



New Rider Enrollment

Thank you for your interest in joining SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area (SpiritHorse). The following enrollment forms must be completed. Please note the medical forms must be completed and signed by the rider's physician, and returned to SpiritHorse, before an assessment can be scheduled.

The assessment is to determine the rider's individual needs, such as suitability, class type, exercise tolerance, mounting technique, volunteer assistance required, horse and adaptive equipment assignments, availability and goal setting. Riders will then be placed in classes based on their individual needs, ability, age, personal goals and availability.

Through carefully designed objectives and lesson plans prepared by our PATH International Certified Instructors, riders work towards their personal goals in a therapeutically beneficial setting. The rider's instructor records measurable outcomes and documents progress notes each week for the individual riders they serve; always working towards the goals agreed upon at the beginning of each session.

SpiritHorse Board of Directors, staff and volunteers aggressively pursue revenue to support the program and make it affordable for every rider we serve. Every SpiritHorse rider is subsidized through vigorous fundraising efforts. Although riders pay a tuition fee of \$60 per lesson, the actual cost to SpiritHorse is over twice as much. Scholarships may be considered on a case by case and session by session basis.

We look forward to making SpiritHorse an integral part of your year. As you complete the forms, if you have any questions or concerns, please contact Charlotte, our Program Director: 707.720.6360 or charlotte@spirithorsebayarea.org.



Rider Information

Name First: _____ Last: _____

Birthdate: _____ Age: _____ Gender: _____

Address: _____

City: _____ Zipcode: _____

Email * _____

Phone: _____

Cell Phone: _____

Parent or Guardian Name: _____

Parent or Guardian Phone: _____

Cell Phone: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Reason for wanting to ride: _____

Therapeutic Rider: Yes: _____ No: _____



Please read each of the following requirements and place your initials in the box indicating you acknowledge and accept these terms.

● **Rider Tuition Cost**

The tuition fee is \$60 per lesson, a fraction of the actual costs of our program. We strive to keep the tuition fee as low as possible through vigorous fundraising efforts conducted throughout the year by our volunteer board of directors, our small staff and committees. Financial assistance in the form of a scholarship is available to a limited degree for those who qualify.

Payment in full is required at the beginning of each session. The participant will not be able to ride unless payment arrangements have been made with the office manager. This will secure your riding time throughout the session. There are no per lesson rates, fees are charged at a flat tuition rate for each session. (Annual program calendar attached)

Due to the high level of program activity we are not able to offer refunds, make-ups for missed lessons, or carry a balance over from one session to the next.

● I understand and accept these terms*

Enter initials to legally agree

● **General Information**

· The riders need to attend their assigned class on a weekly basis to maximize the therapeutic benefits of the progressively designed classes.

· You can help us provide the maximum time available for riding by arriving 15 minutes before class and being prepared with helmet on and adjusted, and ready to mount.

We will make every effort to accommodate every rider, however if you arrive late it is disruptive to the class and may result in the rider not being able to ride.

Three “no-call, no shows” in a session might result in you being asked to forfeit your spot to someone on the waiting list.

Please give 24-hour notice of any cancellations by calling 707-720-6360 so that we can schedule our volunteers and horses accordingly.



In the unusual event that it is unsafe to ride (due to weather, etc.) we may provide, as an alternative to riding, a ground lesson. Ground lessons may include grooming, tacking, leading, and general horsemanship education and other related activities. These lessons provide many therapeutic benefits, new learning experiences, and opportunities for bonding with the horses.

- I understand and accept these terms*

Enter initials to legally agree

- **Attire**

- Dress for comfort and weather conditions.
- All students must wear closed toe shoes for safety. Crocs are not permitted.
- All students must wear approved ASTM-SEI safety helmets while mounted or doing groundwork
- . Helmets are provided, but if desired, riders may purchase their own ASTM-SEI helmet with correct fit.

- I understand and accept these terms*

Enter initials to legally agree

- **Possible Reasons for Rider Discharge**

Please be advised of the following reasons that may lead to discharge from the riding program.

1. Fees are not paid as originally agreed.
2. The rider misses three scheduled appointments without prior cancelation.
3. The rider's inability to follow directions is interfering with progress toward goals.
4. The rider exceeds weight that can safely be managed by staff, volunteers, and/or horses.
5. The rider's inability to maintain head and neck control while riding presents a safety concern.
6. Change in the rider's medical, physical, cognitive, or emotional condition makes therapeutic riding inappropriate.
7. The rider is uncontrolled and/or participates in inappropriate behavior that constitutes a safety risk to him/herself, staff, volunteers, other riders, and/or horse.

- **I understand and accept these terms**

Enter Initials to legally agree



Safety Rules

- Children not participating in lessons or classes must be accompanied by an adult at all times.
- Children must walk and keep voices down during participant’s lessons. Running and loud play is prohibited.

- Dogs are not allowed at the Equestrian Center.

- The property is not open to parents, caregivers or visitors without prior permission.

- Guests and spectators should remain in the designated viewing areas to minimize distractions.
- Closed-toe shoes must be worn at all times on the property
- Do Not feed the animals unless given permission or otherwise instructed by an instructor or intern.

- I understand and accept these terms*
Enter initials to legally agree



• **Contraindications for Riding**

Riding is not an appropriate activity for everybody. The SpiritHorse program has occasionally had to decline services to those for whom riding is contraindicated. SpiritHorse follows PATH International guidelines. According to PATH International guidelines, riding is contraindicated if:

1. The safety or comfort of the horse is compromised.
2. The staff is unable to safely manage the client in any situation, including an emergency dismount.
3. The student meets the criteria listed on the attached list of precautions/contraindications.

The chart below shows the maximum weight per height that is appropriate for riding. People within the limit will be evaluated by staff to determine if riding is a safe and appropriate activity.

Height and Weight Table

Women and Girls

Height	Maximum Weight for Riding
5'2" and under	150
5'3"	155
5'4" – 5'5"	160
5'6"	165
5'7"	170
5'8" – 5'9"	175
5'10"	180
5'11" and above	185

Men and Boys

Height	Maximum Weight for Riding
5'2" and under	155
5'3"	160
5'4" – 5'5"	165
5'6"	170
5'7"	175
5'8"	180
5'9" – 5'10"	185
5'11"	190
6'0"	195
6'1" and above	200

The above are just guidelines. SpiritHorse takes into consideration the size of the horse and strength and condition of the horse and will evaluate each person on a person to horse ratio.

- Rider is within the above Height and Weight restrictions *Or has been evaluated by a SpiritHorse Instructor.
- I understand and accept these terms
Enter initials to legally agree



Photo and Video Release:

The use and reproduction by SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area, of any other audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

I CONSENT to and authorize Photo and Video Use: _____

I DO NOT CONSENT to nor do I authorize Photo and Video Use: _____

Date: _____ **Signature:** _____

Confidentiality Agreement:

I understand that all information (written and verbal) about participants at this center is confidential and not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Date: _____ **Signature:** _____



RELEASE OF LIABILITY

SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area, 1105 Taylor Ave, Vallejo CA 94591 and the City of American Canyon.

AN AGREEMENT AND RELEASE FROM LIABILITY CONTRACT -

Name First _____ Last _____

Parent/Guardian First _____ Last _____

I acknowledge the risks, potential for risks & danger of horseback riding and activities in and around a facility where horses are kept, and farm machinery operated. [Initial] _____

However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors or administrators, I hereby waive and release forever all claims for loss or damages of any kind against SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, for any and all injuries and losses that I/my son/my daughter/my ward may sustain while participating in the riding program. I engage in activities at SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area., voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result.

I, the undersigned, in consideration for me or my minor children being permitted by SpiritHorse to participate in activities on City of American Canyon property leased by SpiritHorse, hereby waive, release, and discharge any and all claims for damages to the City of American Canyon due to personal injury, death, or property damage which result from participation. I, the undersigned, hereby agree to indemnify and hold harmless any loss, liability, damage, cost or expense of any of the City of American Canyon's officers, employees and agents arising out of my, or my minor child's participation in the indicated activities, even though that liability may arise out of negligence or carelessness. It is understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN SPIRITHORSE, THE CITY OF AMERICAN CANYON AND ME. I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS

Date: _____ Signature: _____



Rider's 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 SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area to:

- Secure and retain medical treatment and transportation, if needed.
- Release records upon request to the authorized individual agency involved in the medical emergency treatment.

• **In case of an emergency, please contact (must be local contact):**

Name: _____

Phone: _____

Relationship: _____

• **Physician's Name:** _____

Preferred Medical Facility: _____

Policy # _____

• **Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) listed as "emergency contact" is unable to be reached. I agree to pay for or arrange insurance payment for costs and claims SpiritHorse incurs or becomes liable to pay for all medical aid, treatment, and procedures arising from any illness or injury covered by this authorization.

Signature and Date _____

OR

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

Signature and Date _____



[NOTE TO RIDER/PARENT/CAREGIVER: This form must be returned to SpiritHorse before an initial assessment can be scheduled]

Dear Physician:

One of your patients is interested in participating in supervised equestrian activities.

In order to safely provide this service, we request that you complete/update the attached Medical History and Physician’s Statement Form. Please note that the following conditions may present precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present and to what degree.

Orthopedic:

- Atlantoaxial Instability-include neurologic symptoms
- Contractures
- Coxa Arthrosis
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Instability/Abnormalities
- Spinal Fusion/Fixation
- Scoliosis 30 degrees or greater

Neurologic:

- Hydrocephalus/Shunt
- Neuromuscular Disorders (if pain or fatigue increases with the activity)
- Uncontrolled Seizures
- Tethered Cord Symptoms Chiari II Malformations, Hydromyelia Symptoms (all are associated with Spina Bifida)
- Spinal Cord Injury (contraindication injury is above T-6)

if

Medical/ Psychological:

- Allergies
- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions
- Hemophilia
- Medical instability
- PVD
- Respiratory Compromise

Other:

- Age: under 4 years
- Indwelling Catheters
- Medications – i.e., photosensitivity
- Skin Breakdown

Thank you very much for your assistance. If you have any questions or concerns regarding this patient’s participation in therapeutic riding activities, please feel free to contact me by phone at 707-781-9455 or by email at charlotte@spirithorsebayarea.org

Sincerely,
 Charlotte Dougherty



Physician Assessment

(This Form Must Be Completed in Full and Signed by Rider’s Physician)

Patient’s Name: _____

Parent/Guardian: _____

Patient Address: _____

Patient Phone: _____

Patient email: _____

Date Of Birth: _____ Height: _____ Weight: _____

Diagnosis: _____

Hospitalization/Surgery (Dates & Reasons):

Medications: _____

Shunts/Implants/Appliances: _____

Ambulatory status: _____

Is A Seizure Disorder Present? _____ Controlled? _____

Date of Last Seizure: ____/____/____

Seizure Type: _____

Please Indicate And Comment On Any Special Problem Areas Below:

Area	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological/Sensation			
Muscular			
Orthopedic			
Bowel/Bladder			
Allergies			
Cognition			
Psychological			
Behavior			
Amputations			
Other			



Please Indicate Any Special Precautions/Contraindications To Therapeutic Horseback Riding:

*****Mandatory for Persons with Down Syndrome*****

- Cervical X-Ray for Atlantoaxial Instability:
Positive: _____ Negative _____
- X-Ray Date: ____/____/_____

PATH International standards require that all participants with Down Syndrome provide **annual** proof of a neurologic exam that specifically denies any symptoms consistent with atlantoaxial instability (AAI). Please provide the following:

- Date of last neurologic exam: ____/____/_____
- Symptoms of atlantoaxial instability (AAI) present?: Yes _____ No _____

Physician Release

To my knowledge there is no reason why _____ (Patient's Name) cannot participate in supervised equestrian activities. However, I understand that SpiritHorse Therapeutic Riding Center will weigh the medical information contained in the physician release form against existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech Therapist, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician's Signature: _____ Date: _____

Physician's name, address & telephone number (please print, type or stamp):



Therapeutic Supplement

Not Applicable: _____

Primary Diagnosis:

Secondary Diagnosis:

Mobility Status:

Walks unassisted, assistive devices, etc...

Communication:

Verbal, non-verbal, signs:

Behaviors:

Impulsive, fearful, frustration tolerance, etc...

Medications Taken:

Limitations / Precautions / Contraindications (Please refer to attached list):

Seizures: _____

Allergies: _____

Skin Sensitivity: _____



Precautions / Contraindications

- **Orthopedic**

- Contractures
- Coxa Arthrosis
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Scoliosis 30 degrees or greater
- Spinal Instability/Abnormalities
- Spinal Fusion/Fixation
- Heterotopic Ossification/Myositis □ Ossificans
- Atlantoaxial Instability-include neurologic symptoms □

- **Neurologic**

- Hydrocephalus/Shunt
- Neuromuscular Disorders (if pain or □ fatigue increases with the activity)
- Uncontrolled Seizures
- Spinal Cord Injury (contraindication if injury is above T-6)
- Tethered Cord Symptoms Chiari II □ Malformations, Hydromyelia Symptoms (all are associated with Spina Bifida)

- **Medical/ Psychological:**

- Allergies
- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others



- Exacerbations of medical conditions
- Hemophilia
- Medical instability
- PVD
- Respiratory Compromise

- Other

- Age: under 4 years
 - Indwelling Catheters
 - Medications - i.e., photosensitivity
 - Skin Breakdown
-



Are you a veteran of the U.S. Armed Forces?

- Yes
- No

• Ethnicity

When seeking funding, we are frequently asked about the ethnicity of our riders. To help us with this reporting please answer the following optional questions if you are comfortable sharing your information.

- Do you consider yourself Hispanic/Latino? (People of various races may also be of Hispanic ethnicity.)
 - Yes
 - No
- Which Category best describes your race?
 - American Indian/Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White/Caucasian
 - Other