

# Hooves to Freedom

PO Box 362, Blackshear, GA 31516

## General Information

Please be prompt for your appointments, but not earlier than 15 minutes prior to the scheduled time. Please wait at the gate to the barn for someone to meet you before entering the barn area. Your instructor will come out of the barn to get you when it is time for your lesson. Parents are asked to remain with their children until they are escorted into the barn. Please do not leave children unattended. Please do not go to the farm unless you have a scheduled appointment. Siblings and non-riders are to be always supervised by a parent or guardian for safety reasons and so that the scheduled rider can get the most out of their time. We want the instructor to be able to focus on their rider 100% of the time.

## Clothing

Clients should always wear proper clothing at the farm. This includes long pants or shorts that can get dirty. Dresses and/or skirts are not appropriate. Footwear should be a hard shoe, preferably boots. Sneakers are okay, initially, but once a client begins riding, boots with a small heel are required for insurance purposes. Shirts and jackets should match the need for the weather. Layered clothing is best. Rain gear and warm jackets are sometimes a necessity. Should you have any questions concerning clothing, feel free to contact the barn staff and they will assist you. **Safety Helmets are required for all equestrian riding activities.** Absolutely no flip flops, sandals, or crocs allowed around the horses. Typical clothing costs for the barn are minimal, and old clothes work fine. The staff can direct you to merchants who typically sell equestrian supplies if you are interested. Closed toed shoes are always a must for everyone.

## Farm Calendar, Appointments, Cancellation and Scheduling

The lesson calendar runs private lessons and group services year-round. Breaks in service between sessions are generally centered around holidays. Please note that "standing appointments" are reserved for clients, and because of the unique nature of the work, it is generally not possible to fill a cancellation. Missing an appointment will happen from time to time, but please call at least 24 hours in advance.

In a barn setting sometimes services are dependent upon the weather. It is our policy to cancel any scheduled appointment when conditions are such that it is not safe or when clients cannot benefit from their time in the barn. **However, that does not mean that services must be canceled just because it rains or is cold.** Weather considerations will be assessed on an individual basis, and every effort will be made to provide an experiential horse-based service in the most comfortable environment possible. Parents or riders will be notified as soon as possible if services are canceled for that day and clients should feel free to call if they have questions as to cancellations.

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## Release of Information, Claims and Informed Consent

I, \_\_\_\_\_, desire to participate in TR/EAAT at Hooves to Freedom. By nature of the informal farm setting, I understand that confidentiality as to my identity and participation in a therapeutic program may be compromised. If I attend a public event such as a horse show or parade, it is likely that my identity will be revealed because of the public nature of competitive shows and/or parades. Self-disclosure of identity and therapeutic issues is assumed for therapy group participants to establish appropriate group therapeutic. Group participants must agree to keep confidential the identities and issues of other group members, or they will not be able to remain in the group.

"Under Georgia law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from inherent risks of equine activities"

I am participating in equine activities at my own risk. I acknowledge that in riding horses, there exists some element of risk or chance of injury. I accept said risk and agree to hold harmless the owners, employees, and volunteers of Hooves to Freedom, treatment professionals and/or individual therapists and all associates of the above. I understand that neither the managers, organizers, nor the property owners accept responsibility for illnesses, accidents, or damage to the property, horses, or riders in connection with any of the services provided by Hooves to Freedom.

By signing below, I agree to keep confidential the issues and identities of any other participants I see or meet while at the barn regardless of the context in which I see them.

\_\_\_\_\_ I do not have concerns about others knowing my identity or the identity of my minor child, and, thus, expect to participate fully in the programs offered.

\_\_\_\_\_ I DO have concerns about others knowing my identity or my minor child identity thus, do not wish to participate in public programs, and prefer scheduling at private, or at least, less busy times.

\_\_\_\_\_ Do, or \_\_\_\_\_ do not, mind photographs being taken that may identify me as a client and would be willing to sign a photo release (this is not required for participants).

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if Client Age 18 or Less

\_\_\_\_\_  
Date

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## *Application and Liability Release*

No student can be accepted for riding instruction until Parent/Guardian has completed this form. If the student is of legal age (18 years), he/she may complete the form if he/she is legally competent to do so. Riding instructions will be under strict supervision, and although every effort will be made to avoid any accident, **NO LIABILITY CAN BE ACCEPTED BY Hooves to Freedom or the individual instructor.**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I/we, the participant or parents of the above-named client, assume all risks and hazards incidental to the conduct of the activities on, or away from *Hooves to Freedom* premises, as well as transportation to and from activities.

I/we do further release, absolve, indemnify, and hold harmless, *Hooves to Freedom*, at the location where activities take place, as well as any other persons connected with activities (officers, employees, representatives, successors, and assigns) for all manner of claims, demands, and damages of every kind and nature, whatsoever, on account of any personal injuries, physical or mental condition, known or unknown, as a result of, or, in any way growing out of participation in *Hooves to Freedom* horseback riding program.

In case of medical emergency, the undersigned authorizes the staff of *Hooves to Freedom* to provide/obtain such medical assistance, as they deem necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical /surgical care and/or hospitalization for the student, including anesthetic which they determine necessary or advisable, pending receipt of specific consent from the undersigned. YES \_\_\_ NO \_\_\_ (Please initial!)

Yes, I have read and understand the contents of this application, and I would like the above-named student to have riding instruction. I have discussed this with the student's doctor/therapist. I understand that **NO LIABILITY** can be accepted by any organization concerned with this instruction, including *Hooves to Freedom* in the event that an accident does occur.

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

Signature of Student Over Age 18: \_\_\_\_\_

Signature of Parent/Guardian of Minor: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

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## Farm Rules

1. Keep all gates closed
2. Do not go into fields or stalls without supervision from a staff member.
3. All forms and waivers must be signed before a participant can touch a horse.
4. Everyone must wear appropriate clothing for the environment.

NO ONE is allowed on a horse without an ASTM SEI approved helmet. If you would like your child to have their own helmet, one of our staff members can assist you in finding an appropriate choice.

All participants must wear appropriate footwear (preferably boots with a low square heel). In the beginning, however, sturdy tennis shoes are acceptable.

Other necessary items include pants/jeans/shorts and shirts with sleeves (no spaghetti straps, no bare midriffs). Also, no large jewelry is allowed. Jackets and rain gear needed when weather dictates.

5. Only clients/participants are allowed in the barn and riding areas during their scheduled appointment times. Parents/guardians, other family members, friends, etc., may wait in their vehicles during sessions or watch from the designated seating area around the arena. Anyone watching the lesson is asked to do so quietly to not disturb the client or the horses. Clients/participants waiting for their appointment are also asked to stay in the parking area or near the gate until someone comes to get them for their lesson
6. Do not give the animals any treats without permission from staff. (Despite what the animals may tell you!)
7. No running or yelling around the animals or barn. This applies to all who enter the farm.
8. Do not climb gates or fences.
9. No smoking on farm property. You will be asked to leave.
10. The most important rule: BE SAFE AND HAVE FUN!!!

I have read these rules and fully understand the content. I agree to abide by these rules with the understanding that if these rules are not followed, I may forfeit the right to participate in activities at **Hooves to Freedom**.

\_\_\_\_\_  
Student/Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under 18)

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Please circle any of the symptoms listed below which apply to you

- |                          |                            |                                  |
|--------------------------|----------------------------|----------------------------------|
| Depressed Mood           | Social Withdrawal          | Recent Loss in Family            |
| Manic thoughts/behaviors | Disorientation             | Property Destruction             |
| Crying spells            | Learning disability        | Fire Setting                     |
| Anger outbursts          | Worthlessness/hopelessness | Changes in appetite              |
| Distractibility          | Sexual promiscuity         | Cruelty to animals               |
| Impulsivity              | Lying and manipulation     | Sleep disturbance                |
| Obsessive/compulsive     | Binging/purging            | Stealing                         |
| Sleep disturbance        | Suicidal Thoughts          | Legal Issues                     |
| Anxiety/Phobias          | Hallucinations             | Religious and Spiritual Concerns |
| Decreased concentration  | Oppositional Behavior      | Family Conflict                  |
| Changes in energy level  | Hyperactivity              | History of Abuse                 |
| Grief                    | Running Away               | Bedwetting                       |
|                          | Truancy                    | Social Withdrawal                |

## Physician Statement

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the 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, Psychologist, Licensed Professional Counselor, etc.) in the implementing of an effective equestrian program.

Physician Name (please print) \_\_\_\_\_

Physician Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

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Please indicate if patient has a problem and/or surgery in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

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## Rider's Medical History and Physician Statement

To be completed annually

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

Address: \_\_\_\_\_

Name of Parent/Guardian if under 18: \_\_\_\_\_

Presently living with:

- Parents
- Spouse
- Roommate
- Alone
- Foster
- Other

Please give basic previous experience with horses: \_\_\_\_\_

Reason for coming: \_\_\_\_\_

Diagnosis (if any): \_\_\_\_\_ Date of Onset: \_\_\_\_\_

\*\*For Persons with Down Syndrome Only:

- Negative Cervical X-ray for Atlantoaxial Instability. X-ray date \_\_\_\_\_
- Negative for clinical symptoms of Atlantoaxial Instability.

Tetanus Shot: \_\_\_ Yes \_\_\_ No Date \_\_\_ Height \_\_\_ Weight \_\_\_

Describe your/child's leisure and recreational activities.

What type of social activities do you/child participate in?

Has client ever been a victim of physical/sexual abuse: YES  NO

Has client ever physically or sexually abused another person: YES  NO

Medications (currently taking): \_\_\_\_\_