

*Rider Name:* \_\_\_\_\_

Please Print

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



### **Rider Packet Check List**

All of the forms listed below are required to be completed, checked, signed and dated as indicated prior to the start of rider participation and annually thereafter.

#### **To be completed by rider, parent or caregiver by week prior to class**

- 2. Therapeutic Riding Application
  - a) Photo Release
- 4. Contact and tuition payment
- 5. Tuition Assistance/Scholarship Application
- 6. Release & Indemnity Agreement
  - A. Minor
  - B. Adult
- 8. FRF Hold Harmless
- 9. Additional Waiver of Liability; Covid-19 and other infectious diseases
- 10. Rider's Consent Release of Information
- 11. Authorization for Emergency Medical Treatment
- 12. Rider Goal Sheet
- 13. Possible reasons for discharge form
- 14. Barn Rules
- 15. Site Map

#### **To be completed by the rider's physician and turned in prior to class.**

- 16. Rider health history/physician assessment form, precautions and contraindications (To be completed by the rider's physician)
- 17. Physician release
- 18. Therapist Assessment (Speech, PT, OT)
- 19. Mental Health Therapist's Assessment



**THERAPEUTIC RIDING APPLICATION**

To be completed by the participant or parent/legal guardian. Please mail completed form to:  
HOPE Equestrian Center, P.O. Box 396, Eagle Point, Oregon 97524

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F  
 Ethnicity: \_\_\_\_\_ (used for demographic survey information only)  
 Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_  
 Parent/Legal Guardian/Caregiver: \_\_\_\_\_  
**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_  
 Email: \_\_\_\_\_

Rider's Employer/School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about HOPE Equestrian? \_\_\_\_\_

Diagnosis (primary): \_\_\_\_\_ Diagnosis (secondary): \_\_\_\_\_  
 Reason for participating (if there is no formal diagnosis): \_\_\_\_\_

Please indicate current or past difficulties in the following systems/areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
Seizure(s)			

Substance Abuse/Addiction			

**What medications are you currently taking, including over-the-counter medications?**

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**Describe your abilities/difficulties in the following areas (including assistance required or equipment needed):**

FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**What are the participant's various social interactions** (i.e. Work/school including grade completed, leisure interests, relationship-family structure, support systems, companion animals, fears/concerns, etc.)?

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**Are there any significant behavioral issues or past incidents that we need to be aware of?**

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**PHOTO RELEASE**

I  DO

DO NOT

consent to and authorize the use and reproduction by \_\_\_\_\_  
(center)

of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client, Parent or Legal Guardian)

## Client Contact and Tuition Information

Participant Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Names of parents/guardian:

Father \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mother \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Best Emergency Contact: Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent occupation and employer:

Father \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

## Program Tuition Payment Details

Please tell us how you will be paying:

Check (please make payable to Hope Equestrian Center)

Credit Card

I \_\_\_\_\_ authorize Hope Equestrian to charge \$ \_\_\_\_\_ to my credit card.

Date \_\_\_\_\_ Billing zip code: \_\_\_\_\_

Name on Card \_\_\_\_\_ Cardholder signature \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CRV: \_\_\_\_ (last 3 digits on back of card)

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

I understand and agree that all paperwork must be up to date and that all tuition is to be paid prior to the start of each session.

Signature of Rider or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



**HOPE Equestrian Center**  
Therapeutic Riding Program

**TUITION ASSISTANCE / SCHOLARSHIP APPLICATION**

NOTE: ALL household members must be considered in replying to questions on this form.

Applicant / Rider Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

If a minor, name of parent(s) or guardian(s): \_\_\_\_\_

Name & Age of each child in household: \_\_\_\_\_

No. of: Adults in household: \_\_\_\_\_ Children \_\_\_\_\_ No. of wage earners in family: \_\_\_\_\_

A. Occupation(s) of responsible party: \_\_\_\_\_

Employer's Name(s), address(es), phone numbers(s): \_\_\_\_\_

**INCOME:**

**1. PRIMARY WAGE EARNER:**

Gross monthly income: \$ \_\_\_\_\_  
Take-home pay: \$ \_\_\_\_\_

**2. SECOND WAGE EARNER:**

Gross monthly income: \$ \_\_\_\_\_  
Take-home pay: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

**3. OTHER MONTHLY INCOME:**

Social Security: \$ \_\_\_\_\_  
Child Support: \$ \_\_\_\_\_  
Public Assistance: \$ \_\_\_\_\_

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

**B. Current Monthly EXPENSES:**

MONTHLY PAYMENT

Housing: \$ \_\_\_\_\_  
Food: \$ \_\_\_\_\_  
Clothing: \$ \_\_\_\_\_  
Utilities: \$ \_\_\_\_\_  
Medical/Dental \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Payments (car, etc) \$ \_\_\_\_\_  
Other (specify below) \$ \_\_\_\_\_

CREDIT BALANCE OWED

<u>Who</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**C. Applicant/Responsible Party Comments:**

I hereby certify that the above information is true and correct.

Applicant/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT  
HOPE EQUESTRIAN CENTER AND TLM Training Center  
Eagle Point, OREGON**

**I/WE HEREBY RELEASE, WAIVE, COVENANT NOT TO SUE AND DISCHARGE** the promoter, participants, HOPE Equestrian Center, sanctioning organization or any subdivision thereof, arena operator, arena owner, officials, other participants, any persons in restricted area, promoters, sponsors, advertisers, owners, lessees of premises used to conduct the session and each of them, their officers and employees, all for the purpose therein referred to as "Releasees" from liability to the undersigned, my/our personal representatives assigns, heirs and next of kin for any and all loss or damage and any claim or any demand on account of any injury to the participant included, but not limited to death whether caused by the negligence of the "Releasees" or otherwise while the minor is in or upon the restricted area and/or riding, officiating in, observing, working for, or for any purpose participating in the session.

The Restricted Area is defined as the arena, staging areas, approaches thereto and all walkways, concessions and other areas appurtenant to any such area where any activity related to the session shall take place.

I/we will inform and instruct the said minor participant that upon entering any restricted area the minor must continuously thereafter inspect such restricted area and all portions thereof which the minor enter and with which he/she comes in contact and I/we further warrant that the minor's entry upon such restricted area or areas and his/her participation, if any in the session constitutes an acknowledgment that he/she, (minor), has inspected such restricted area and the he/she finds and accepts the same as being safe and reasonably suited for the purpose of his/her use, he/she further agrees and warrants that if, at any time, he/she is in or about restricted areas and feels anything is unsafe, he/she will immediately advise the officials of such and will leave the restricted areas.

The undersigned expressly acknowledge and agree that the activities of the session are dangerous and involve the risk of serious injury and/or death and/or property damage.

Each of the undersigned parents or legal guardians for the minor participant agrees to indemnify and save and hold harmless the "Releasees", and each of them from any loss, liability, damage or cost they may incur due to the presence of the said minor in or upon the restricted area or in any way competing, officiating, observing or working for any purpose participating in the session and caused by the negligence of the "Releasees" or otherwise.

**THE UNDERSIGNED PARENTS OR LEGAL GUARDIANS HAVE READ AND VOLUNTARILY SIGNED THE MINOR RELEASE AND WAIVER OR LIABILITY AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.**

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

\_\_\_\_\_  
Name of Mother or Legal Guardian (Print)

\_\_\_\_\_  
Mother or Legal Guardian's Signature

\_\_\_\_\_  
Name of Father or Legal Guardian (Print)

\_\_\_\_\_  
Father or Legal Guardian's Signature

\_\_\_\_\_  
Witness Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Address

**READ CAREFULLY THIS IS A REALEASE**

**Adult Release and Waiver of Liability and Indemnity Agreement  
HOPE Equestrian Center and TLM Training Center**

In Consideration of being permitted to enter for any purpose any restricted area (herein defined as including but not limited to arena, approaches thereto and all walkways, concessions and other areas appurtenant to any area where any activity related to the session shall take place), or being permitted to ride, officiate, observe, work for, or for any purpose participate in any way in the session, each of the undersigned, for himself, his personal representatives, heirs, and next of kin, acknowledges, agrees and represents the he has, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted areas and all portions thereof which he enters and with which he comes in contact, and he does further warrant that his entry upon such restricted area or areas and that his participation, if any in the session constitutes an acknowledgment that he has inspected such restricted area and that he finds and accepts the same as being safe and reasonably suited for the purposes of his use, and he further agrees and warrants that if, at any time, he is in or about restricted areas and he feels anything to be unsafe, he will immediately advise the officials of such and will leave the restricted areas:

1. **HEREBY RELEASES, WAVES, DISCHARGES AND COVENANTS NOT TO SUE** the promoter, participants, HOPE Equestrian Center, sanctioning organizations or any subdivision thereof, arena operator, arena owner, officials or any persons in any restricted area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the session and each of them, their officers and employees, all for the purposes herein referred to as "releases", from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the restricted area, and/or riding, officiating in, observing, working for, or for any purpose participating in the event.
2. **HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way riding, officiating, observing, or working for, or for any purpose participating in the session and whether caused by the negligence of the releases or otherwise.
3. **HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of releasees or otherwise while in or upon the restricted area and/or while riding, officiating, observing, or working for or for any purpose participating in the event.

**THE UNDERSIGNED** expressly acknowledges and agrees that the activities of the session can be dangerous and involve risk of serious injury and/or death and/or property damage. **THE UNDERSIGNED** further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State in which the session is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

**SIGN NAME HERE** \_\_\_\_\_

**PRINT NAME HERE** \_\_\_\_\_

HOLD HARMLESS/RELEASE  
TLM Training Center & HOPE Equestrian Center

1. I agree to comply with all posted barn rules at TLM Training Center & Hope Equestrian Center.
2. I fully understand and assume the risks inherent in equine activities, including handling, transporting, training, riding, showing, jumping, grooming, and boarding horses. Those risks include injury or death to persons and horse, and damage to property.
3. (a) I agree to release and hold harmless the Released Parties, and I promise not to sue them in connection with the following: any and all Damages that result or arise in whole or in part from (1) any equine activities, (2) the performance of services by the Released Parties, (3) any use of the Released Parties' premises, facilities or equipment by me or my family or guests, and/or (4) any failure on my part to abide by any terms of this document. To the maximum extent permitted by law, (i) this provision applies whether or not the Damages result directly or indirectly from any negligent acts or omissions of the Released Parties, and (ii) ALL IMPLIED WARRANTIES, INCLUDING FITNESS, MERCHANTABILITY OR OTHERWISE, ARE HEREBY EXCLUDED.  
(b) The "Released Parties" are TLM Training Center, HOPE Equestrian Center, Owners, Trainers and their agents.  
(c) "Damages" are damages, costs, liabilities, expenses, claims related to or involving (i) injury or death to persons or horses, or (ii) loss of, damage to property.
4. I agree to pay the Released Parties' attorney fees and costs, to the extent that the Released Parties prevail in any action or proceeding arising from or related to this document.
5. If any provision or term of this document is held to be invalid or unenforceable, the remaining provisions and terms shall remain in effect and be enforceable.
6. All provisions of this document apply to and are binding on me, my minor children and persons for whom I act as guardian if they are listed below, and our heirs, assignees and next of kin.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signed on behalf of the following minors: \_\_\_\_\_



**HOPE EQUESTRIAN CENTER  
ADDITIONAL WAIVER OF LIABILITY AND INDEMNITY AGREEMENT  
Covid-19 and other infectious diseases**

**Participant printed name:** \_\_\_\_\_  
*(Rider, Caregiver, Guest, Volunteer, Staff)*

In addition to previously signed release(s) and in consideration of HOPE Equestrian policies regarding safe practices, I understand and agree to the following (initial each):

\_\_\_ I will adhere to the best of my ability, HOPE safe practices.

\_\_\_ I will answer the following questions honestly and to the best of my ability each time I arrive at HOPE:

*Have you had a cough?*

*Have you had a fever?*

*Have you had shortness of breath?*

*Have you been in close contact with anyone with these symptoms or anyone who has been diagnosed with COVID-19 in the past 14 days?*

\_\_\_ I understand that if I need to answer “**Yes.**” to any of the above questions, I will be required to leave the property immediately.

\_\_\_ I will consider my health, exposure, personal risk, risk to others and personal comfort prior to arrival at HOPE and I will phone ahead of scheduled participation and inform HOPE staff if I am unable to participate for any reason.

\_\_\_ I understand the risks and take personal responsibility for my decision to participate at HOPE and will not hold HOPE Equestrian or TLM Stables responsible for potential undesirable personal consequences associated with my participation at HOPE including all equine activity and potential infectious diseases resulting from my participation.

Participant/Parent/Caregiver Signature: \_\_\_\_\_

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

Printed name of minor: \_\_\_\_\_  
*(if applicable for participants under the age of 18)*



**RIDER'S CONSENT  
for  
RELEASE of INFORMATION**

I hereby authorize the following persons or facilities to release information from the records of:

\_\_\_\_\_ *(Client's Name)*

The information is to be released to: HOPE Equestrian Center for the purpose of developing Equine Assisted Activities and Therapies for the above named participant. The information to be released is marked below.

\_\_\_\_\_ Medical History  
*Person or Facility:* \_\_\_\_\_

\_\_\_\_\_ Physical Therapy evaluation, assessment and program plan  
*Person or Facility:* \_\_\_\_\_

\_\_\_\_\_ Occupational Therapy evaluation, assessment and program plan  
*Person or Facility:* \_\_\_\_\_

\_\_\_\_\_ Speech Therapy evaluation, assessment and program plan  
*Person or Facility:* \_\_\_\_\_

\_\_\_\_\_ Classroom Individual Education Plan (IEP/IFSP)  
*Person or Facility:* \_\_\_\_\_

\_\_\_\_\_ Mental Health Practitioner  
*Person or Facility:* \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_  
*Person or Facility:* \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Participant, Parent or Guardian)*

Please send the indicated material to:

HOPE Equestrian Center  
P.O. Box 396  
Eagle Point, Oregon 97524



## HOPE Equestrian Center

### Authorization for Emergency Medical Treatment Form

Participant     Staff     Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Consent Plan

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 \_\_\_\_\_ to:

(Center's Name)

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.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached

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

Client, Parent or Legal Guardian  
*Signed in presence of center staff*

#### 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.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian  
*Signed in presence of center staff*

## HOPE Equestrian Center Rider Goals

Please help us help you get the most out of your classes by filling out the following goal setting sheet. Please hand back to your instructor at the next class.

Thank you.

Rider name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Email address: \_\_\_\_\_

Class day/time: \_\_\_\_\_

All goals are reflective of the next term. The categories are meant as a guideline and may not apply to all students.

Personal riding goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cognitive goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Long-term goal over the next year.

Goals Dated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOPE Equestrian Center

### Possible Reasons for Client Discharge

I have read the HOPE Equestrian Rider Handbook. I will abide by the posted and printed barn and property rules. I will ensure that any individuals I bring to TLM and HOPE as a guest or a client of HOPE will abide by posted and printed barn and property rules. I understand that failure to abide by posted and printed barn and property rules may result in discharge from the riding program.

Signature of Client or Legal Guardian: \_\_\_\_\_

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

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

1. The client has reached all of their goals and is ready to graduate.
2. The client's potential to maintain head and neck control while riding presents a safety concern.
3. Inability to follow directions is interfering with progress toward goals.
4. Uncontrolled and/or inappropriate behavior that constitutes a safety risk to client, staff and/or horse.
5. Client exceeds weight that can safely be managed by staff, volunteers, and/or horses.
6. Any change in the client's medical, physical, cognitive, or emotional condition that makes therapeutic riding inappropriate.
7. Three scheduled appointments are missed without prior cancelation.
8. Absence annually competed Rider Packet
9. Nonpayment of fees as originally agreed.

I understand and agree with the possible reasons for client discharge.

Signature of Client or Legal Guardian: \_\_\_\_\_

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

## **Attendance**

Regular attendance is necessary for the progress and benefit of the rider. Unfortunately, we are unable to offer make-up lessons. Additionally, each rider and lesson requires considerable planning and preparation. If you are unable to attend a lesson please contact Angie at 541-890-8156. If your awareness of a need to be absent is last minute (within 2 hours of your lesson,) please also contact one of the instructors as soon as you are able.

If a rider is a “no-show” (absent without a call) more than one time in one session or more than three times in one year, that rider will be dropped from the schedule.

If a rider is going to be late for a lesson, please call one of the instructors. Riders who are more than 15 minutes late may not be able to ride that day.

**HOPE Barn Rules:** For safety, respect and to limit distractions, all riders, drivers, caregivers, family and guests must observe the following:

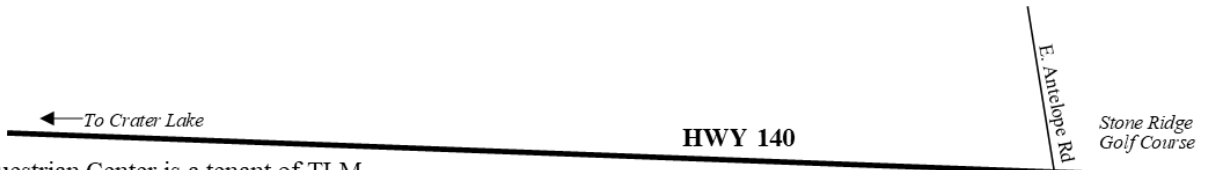
- Park, drive, walk only in designated areas (see property map)
- Children and dependents must be accompanied by responsible adult from parking area to HOPE arena.
- When arriving at HOPE arena go directly to the HOPE viewing area/bleachers (not to the tack room or stalls.)
- Do not approach, pet or feed any horses on property without permission and supervision of HOPE personnel.
- All paper work in the Rider Packet must be completed and turned into HOPE prior to beginning lessons and must be resubmitted annually or following any significant medical incident.
- Dress appropriately (closed toed & heeled shoes required: boots preferred)
- No swearing/cussing or inappropriate discussions (we are a G rated outfit.)
- No smoking, vaping, alcohol, weapons
- No dogs
- Please be on time (refrain from being at facility more than 10min. outside of scheduled time)
- Call ahead of an absence
- Spectators please refrain from talking to riders during class
- Keep quiet in spectator area
- No climbing on or reaching through gates or fencing

*Failure to abide by the above could result in excusing rider from the program.*

I have read and understand the Attendance and Barn Rules.

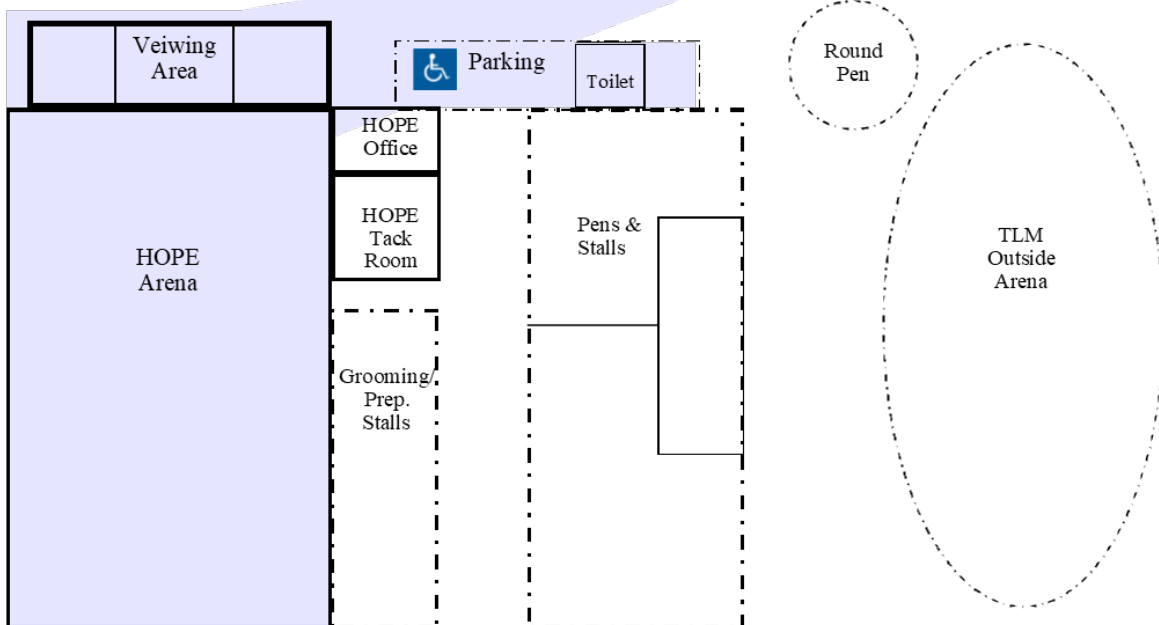
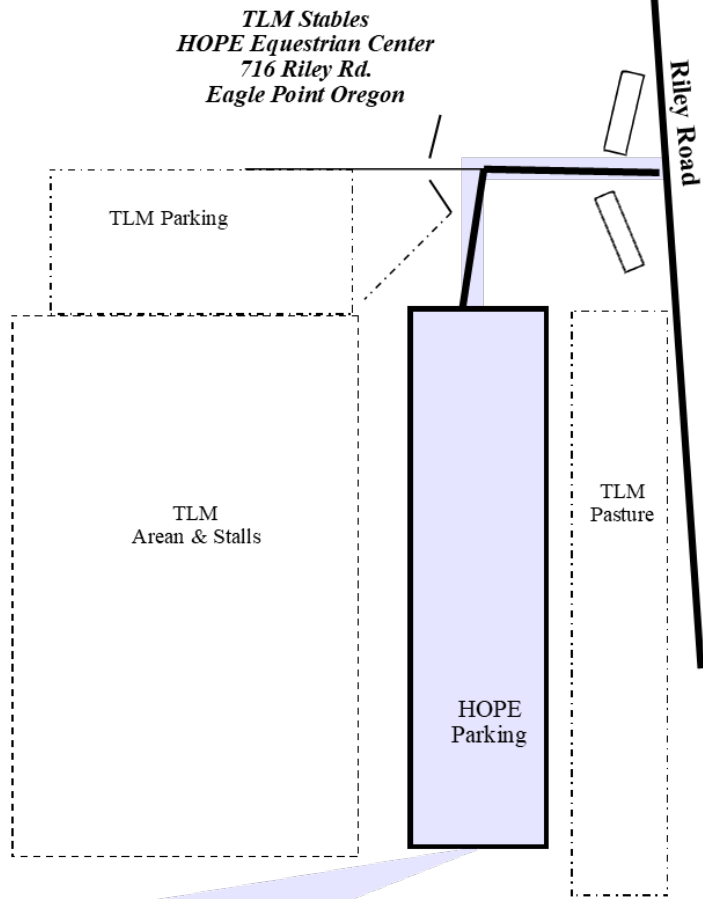
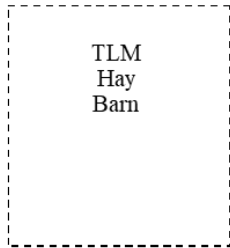
Signature of Client or Legal Guardian: \_\_\_\_\_

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



HOPE Equestrian Center is a tenant of TLM Training Stables. For everyone's safety and out of courtesy, it is very important that HOPE clients, their families, friends, drivers and caregivers observe the following:

- Do not walk or drive into any areas not designated by shading on site map.
- All children and dependants must be accompanied by responsible adult when walking between parking areas and HOPE Arena.
- Do not approach, pet or feed any horses on the property without HOPE personnel permission and supervision.
- No smoking, alcohol or use of firearms or weapons anywhere on the premises.
- If you observe any behavior or practice that concerns you, address HOPE instructors or the Executive Director.
- Failure to abide by all printed and/or posted rules and notices could result in excusing rider from the HOPE program.





**HOPE Equestrian Center**  
*Therapeutic Riding Program*

**Angie Ballard; Executive Director**

HOPE Equestrian Center  
 P.O. Box 396  
 Eagle Point, Oregon 97524  
 Phone: 541-776-0878  
 Email: info@hopeequestrian.com

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

Dear Health Care Provider:

Your patient, \_\_\_\_\_  
 (*participant's name*) is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement 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.

**Orthopedic**

Atlantoaxial Instability - include neurologic symptoms  
 Coxa Arthrosis  
 Cranial Deficits  
 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 - i.e. 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 (i.e. RA, MS)  
 Fire Settings  
 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 the center at the address/phone indicated above.

Sincerely

**HOPE**  
 Equestrian  
 Center

*Therapeutic Horse Riding for the Rogue Valley*

Mailing Address: P.O. Box 396 Eagle Point, Oregon 97524  
 Program Address: 716 Riley Rd. Eagle Point Oregon 97542

**HORSES OFFERING PEOPLE EXCELLENCE**



**PHYSICIAN'S REFERRAL FORM**

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

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

Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation: Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_

For those with Down Syndrome: Atlanto Dens Interval X-rays, date: \_\_\_\_\_ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

**Please indicate current or past special needs in the following systems/areas, including surgeries:**

	Y	N	Comments:
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychologica l			
Pain			
Other			

**Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that HOPE Equestrian Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to HOPE Equestrian Riding Center for ongoing evaluation to determine eligibility for participation.**

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

Signature: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_



**THERAPIST'S ASESMENT**

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

Disability: \_\_\_\_\_

School, Center, or Organization: \_\_\_\_\_

Evaluation Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Communication Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggested Mounting Procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggested Exercises: \_\_\_\_\_  
\_\_\_\_\_

Precautions and/or Contraindications: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print name for Eligibility: \_\_\_\_\_

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

PLEASE RETURN TO: HOPE Equestrian Center  
P.O. Box 396  
Eagle Point, Oregon 97524



**HOPE Equestrian CENTER**  
**MENTAL HEALTH THERAPIST'S ASSESSMENT**  
For Therapeutic Riding

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

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

School, Center, or Organization: \_\_\_\_\_

Presenting Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety Concerns/Issues (male/female relationships, animal abuse issues, aggression, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggested Support: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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

PLEASE RETURN TO:  
HOPE Equestrian Center  
P.O. Box 396  
Eagle Point, Oregon 97524