

Hooves to Freedom

PO Box 362, Blackshear, GA 31516

General Information

All events, visits, and sessions to the farm are **by appointment only**. Lesson times vary from 30 minutes to 90 minutes. This depends on the age, need, and availability of the session leaders and helpers. Sessions may be conducted by a staff member, an intern, or a trained helper under the supervision of a staff member.

The type of service provided to the client will determine the length of sessions. A younger child may require 30–45-minute sessions. A typical equine-assisted learning lesson may be 60-75 minutes. Equine psychotherapy sessions will run for 50-60 minutes. Camps and groups hosted typically last 90 minutes. Upon completion of the application and initial contact with a staff member, the appropriate service and time needed weekly or bi-weekly will be determined before first appointment.

Upon arrival for your session, please wait in front of the barn or at your vehicle until a staff member or helper comes to meet you at the scheduled time. Parents are asked to remain with their children until they are escorted into the barn. **Please do not leave any children unattended** including siblings and non-riders 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.

The lesson calendar runs sessions year-round with scheduled breaks centered around holidays, school breaks, and summer and winter break.

Clothing

Clients should always wear proper clothing at the farm. This includes long pants or shorts that can get dirty. Footwear should be hard shoes, 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. 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. Closed-toed shoes are always a must for everyone. Absolutely no flip flops, sandals, or crocs allowed around the horses for clients and family.** The staff can direct you to merchants who typically sell equestrian supplies if you are interested.

Appointments and Cancellations

Visits to the farm are always by appointment only. Please be prompt for your appointments arriving within 15 minutes before your scheduled time. You may forfeit the appointment for the day if you arrive later than 15 minutes after the scheduled time without contacting the staff.

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 or no-show. Missing an appointment will happen from time to time, but please call at least 24 hours in advance at 912-286-2921. Leave a voicemail if needed and we will return your call. Missing your appointment 3 times without notifying staff will forfeit your appointment slot for the semester. If you forfeit your slot in the current semester, you may reschedule but only for the upcoming semester.

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 equine-assisted 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, _____, (name of participant) desire to participate in Equine-Assisted Learning/Psychotherapy 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 with Hooves to Freedom, it is likely that my identity will be revealed because of their public nature. 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 working with 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 **the identity** of my minor child 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.

Signature of Client

Date

Signature of Parent or Guardian if Client Age 18 or Less

Date

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Liability Release

No clients can be accepted for riding instruction until Parent/Guardian has completed this form. If the client is of legal age (18 years), he/she may complete the form if he/she is legally competent to do so. All session activities will be under strict supervision, and every effort will be made to avoid accidents. **NO LIABILITY CAN BE ACCEPTED BY Hooves to Freedom or the individual instructor, supervised session leader (helping hands), volunteers, interns, board members.**

Client'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 (staff members, instructors, interns, board of directors, volunteers, contracted licensed professionals) 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*.

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 client, 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 client to have services provided by *Hooves to Freedom*. I have discussed this with the client'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 Client Age 18: _____

Signature of Parent/Guardian of Minor: _____

Health Insurance Company: _____

Policy Number: _____

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Farm Rules

1. Do not enter fields or stalls without supervision from a staff member.
2. All forms and waivers must be signed before a participant can touch a horse.
3. 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. Attire appropriate for the weather.

4. 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 front of the barn until an instructor or helping hand greets them for their lesson.
5. Do not give the animals any treats without permission from staff. (Despite what the animals may tell you!)
6. No foul language, running or yelling around the animals or barn. This applies to all who enter the farm. Respect the people and animals on the property.
7. Do not climb gates or fences. Keep all gates closed.
8. No smoking on farm property. You will be asked to leave.
9. 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*.

Client/Participant Signature

Date

Parent/Guardian Signature (if participant is under 18)

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Financial Registration Form

Rider Name: _____ Date: _____

Parent or Guardian: _____

I wish to participate (have my child participate) in riding/experiential learning sessions at Hooves to Freedom. Donations can be made at the time of session. Checks can be made out to Hooves to Freedom.

I would like to donate by:

Check	Cash	Easter Seals	Paypal	Cord of Three	Magnolia House	Other

If other is marked, please specify. _____

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Rider's Information and Medical History

To be completed annually

Name: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Presently living with:

- Parents
- Spouse
- Roommate
- Alone
- Foster
- Other, please specify _____

Please give basic previous experience with horses:

Describe your Leisure and recreational activities:

What type of social activities do you participate in:

Reason for coming: _____

Diagnosis (if applicable) : _____ 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 _____

Have you ever physically or sexually abused another person: YES NO

Mobility:

Independent Ambulation ___ Yes ___ No

Crutches ___ Yes ___ No

Braces ___ Yes ___ No

Wheelchair ___ Yes ___ No

Please indicate any special precautions: _____

Medications (currently taking): _____

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

- | | | |
|-----------------------------|--------------------------------------|-----------------------|
| Depressed Mood | Social Withdrawal/Isolating | Property Destruction |
| Manic thoughts/behaviors | Disorientation | Fire Setting |
| Crying spells | Learning disability | Changes in appetite |
| Anger outbursts | Worthlessness | Cruelty to animals |
| Distractibility | Sexual promiscuity | Sleep disturbance |
| Impulsivity | Lying and manipulation | Legal Issues |
| Obsessive/compulsive | Disordered eating/body
dysmorphia | Spiritual Concerns |
| Anxiety/Phobias | Suicidal Thoughts | Family Conflict |
| Decreased concentration | Hallucinations | History of Trauma |
| Changes in energy level | Oppositional Behavior | Bedwetting |
| Grief | Hyperactivity | Kleptomania |
| Current or History of Abuse | Running Away | Substance use |
| Hopelessness | Truancy | Self-Harming Behavior |
| Psychosis | | |

Physician Statement

(Required for clients with physical disabilities ONLY)

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 in the implementing of an effective equestrian program.

Physician Name (please print) _____

Physician Signature _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date _____

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