



# WELCOME LETTER & PARTICIPANT GUIDELINES

## **FOR NEW Participant, Parent, Guardian or Caregiver of NEW Participant:**

After these forms are completed, please call the Horses with Heart office to set up an intake appointment with the *Program Director, Jan Grise, at (928)533-9178 or [hwhprograms@gmail.com](mailto:hwhprograms@gmail.com).*

If there is time before the session begins, you will be asked to mail or email these forms.

Otherwise, please bring them to the first meeting and facility tour.

This first intake meeting is important for proper evaluation for placing the Participant in the appropriate class based on his/her age and riding/horsemanship ability.

Do not hesitate to call for assistance if you have any questions.

Please visit our website at <http://www.horseswithheartaz.org> for up-to-date information about our programs at any time.

## **PAPERWORK:**

Prior to the first lesson, **ALL Participants must complete all forms** along with a signed Medical Release for equestrian activities and mail the forms to our post office box (or scan and email them) at least two weeks prior to first meeting or lesson. At the discretion of the Instructor, a re-evaluation meeting may be required prior to the first class in order to review a returning client's eligibility for continued services. (*See Medical Release for more info.*)

## **SCHEDULING:**

**General:** Scheduling is on a **first come, first serve basis**. We group Participants together by skill level, age, and Volunteer availability.

Lessons are held once a week for each five-week session. Contact the HwH office for more details.

## **PAYMENT PROCEDURES:**



2-4 Riders in a class = \$350.00 per five-week session






**Invoices are expected to be paid in full prior to the first class of the Session.** We accept cash, checks, and credit/debit cards with a 4% processing fee.

**Late Fees:** A Late Fee of \$35.00 will be assessed for each invoice that is not paid by your second class of the Session. Repetitive late payments will cause a Participant to be dismissed from the program. Riders on the waiting list will be given the spot.

### **LESSON FEES ARE NON-REFUNDABLE**

## **HORSES WITH HEART COMPETITION TEAM: Head Coach: Pam Berry ~ (928) 899-4759**

New members are added to the team when class space and/or horses are available. Volunteer Staffing is also necessary to provide a safe environment. To be eligible for the HwH Competition team, a Rider must:

-  Have an interest in competing in equestrian sports.
-  Be recommended by their Therapeutic Riding Instructor following a minimum of (1) five-week Session to learn the HwH safety practices and basic horsemanship.
-  Submit Participant paperwork which includes a Medical Release form (completed by the Rider's doctor) to the Head Coach, Pam Berry, prior to the Rider participating.
-  Attend Saturday practices.
-  Be able to maintain good balance on their horse, use their reins and legs to guide, stop and start their horse.

## **INSTRUCTORS:**

All equine-assisted activities (mounted and unmounted) at Horses with Heart are conducted or directly supervised by a currently certified Professional Association of Therapeutic Horsemanship International (PATH Intl.) Certified Therapeutic Riding Instructor.

## **ILLNESS POLICY:**

We want to make sure that our Participants and Volunteers stay healthy. For the wellbeing of all, it is very important that everyone adhere to our Illness Policy.

Participants and Volunteers must be free of the following symptoms and/or conditions for 48 hours before arriving at Horses with Heart.

- Temperature of 100 or higher\*\*
- Vomiting
- Two or more cold symptoms\*\*
- Undiagnosed rash on the body
- Colored mucus discharge
- Cloudy discharge from the eye(s)
- Any communicable disease

**COVID POLICY:** The latest CDC policy will be followed. Please refer to <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html#recommendations> and <https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html>

**FOR OTHER ILLNESSES:** \*\*Symptoms and/or fever must remain absent without the use of Tylenol (Acetaminophen), Advil (Ibuprofen) or any other antipyretic (fever reducer) for a minimum of 48 hours.

If you have any of the above symptoms and/or conditions, please contact your Instructor directly ASAP. We do realize that illness can come on suddenly and per our Illness Policy, please stay home if you are not well. If ill, **please call/text your Instructor by 7:00 am the morning of the Participant's lesson.** **Class credit toward the next session is only issued in the case of absences due to illness when the Instructor is notified before or by the 7:00 am timeframe.**

Horses with Heart reserves the right to ask you to leave if you, or someone accompanying you, arrive exhibiting symptoms of illness.

## **CANCELLATIONS and ATTENDANCE POLICY:**

We understand that things happen which are out of our control. Participants commit to attend in all five lessons of a session when they enroll. We prefer at least a **24-hour advance notice** if you will miss a lesson. Excused absences are given only for illness or a family emergency. A class credit is only issued for an excused absence. **Because of our waiting lists, any Rider who misses more than 2 times per session may be re-evaluated for continued service.**

Weather is unpredictable in Arizona, therefore Horses with Heart reserves the right to cancel any classes when weather conditions are deemed unsafe to ride. Credit will be issued for classes canceled by HwH. **Class credit, due to an excused absence or a canceled class, may only be carried over to the following session.** The credit amount will be subtracted from the five-week total fee. Scholarship/Grant funds will not carry over beyond the session in which they were applied. Fun-a-Thon funds will not carry over beyond the end of the current riding year. **There are NO scholarship credits or monetary refunds for missed classes.**

## **LATE ARRIVALS:**

Please let us know if you are going to be late. Our Instructors, Volunteers, and horses are dedicated to you; so, if you're late, communicate! **Please call/text your Instructor.** **Your horse and Volunteers will wait for 10 minutes past the scheduled ride time – Rider must have helmet on and ready to ride within that 10-minute window.** After that time, your horse will be unsaddled and will not be available so that we do not disrupt the current, active class.

## **OBSERVING CLASSES:**

We are happy to have families and friends of Participants observe as long as it does not distract the class. In order to keep the integrity of the class, **we ask that you do not interrupt, talk or distract the Participant, Volunteers, or Instructor during the active class.** There are specific areas designated for observation. Visitors are welcome to watch from outside the arena in which the class is being held. Visitors should wear closed-toe shoes and remain near the arena area and should not walk around the facility unless accompanied by an Instructor, an HwH Team Member, or a Volunteer. Please control the activities of siblings to avoid injury and distractions. Many parents wish to help during class. If you would like to receive training, please contact our Volunteer Coordinator, Chelsea Barth, [hwhvolcoord@gmail.com](mailto:hwhvolcoord@gmail.com).



## **DISMISSAL OF PARTICIPANTS AND/OR GUESTS**

Participants, Volunteers and Guests may be discharged if behavior becomes disruptive, inappropriate, or threatens the safety of other people or equines.

### **EQUESTRIAN PARTICIPANTS' POLICIES & PROCEDURES**

*It is important to remember that policies for Horses with Heart are designed to protect the Participants, Volunteers, and our horses. If you have any questions about these policies, feel free to address them with the Executive Director or the Program Director. Therapeutic equestrian programs are designed for students to safely become independent equestrians at their own pace and ability level.*





#### **1) DRESS CODE/ATTIRE –**

-  **Helmets must be worn by all** mounted Participants and may be required for groundwork per Instructor discretion. This is a PATH Intl. Mandatory Standard and is required by our insurance carrier. HwH will provide an ASTM/SEI certified helmet if the Rider does not have their own. (Note: Helmets expire 5 years from date of manufacture and must be replaced.)
-  **Mandatory Attire:** Appropriate attire is essential for the comfort and safety of the Participant. Long pants such as loose-fitting jeans or breeches are required (special exceptions may be made in certain cases.) Please avoid pants made of nylon, polyester, or other 'slippery' materials as this can cause a Participant to slip off a horse or become easily off-centered. Close-toed athletic type footwear with a closed back or riding boots are 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 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 late afternoon ride times. Remember – you are outside for the entire 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 or low-cut shirts, or excessively ripped pants or shirts. Jewelry and/or accessories that can get caught on equipment/saddles are not allowed. Cell phones must be turned off and may not be carried by riders.

- 2) MOUNTED CLASSES- RIDER WEIGHT RESTRICTIONS –** At Horses with Heart, safety is our primary concern. We must ensure the health and wellness of our Participants, Volunteers, Instructors, and horses as mandated by PATH Intl. Horses are selected for Participants based on their skill set, stability on the horse, equipment available, appropriateness of Volunteers available, horse conformation and movement, and Rider weight. HwH has maximum weight limits of 200 lbs. for independent Riders and 150 lbs. for supported Riders. A supported rider is one who requires two or more Safety Support Team members for assistance. HwH reserves the right to deny riding lessons if the appropriate match cannot be made.  
**Rider Weigh-ins:** It is HwH policy that all Riders will be weighed on-site at HwH prior to their first class of the each Session, to confirm accuracy of the weight given by Riders/parents/guardians on paperwork. This will ensure we have achieved the best possible match between horse, Rider, and Volunteers. Horses with Heart reserves the right to weigh any Rider before any given class to ensure proper horse/Rider match, or if there is a need to discontinue lessons until a safe Rider weight limit is attained.



Horses with Heart

- 3) **PROCEDURE UPON ARRIVAL** – Please be at the Horses with Heart property 15 minutes before the start time of your lesson. If you are here earlier, please wait with your parent, guardian, or caregiver until your Coach greets you. If you are running late, call or text your Instructor so that we can have your team and horse standing by. **Remember the 10-minute lateness rule!**
  -  Participants should use the restrooms before mounting their horses. Supported Participants may need to be accompanied to the restroom by their parent, guardian or caregiver to ensure their safety and privacy.
  -  All (Riders) Participants must wear a helmet when working with the horses, please go directly to the helmet shelves in the Rose Shed with your Safety Support Team Coach once you have been greeted.
  -  Participants should not go out to the horse area or toward the horses without being accompanied by an Instructor or a designated Volunteer. Therapeutic riding lesson Riders should wait in the Spectator Area until their Instructor and horse are ready.
  -  It is recommended that you provide water for your Participant. Hydration is important in Arizona.
- 4) **TIME AND DURATION OF THE LESSON** – All scheduled classes are 45-60 minutes. 15 minutes is provided, when appropriate, for grooming and tacking before the ride time. Your class will include proper names of equipment for grooming and tacking when Rider is performing this function, mounting and safety adjustment for tacking, riding class in contained area, dismounting horse, removal of equipment, and final grooming of horse before returning them to their stall. Some students will not be capable of grooming or tacking the horse; however, we will introduce all students to their horse in a manner that is safe for all concerned. When the lesson is completed in the arena, in the case of a minor or dependent, the Safety Support Team Coach will return the student to their families/staff and stay with the Rider until you have acknowledged their return. All helmets remain on Riders and will be returned to the Rose Shed and disinfected once outside the fenced area.
- 5) **HORSES** – Do not feed treats to the horses. Unsupervised feeding of animals may result in injury. **Please do not go into the barn/stall area** without an Instructor or designated Volunteer.
- 6) **CERTIFIED COMPANION OR WORKING THERAPY ANIMALS** – These animals are allowed on the premises with prior permission by the Executive Director.
- 7) **PETS** – Our Insurance Carrier strictly prohibits dogs on property. (See #6.) Please do not leave dogs in a hot car.
- 8) **PARKING/DRIVING** – Please park in the designated areas. Do not block gate access areas in the NO PARKING ZONE. Please follow the 5 MPH speed limit while on the property.
- 9) **SMOKING: PARTICIPANTS AND GUESTS** – There is absolutely no smoking on site unless you wish to smoke and dispose of your cigarette butts in your car.
- 10) **PRESCRIBED MEDICATIONS** – These medications are allowed if side effects are not harmful while riding or doing ground activities with the horses. Illegal drugs and alcohol are not permitted on site.
- 11) **WEAPONS** – No weapons of any kind are allowed on site.
- 12) **CELL PHONES** – Riders are not to wear a cell phone on person. Visitors: please do not speak on cell phones near lesson arena.
- 13) **GUEST POLICY** – We welcome family members, grandparents, and your guests interested in watching your Participant perform equine activities. It is our intention that everyone enjoys our facility. We expect all guests to follow our policies. You are responsible for your guest(s).

Thank you for your cooperation,  
*Jan Grise, Program Director*

***“When our Riders succeed in our arena, they succeed in the arena of life.”***

*Trudy Chapman-Radley, HwH Board Member*

## 2023 Riding Session Schedule

### Fun-a-thon

Funtastic Fun-a-thon for funding fun riding

**Saturday, February 11**

at The Adult Center, Prescott, 10:00 am-2:00 pm

### THERAPEUTIC, VETERAN & FIRST RESPONDER, SILVER SADDLE CLASSES

5-Week Sessions

#### Session 1

Session 1 Weather Make-ups  
Session break

**March 20 – April 21**

April 24 – 28  
May 1 – 5

#### Session 2

Session 2 Weather Make-ups  
Session break

**May 8 – June 12**

June 13 – 19  
June 20-23

### 30<sup>th</sup> Anniversary Celebration

**Saturday, June 24**

at Horses with Heart, time TBD

#### Session 3 (for Independent Riders)

Session 3 Weather Make-ups  
Session break

**June 26 – July 28** (no July 4 make up)

July 31 – August 4  
August 7 – 11

#### Session 4

Session 4 Weather Make-ups  
Session break

**August 14 – September 18**

September 19 – 25  
September 26 – October 6

#### Session 5

Session 5 Weather Make-ups

**October 9 – November 10**

November 13 – 17

### COMPETITION TEAM SEASON

**Spring Session     March 11 – June 24**

**Fall Session         September 2 – November 4**

*Retain pages 1 - 5 of the Guidelines for your records.  
Please complete and sign pages 1 - 5 of the Registration and Release forms, and return.  
Please have your medical provider complete and sign pages 7-8, and return.*

Horses with Heart  
P.O. Box 2427  
Chino Valley, AZ 86323

Phone: 928-533-9178

Website: [www.horseswithheartaz.org](http://www.horseswithheartaz.org)

Scan paperwork to: [hwhprograms@gmail.com](mailto:hwhprograms@gmail.com)



# HORSES WITH HEART

A PATH INTL. PREMIER ACCREDITED CENTER  
P.O. Box 2427, Chino Valley, AZ 86323  
Office: (928) 533-9178

OFFICE USE ONLY:  
Rider Eval. Date: \_\_\_\_\_ by \_\_\_\_\_  
Reg. Form Review Date: \_\_\_\_\_ by \_\_\_\_\_

## PARTICIPANT REGISTRATION AND RELEASE FORM

**Mission Statement:** *Horses with Heart is where special-needs individuals, veterans, and first responders experience the healing power of the horse to gain confidence, increase independence and improve social skills with the support of caring and credentialed instructors and dedicated volunteers.*

### REGISTRATION -

Date Form Completed: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

Name and Phone Number of Emergency Contact (necessary): \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

### NON-DISCRIMINATION POLICY -

Horses with Heart is committed to providing an environment free from all types of harassment and discrimination. Horses with Heart prohibits and will not tolerate such harassment or discrimination by anyone affiliated with or those who do business with Horses with Heart.

It is our policy to maintain a positive environment free from all forms of harassment or discrimination and to insist that everyone be treated with dignity, respect and courtesy. All complaints of harassment or discrimination will be thoroughly, promptly, and objectively investigated.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant, Parent/Guardian (required if 18 years of age or under)

### CONFIDENTIALITY STATEMENT -

Staff, Volunteers, Participants and families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Horses with Heart shall preserve that right of confidentiality for all individuals in its program. I, by signing below, acknowledge this policy and will abide by it.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant, Parent/Guardian (required if 18 years of age or under)

### PHOTO/VIDEO RELEASE -

I, hereby, consent to and authorize the use and reproduction by Horses with Heart of all still and video photography and any other audio/visual materials taken of me or my child or my ward or my family for promotional purposes to include but not limited to printed material, educational activities, exhibitions, or any other use for the benefit of the program.

I CONSENT       I DO NOT CONSENT

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant, Parent/Guardian (required if 18 years of age or under)



# PARTICIPANT APPLICATION

This information is confidential and will only be used by the Riding Instructor to better assist the client.

Participant Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Siblings: (Name(s) and Age(s): \_\_\_\_\_

Military Veteran  Active Service  First Responder  Branch of Service: \_\_\_\_\_ Separation Date: \_\_\_\_\_

Disability (Primary and Secondary): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Seizure: Yes  No  Date of last Seizure: \_\_\_\_\_ Controlled? Yes  No  If yes, *Seizure Questionnaire* required

Ambulation (Wheelchair, walkers, canes, etc.): \_\_\_\_\_

Physical Limitation(s): \_\_\_\_\_

Attention Span: \_\_\_\_\_ Sitting Posture: \_\_\_\_\_

Visual: \_\_\_\_\_ Hearing: \_\_\_\_\_

Speech: \_\_\_\_\_ Prosthesis: \_\_\_\_\_

Effective Positive Reinforcements: \_\_\_\_\_

Doctor's Name/Address/Phone: \_\_\_\_\_

Therapist's Name/Address/Phone/Email: \_\_\_\_\_

**Please provide a copy of any current therapy reports to Horses with Heart, Inc.**

Is your therapist willing to interact with Horses with Heart? Yes  No

School/Education/Day Program presently attending (if applicable): \_\_\_\_\_

School/Education/Day Program Contact: (Name/Phone/Email): \_\_\_\_\_

**NOTE:** *Horses with Heart will not release information concerning the Participant's experiences in equine-assisted activities or therapies to an outside source unless written permission to do so is obtained from the Participant or Participant's parent/legal guardian.*

**Please answer the following questions if applicable** (use extra sheets, if needed):

1. How did you hear about Horses with Heart? \_\_\_\_\_
2. Do you have any previous riding/horsemanship experience?  
Yes  No  If yes, please describe \_\_\_\_\_
3. Is there anything else we should know about the Participant? \_\_\_\_\_  
\_\_\_\_\_
4. What are your expectations of Horses with Heart? \_\_\_\_\_  
\_\_\_\_\_
5. Please provide what payment type you will be using: \_\_\_\_\_
6. Additional comments (as needed): \_\_\_\_\_  
\_\_\_\_\_

**For safety purposes, Horses with Heart (HWH) reserves the right to limit participation in mounted activities.**





# HORSES WITH HEART AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 Horses with Heart 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 emergency treatment.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Person(s):

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

Group ID: \_\_\_\_\_

## HEALTH HISTORY

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Seizures? Yes  No  (Describe type, if controlled or not, medications needed)  
If yes, separate *Seizure Questionnaire* required.

\_\_\_\_\_  
\_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

**No person can be accepted for riding/ground instruction until this form has been completed by the Participant/Parent/Guardian. If the person is of legal age (18), he/she may complete the form if he/she is legally competent to do so. Riding/Ground instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Horses with Heart or its representatives.**

## HORSES WITH HEART LIABILITY RELEASE

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 with Heart. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Horses with Heart nor any of its Officers, Instructors, Volunteers, Participants, Contractors, Agents or Owners of the property where Horses with Heart 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 with Heart event.

I further acknowledge that I will not hold Horses with Heart, its Officers, Instructors, Volunteers, Participants, Agents, Contractors, or Owners of the property where Horses with Heart events are conducted, liable or responsible for any injury or sickness and disease (including COVID-19 and other communicable diseases) sustained or contracted by me while participating in activities at sites where horse therapeutic/therapy classes 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 including any and all precautions for COVID-19 and other communicable diseases. These precautions include, but are not limited to, the wearing of protective headgear and those as recommended by the CDC and other governmental health agencies.

I hereby release Horses with Heart, its Officers, Instructors, Volunteers, Participants, Contractors, Agents as well as the Owner of the property, where lessons, horse shows or other Horses with Heart events occur, from all liability for property damage and personal injury and illness to me, and I assume the risk of injury, illness or death which I may sustain arising from approaching, handling, or riding a horse in connection with Horses with Heart activities or participation of any activity with Horses with Heart.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Horses with Heart event is being held, or any person or equipment affiliated with said event.

**PARTICIPANTS: I am physically able to undertake riding activities and equine interaction and I do so at my own risk. PARTICIPANT'S INITIALS: \_\_\_\_\_**  
**Participant's Parent /Guardian (required if under 18 years of age) INITIALS: \_\_\_\_\_**

Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Horses with Heart events are conducted, including minors.

**WARNING: Under Arizona law, a 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. §12-553.**

I have read all the above and waive any claim which may arise against Horses with Heart, its Officers, Instructors, Volunteers, Participants, Contractors, Agents or Owners of the property where Horses with Heart events are conducted. I accept the risks involve serious personal injury and illness, including death, and that Horses with Heart cannot prevent you from being exposed to or contracting or the spreading of COVID-19.

This agreement is effective upon signing. 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.

**Printed Name of Participant:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Signature of Parent/Guardian (required if under 18 years of age)**

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**All Participant, Staff and Volunteer information is required to be reviewed and updated annually.  
Please return forms to: Horses with Heart, P.O. Box 2427, Chino Valley, AZ 86323 (928) 533-9178.**



## ACKNOWLEDGEMENT AND SIGNATURE PAGE

*Please return this page with your Participant Registration Forms*

I acknowledge that I have read and understand the information in this Welcome Letter and agree to follow the Participation Guidelines and the Equestrian Participant Policies and Procedures as defined by Horses with Heart.

Name of Participant: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant (18 yrs. and older), Parent, Guardian, or Caregiver (if under 18 yrs. of age))

### TO HELP WITH SCHEDULING:

Please list two to three (day/starting time) preferences:

**Start times: Sessions 1 & 5: 9:30 am through 3:30 pm (Last class ends at 4:30 pm)**  
**Sessions 2 & 4: 8:30 am through 4:30 pm (Last class ends at 5:30 pm)**  
**Session 3: 8:00 am through 5:30 pm (Last class ends at 6:30 pm)**

#### Monday, Tuesday, Thursday and Friday (Riding Lesson Days)

Day: \_\_\_\_\_ AM or PM: \_\_\_\_\_

Day: \_\_\_\_\_ AM or PM: \_\_\_\_\_

Day: \_\_\_\_\_ AM or PM: \_\_\_\_\_

#### Wednesday (Silver Carriage for Able-Bodied Participants)

11:30 AM: \_\_\_\_\_ 1:00 PM: \_\_\_\_\_ 2:30 PM: \_\_\_\_\_

Horses with Heart  
A PATH Intl. Premier Accredited Center  
P.O. Box 2427 Chino Valley, AZ 86323  
(928) 533-9178

[www.horseswithheartaz.org](http://www.horseswithheartaz.org)





# HORSES WITH HEART

A PATH INTL. PREMIER ACCREDITED CENTER  
P.O. Box 2427, Chino Valley, AZ 86323 Office: (928) 533-9178  
Program Director: Jan Grise (928) 308-1353 [hwhprograms@gmail.com](mailto:hwhprograms@gmail.com)

Date: \_\_\_\_\_

Dear Health Care Provider:

Your patient, \_\_\_\_\_, is requesting to participate in supervised riding/ground equine activities.  
(Participant's name)

In order to safely provide this service, our therapeutic riding center, **Horses with Heart**, requests that you complete/update the attached Physician's Release 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 on the next page (pg. 8).

## ORTHOPEDIC

Atlantoaxial Instability – include neurological symptoms  
Coxarthrosis  
Cranial Defects  
Heterotopic Ossification/Myositis Ossificans  
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 – e.g., 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 (e.g., RA, MS)  
Fire Setting  
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 Horses with Heart.

Sincerely,  
Jan Grise, Program Director, Horses with Heart

# HORSES WITH HEART

A PATH INTL. PREMIER ACCREDITED CENTER  
P.O. Box 2427, Chino Valley, AZ 86323 Office: (928) 533-9178

## MEDICAL RELEASE *(To be completed by Health Care Provider only)*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M  F  Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Cause: \_\_\_\_\_

Seizure Type (if any): \_\_\_\_\_ Controlled? \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Medications (Type, purpose and dose): \_\_\_\_\_

Tetanus Shot within in last 10 years:  Yes  No

*For those with Down Syndrome: Neurologic Symptoms of Atlantoaxial Instability:* Present  Absent

**Please indicate if the client currently has, or has had a history, of issues in the following systems/areas, including surgeries, by checking yes or no. If yes, please include COMPLETE information pertaining to the problem. These conditions may suggest precautions and contraindications to equine activities. (See previous page for a list of precautions/contraindications.)**

PROBLEM	Please check Yes or No	Yes	No	IF YES, DESCRIBE
Auditory Impairment				Hearing Device?
Visual Impairment				Glasses? Contacts?
Speech Impairment				
Tactile Sensation				
Learning Disability				
Cognitive Impairment				
Psychological Impairment				
Cardiac				
Pulmonary/COPD/Other				
Neurological				
Muscular				
Orthopedic (Skeletal) / Scoliosis Degree				
Balance				
Allergies (Please Include Medications)				
Asthma				
Shunts				
Postural Hypertension				
Hemophilia				
Orthotics				
Surgeries				
Other				

Mobility:

**Independent Ambulation:** Yes  No  **Crutches:** Yes  No  **Braces:** Yes  No  **Wheelchair:** Yes  No

Please indicate any special precautions: \_\_\_\_\_ Attach additional page if needed.

It is my medical opinion that 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.

Health Care Provider's Name/Title **(PLEASE PRINT):** \_\_\_\_\_ MD DO NP PA

**Health Care Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

**THIS FORM IS VALID FOR A PERIOD OF 2 YEARS FROM THE DATE SIGNED. (EXCEPTION: A YEARLY MEDICAL RELEASE IS REQUIRED FOR RIDERS WHOSE MEDICAL DIAGNOSIS INCLUDES ATLANTOAXIAL INSTABILITY AS A POSSIBLE CONTRAINDICATION. IT MUST HAVE AN ORIGINAL SIGNATURE.) A NEW MEDICAL RELEASE MAY BE REQUESTED AT ANY TIME IF NOTICEABLE CHANGES HAVE BEEN OBSERVED BY HWH STAFF MEMBER AND/OR REPORTED BY PARENT OR GUARDIAN.**

**PLEASE RETURN TO: *Horses with Heart, P.O. Box 2427, Chino Valley, AZ 86323 Phone: 928-533-9178 or [hwhprograms@gmail.com](mailto:hwhprograms@gmail.com)***