Participant Application



Providing Hope and Happiness with Horses

Hooves of Hope Equestrian Center
735 Chenault Bridge Rd
Lancaster, KY 40444
(859) 792-8938
www.hoovesofhopeky.org

Thank you for your interest in Hooves of Hope Equestrian Center's Therapeutic Riding Program! We offer therapeutic riding lessons for individuals with diagnoses starting at age 4. All lessons are taught by PATH Intl. Certified Therapeutic Riding Instructors trained to teach horseback riding skills to individuals with diagnoses.

Application Process:

1. Fill out this application packet in its entirety, please note each form must be completed and signed by the applicant or their legal guardian if they are under the age of 18 or not their own legal guardian.
2. The Physician's Statement must be filled out and signed by the participant's medical doctor. This form is due back by the time of your first lesson and participants will not be able to ride without this completed form.
3. Return the completed Participant Application and Physician's Statement back to Hooves of Hope. You can email them to office@hoovesofhopeky.org. Completion of the application does not enroll you in Therapeutic Riding Lessons.
4. After the application is received, new participants will receive communication regarding a free 30 minute New Participant Assessment.
5. Prior to each session, participants will be sent a sign-up form to sign up for their lesson.

Session Information:

Therapeutic Riding Lessons are offered in three sessions each year: Spring (7 weeks of lessons), Summer (8 weeks of lessons), and Fall (7 weeks of lessons). Each lesson lasts 50 minutes and occurs at the same day and time each week for the duration of that session. Lessons may be private or semi-private, with a maximum of two riders per group.

Fees:

Therapeutic Riding: $50 per lesson. This means spring and fall sessions cost $350 and summer session costs $400. All payment is due the first week of lessons.

Scholarships:

Hooves of Hope partners with various individuals and companies to give scholarships:

- Orphan Care Alliance offers scholarships for individuals who have been adopted or are currently in foster care.
- Veterans are automatically offered a full scholarship through Hooves of Hope
- Children of veterans are offered a half scholarship through Hooves of Hope
- Hooves of Hope offers scholarships, for anyone in financial hardship, on a sliding scale based on income

Please contact our office for information about scholarships.

Payment Policy:

Hooves of Hope requires full payment on or before the first lesson of each session. An invoice will be sent the week prior to the session's start. The full session fee applies regardless of the number of lessons attended. **Participants are responsible for the payment of any missed lessons, unless the lesson is cancelled by Hooves of Hope.**

Annual Paperwork:

Hooves of Hope maintains all required paperwork on an annual basis. New Participant Applications, Physician Statements, and/or Renewal Forms may be due at the start of each session. We will contact you when new forms are needed.

Attendance:

Hooves of Hope expects consistent attendance by all participants. **Due to our schedule and limited resources, there are no make-up opportunities for missed lessons unless Hooves of Hope cancels classes due to some unforeseen circumstance such as instructor absence or severe weather.** At that time, all reasonable attempts will be made to notify participants at least two hours prior to the change.

1. If you are unable to attend a regularly scheduled lesson, notification must be made by calling or texting Hooves of Hope at (859)792-8938 as soon as the absence is anticipated so we may provide enough notice to staff and volunteers.

2. Two or more no shows in a session may result in the loss of your lesson time and/or scholarship

It is important for a participant to arrive on time for their lesson. If you are running late please contact the Hooves of Hope office at (859)792-8939. If the rider does not show up within 15 minutes of the scheduled time without notice their horse will be put away and volunteers dismissed.

Weather Policy:

Hooves of Hope will **cancel** lessons in the event of:

1. A national weather service warning for Garrard and Boyle Counties
2. A real feel heat index exceeding 105 degrees or below 32 degrees

While we make every effort to hold mounted lessons, the following are examples of when unmounted lessons will be substituted for mounted lessons. If an unmounted lesson is not appropriate for a participant, then the lesson would be cancelled altogether.

Hooves of Hope will move all lessons to ground based lessons in the event of:

1. Thunder and/or lightening within 10 miles of the facility
2. At Instructor discretion based on heavy rain, temperature, etc.
3. A real feel heat index of 100 degrees or higher

Required Attire for Riders:

1. ASTEM/SEI approved helmet (will be provided by Hooves of Hope)
2. Closed toe shoes or boots, preferable with a heel
3. We strongly encourage long pants

Family and Friends:

Friends and family are always welcome to come watch their rider. All visitors will need to remain in the designated areas while the rider is in their lesson. If siblings are in attendance, the parent or guardian is responsible for direct supervision at all times. Noise and disruptive activity may distract horses and participants and can be a safety issue.

Conduct While at Hooves of Hope:

It is important that everyone follows all posted safety rules, including respecting off-limit areas. **Possession of drugs, alcohol, or firearms on Hooves of Hope property is strictly prohibited. Hooves of Hope is a non-smoking facility**. Mistreatment or abuse of any person or animal will not be tolerated.

Statement of Participant Eligibility or Dismissal:
Hooves of Hope Equestrian Center, Inc. offers services to individuals with diverse needs. To participate in the Therapeutic Riding Program, individuals must meet the following criteria:

- Have a diagnosis from a qualified professional (physical, cognitive, emotional, or behavioral).
- Be physically able to sit symmetrically with an upright torso and legs astride the horse during movement.
- Be physically able to maintain head and neck alignment independently while in motion.
- Not have physical or behavioral conditions contraindicated by PATH Intl. (Hooves of Hope staff can discuss specific contraindications with guardians).
- Be able to tolerate wearing a riding helmet.
- Be able to accommodate the horse's movement without pain.
- Have adequate hip range of motion to sit astride a horse.
- Demonstrate safety awareness around animals.
- Be able to express pain or discomfort.
- Behave in a manner that is safe for themselves, the horses, and others.

As a PATH Intl. center member, Hooves of Hope follows the Precautions and Contraindications as recommended by the Medical Committee of PATH Intl. as well as PATH Intl. Professional Standards. Therefore, our staff provides initial and ongoing evaluations for all prospective and active participants. If staff finds that continuance in the program for a given individual is inappropriate, Hooves of Hope reserves the right to discontinue the participation of an individual in its programs when it is deemed that the discontinuance is in the best interest of Hooves of Hope and/or the individual concerned.

Parent/Guardian Information:

(Please keep a copy for yourself)

Please adhere to the following so that the Hooves of Hope facility/barn remains a safe and enjoyable area for everyone:

1. All minors who come to Hooves of Hope are the responsibility of the adult with whom they arrive. For safety, all children who are not participating in a therapeutic riding lesson or equine-assisted activity must be supervised. Participants waiting for their lesson to begin must be supervised and waiting in the waiting room until the instructor indicates it is time for their lesson.

2. No running, yelling, or loud voices are permitted in the barn unless under the instruction of a staff member.

3. No flash photography is permitted without permission from the instructor. We ask that no parents or guardians are in the arena area while a lesson is in progress. If you would like to take photos of your rider during a lesson, let your instructor know and they will advise on an appropriate time for photos.

4. No smoking is permitted on Hooves of Hope property.

5. Please call or text Hooves of Hope (859) 792-8938 if you will be late or need to cancel your scheduled lesson.

6. The dress code for Hooves of Hope participants is:
    a. ASTEM/SEI approved helmet (will be provided by Hooves of Hope)
    b. Closed toe shoes or boots, preferably with a heel
    c. We strongly encourage long pants

7. Weather Policy:
   Hooves of Hope will **cancel** lessons in the event of:
    a. A national weather service warning for Garrard County
    b. A real feel heat index exceeding 105 degrees or below 32 degrees
   Hooves of Hope will move all lessons to **ground based** lessons in the event of:
    a. Thunder and/or lightening within 10 miles of the facility
    b. At instructor discretion based on heavy rain, temperature, etc.
    c. A real feel heat index of 100-104 degrees

8. The Hooves of Hope instructor(s) reserve the right to modify a participant's lesson within the instructor's scope of practice to ensure the safety of the participant, the staff, and the horses. Any modifications or plan changes will be based on the instructor's professional judgment.

I have read the above and agree to adhere to the above policies:

Participant Signature: _____ **Date:** _____

(Parent/Guardian if the participant is under 18)

Participant Application:

Date filled out:_____

Participant Name:_____ **Date of Birth:**_____

Height:_____ft_____in **Weight:**_____ **Gender:**_____

Address:_____

City: _____ **Zip Code:**_____ **County:**_____

Phone Number: _____ **Secondary Phone Number:**_____

Email:_____

School Enrolled In:_____

For grant purposes only, please indicate participants ethnicity (Check all that apply)

- ☐ **Black or African American**
- ☐ **Caucasian**
- ☐ **Asian**
- ☐ **Native Hawaiian or Pacific Islander**
- ☐ **American Indian/Alaskan Native**
- ☐ **Is the participant Hispanic or Latino?**

Participant is: ☐ Minor ☐ Adult with legal guardian ☐ Independent adult

New Participants: How did you hear about us?_____

Returning Participants: Date of last session:_____

Parent/Guardian(s) Name(s):_____

Relationship to Participant:_____

Address (if different than above):_____

City: _____ **Zip Code:**_____

Phone Number: _____ **Secondary Phone Number:**_____

Email:_____

Please name any other caregivers who may be transporting or responsible for participant:

Name: _____ **Phone Number:**_____

Name: _____ **Phone Number:**_____

I consent for the above information to be maintained in the Hooves of Hope database

Participant Signature: _____ **Date:** _____

(Parent/Guardian if the participant is under 18)

Health History

Participant Diagnosis: _____

Date of Onset: _____

Please check "Yes" or "No" to indicate if a participant has any concerns in the following areas. If yes, please describe.

Vision: ☐Yes ☐No _____

Hearing: ☐Yes ☐No _____

Sensation: ☐Yes ☐No _____

Communication: ☐Yes ☐No _____

Heart Condition: ☐Yes ☐No _____

Breathing: ☐Yes ☐No _____

Digestion: ☐Yes ☐No _____

Elimination: ☐Yes ☐No _____

Circulation: ☐Yes ☐No _____

Chronic or Specific Pain: ☐Yes ☐No _____

Bone/Joint: ☐Yes ☐No _____

Muscular: ☐Yes ☐No _____

Mobility: ☐Yes ☐No _____

Balance: ☐Yes ☐No _____

Allergies: ☐Yes ☐No _____

Emotional Control: ☐Yes ☐No _____

Mental Health: ☐Yes ☐No _____

Self-Harm: ☐Yes ☐No _____

Suicidal Ideation or Attempt: ☐Yes ☐No _____

Medications Include all prescriptions and over the counter, name, dose, and frequency:

_____

_____

_____

Physical Functioning Please list any limitation in mobility, mobility aids used, etc:

_____

_____

_____

Cognitive Functioning Please describe any limitations or changes in cognitions, ie: reading level, processing time, etc:

Social Functioning Please describe the participant's social functioning in peer groups, public, and family:

Supports and Systems Please describe the participant's family structure, support systems, other types of therapy, companion animals, fears/concerns:

Other Is there anything else we should know about the participant:

Participant Goals and Interests

Participant Goals Please list goals for the participant. Goals can be social, emotional, physical, or cognitive:

Areas of Interest Please list games, movies, activities, etc enjoyed by the participant:

Participant Considerations We understand that every individual is unique: please list any specific fears, triggers, or non-health related concerns that the staff should be aware of:

Authorization for Emergency Medical Treatment

Participant Name: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Policy #: _____

Allergies: _____

Person to be contacted in case of an emergency:

Name: _____ **Relation:** _____ **Phone:** _____

Name: _____ **Relation:** _____ **Phone:** _____

Consent Plan:

If emergency medical treatment is required due to illness or injury while on the property of Hooves of Hope Equestrian Center, I authorize Hooves of Hope Equestrian Center to:

i. Give first aid services including but not limited to CPR and AED services
ii. Secure and retain medical treatment and transportation
iii. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked in the event the person(s) listed above cannot be reached.

Participant Signature: _____ **Date:** _____

(Parent/Guardian if the participant is under 18)

Liability Release for Equine Activity

Hooves of Hope Equestrian Center

_____(Participant's Name) would like to participate in an equine related activity at Hooves of Hope Equestrian Center Inc. I acknowledge the risks and potential for risks of riding lessons and horse related activities. However, I feel that the possible benefits to myself/my son/my daughter/my ward 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 Hooves of Hope Equestrian Center, Inc. and its Employees, Instructors, Therapists, Aides, Volunteers, Equines, Equine Owners, Equipment and Operating Site for any and all injuries and/or losses participant may sustain while participating at Hooves of Hope Equestrian Center, Inc.

WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury or participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

Participant Signature: _____ Date: _____

(Parent/Guardian if the participant is under 18)

Photo Release

I consent to and authorize the use and reproduction by Hooves of Hope Equestrian Center of any and all photographs and any other audiovisual material taken of the participant for promotional material, educational activities, exhibits, electronic publications, social media, or any other use for the benefit of the program.

Please sign ***ONE* of the following:**

▢ **I consent to photo release**

Participant Signature: _____ Date: _____

(Parent/Guardian if the participant is under 18)

▢ **I do not consent to photo release**

Participant Signature: _____ Date: _____

(Parent/Guardian if the participant is under 18)