national standards, we have established the following:

Session Fees Policy

For riders to participate in the program there is a \$25 dollar deposit for each rider, due no later than one week prior to the start of a session. The remainder of the balance is due by the beginning day of the session.

Age Policy

Minimum Age: 50 years old for therapeutic riding lessons

Maximum Age: There is not a maximum age. The only requirement is that the person is able to physically and safely perform what is required in a therapeutic riding lesson.

Weight Policy

According to PATH, International guidelines, riding is contraindicated:

1. If the staff is unable to safely manage the participant in any situation, including an emergency dismount.
2. If safety or comfort of the horse is compromised during mounted activities.

Tuition Refund Policy

- If a rider cancels prior to session classes commencing, full tuition minus a \$30 administrative fee is refunded.
- If a rider cancels during the first week of classes, HOH refunds the full tuition minus \$55.
- No refunds are available after the first week of class.

Absence / Make-Up Class Policy

- Classes are held rain or shine.
- If a rider must be absent without prior notice, he/she must notify the instructor no later than 3 hours before class. Make-up classes will be scheduled according to availability of horses and volunteers.
- 3 absences without notice will result in cancellation of the rest of the session & registration for the following session will be cancelled.
- Riders should inform the instructor of scheduled vacations, and other planned absences as far ahead as possible.

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Participant Registration and Photo Release Form

| | | |
|---|----------------|--------------|
| Participant Name: | Date of Birth: | Sex: M F |
| Address: | City: | State / Zip: |
| Home Phone: | Cell Phone: | E-Mail: |
| Please describe previous experience with horses / riding (no experience is required): | | |
| | | |

Photo Release

I consent Signature: _____ Date: _____

I do not consent Signature: _____ Date: _____

to and authorize the use and reproduction by Heroes on Horseback of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of this program.

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Authorization for Emergency Medical Treatment Form

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 Heroes on Horseback to secure and retain medical treatment and transportation if needed and to release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

| | | |
|------------------------------|-----------|--------------|
| Participant Name: | Phone: | Phone: |
| Address: | City: | State / Zip: |
| Emergency Contact: | Phone: | Phone: |
| Alternate Emergency Contact: | Phone: | Phone: |
| Physician's Name: | Phone: | |
| Preferred Medical Facility: | | |
| Health Insurance Company: | Policy #: | |

Consent Plan

The 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 emergency contact is unable to be reached.

| | |
|--------------------|----------|
| Consent Signature: | Date: |
| Please Print Name: | Phone #: |

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

| | |
|------------------------|----------|
| Non-Consent Signature: | Date: |
| Please Print Name: | Phone #: |

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Client Medical History & Physicians' Statement (PAGE 1 OF 2)

| | | | | | |
|------------------------------------|-----------------------|-------------|-----------------------------|---------------|----------------|
| Participant Name: | Date of Birth: | Sex: | Race: | Height | Weight: |
| Name / Address of Guardian: | | | Tetanus Shot: YES NO | | |
| | | | Date: | | |
| Diagnosis: | | | Date of Onset: | | |
| Medications: | | | | | |

Please indicate if patient has a problem and/or surgical history in any of the following areas:

| AREA | YES | NO | COMMENTS | AREA | YES | NO | COMMENTS |
|--------------------------|-----|-------|----------|------------------------|-----|-----------------------|----------|
| Auditory | | | | Muscular | | | |
| Visual | | | | Independent Ambulation | | | |
| Speech | | | | Crutches | | | |
| Allergies | | | | Braces | | | |
| Cardiac | | | | Wheelchair | | | |
| Circulatory | | | | Neurological | | | |
| Learning Disability | | | | Orthopedic | | | |
| Mental Impairment | | | | Pulmonary | | | |
| Psychological Impairment | | | | Other | | | |
| Seizures | | Type: | | Controlled: | | Date of Last Seizure: | |

**** Please complete required information on page 2 for SEIZURE patients ** See Page 2 for list of precautions and contraindications**

I have reviewed the attached list of conditions which may present precautions and contraindications to therapeutic horseback riding on page 2, to my knowledge there is no reason why this person cannot participate in supervised equestrian activities:

| | |
|---|---------------------------|
| Physician's Signature: | Date of EXAM: |
| Physician's Name (please print): | Physician's Phone: |
| Address: | Physician's FAX: |

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Client Medical History & Physicians' Statement (PAGE 2 OF 2)



SEIZURE DISORDER PARTICIPANTS

PATH, INTERNATIONAL , recommends the following information for PATH, INTERNATIONAL Operating Centers for riders with seizure disorders.

Would you consider _____'s seizures to be:

Completely controlled Very well controlled Fairly controlled by medication

| | |
|--|----------------------------|
| Type of seizure: | |
| Typical aura: | |
| Typical motor activity during seizure: | |
| Description of client's behavior during post-ictal state: | Post-ictal state duration: |
| Specific directions as to what to do if a seizure should occur at Heroes on Horseback: | |
| Physician's Signature | Date: |

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, if so, to what degree.

ORTHOPEDIC

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

NEUROLOGIC

- Hydorcephalus/shunt
- Spina bifida
- Tethered Cord
- Chiari I Malformation
- Hydromyelia
- Seizure Disorders

SECONDARY CONCERNS

- Acute exacerbation of chronic disorder
- Indwelling catheter

MEDICAL/SURGICAL

- Severe Allergies
- Recent Surgery
- Peripheral Vascular Disease
- Hemophilia
- Serious Heart Condition

HEROES ON HORSEBACK – Silver Saddles
Bluffton, South Carolina Phone (843) 757-5607



GENERAL ACTIVITY RELEASE, ASSUMPTION OF RISK & WAIVER OF LIABILITY AGREEMENT

This document waives important legal rights. Read it carefully before signing.

I **AGREE** for myself, my administrators and assigns, in consideration for my participation in Heroes on Horseback activity of the following:

I **AGREE** that I choose to participate voluntarily in Heroes on Horseback activities as a rider, handler or spectator. I am fully aware and acknowledge that horse sports and Heroes on Horseback activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death (“Harm”). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity, including but not limited to, any of the following:

The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;

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 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, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I **AGREE** that I would like to participate in the Heroes on Horseback program. I acknowledge the risks and potential risks; however, I feel that the possible benefits to me are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages against Heroes on Horseback, its Board of Directors, instructors, therapists, aides, volunteers, employees, MindStream LLC, and affiliated organizations for any and all injuries and/or losses I may sustain while participating in the Heroes on Horseback program including activities occurring outside of the scope of the program itself, including, but not limited to transportation, care giving, horse exercising etc.

By signing below, I **ACKNOWLEDGE** that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent to Heroes on Horseback that I fully understand its contents, that I do not need any further explanation, and I waive any further explanation.

I **AGREE** to assume all risks of Harm to me, and **specifically agree to the SOUTH CAROLINA LIABILITY LAW** regarding equine/ farm animal activity liability: **Under South Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.**

ACCEPTED BY:

| | |
|--------------------------------|--------------|
| PARTICIPANT Signature: | DATE: |
| Print Participant Name: | |