



## Welcome Letter

Dear New Client and Family,

Thank you for choosing Horses Adaptive Riding and Therapy and welcome to the HART family! Our nonprofit organization was created to provide safe and satisfying equine-assisted therapy to adults and children in the Mid-Willamette Valley. These services are provided in a nurturing and wholesome environment where the needs of our clients come first.

HART's staff and volunteers create rewarding relationships with each special needs client in our programs. Our compassionate and knowledgeable staff are each uniquely qualified to offer a variety of equine-assisted therapies.

It can be confusing to know which equine therapy program to sign up for and our staff will help guide you in that choice.

**Adaptive Riding** sessions are led by professional instructors with a passion for seeing clients flourish. Riders can receive a number of physical and neurological benefits due to the rhythmic, repetitive motion of the horse's gait including balance, strength and flexibility.

**Equine Assisted Learning** sessions utilize natural horse and herd behavior to model human mental and emotional health and are led by certified EAL instructors.

**Veterans** are welcome and invited to participate in any of the above-mentioned programs. We are proud to offer these services to military personnel.

Equine therapies at HART are only possible due to the generosity of the community and our volunteers. Please get to know the volunteers and staff who work with you or your child and please spread the word about the wonderful work we do here!

We look forward to seeing you and/or your child soon.

Sincerely,

The Staff and Volunteers of HART



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## Client Orientation Form

Carefully read, sign and return:

- All clients or guardians are required to read and sign a liability waiver prior to participation
- Everyone in your party must sign an inherent risk waiver
- When you arrive, please drive slowly and watch out for farm equipment, animals and pedestrians
- Long pants and sturdy shoes recommended
- Children cannot participate without a parent or guardian present
- Safety is our utmost priority
- Volunteers are experienced and take direction from our therapists and instructors
- Our therapy horses are well trained, healthy and valued as a member of our team
- Only one client per horse
- This is a working stable, and although we maintain a warm and friendly environment, it is not appropriate to pet or feed the horses without consent
- An instructor/therapist will always be present during sessions
- We ask that you help us set individual goals in equine-assisted therapy
- The maximum weight limit for riding is 180 pounds, however, non-riding activities are available for those exceeding the weight limit
- Custom riding equipment is available for those who need it
- We prefer you to make a commitment of at least one session per week
- HART staff & volunteers will not discriminate on the basis of a client's race, religion, gender, sexual orientation, age, national origin, ancestry, economic status, or mental or physical disability.
- Each client must wear an A.S.T.M. approved equestrian helmet before mounting. If you don't have a helmet, we will provide you with one.
- Siblings are welcome, but must remain under the direct supervision of a parent or guardian and not distract from the sessions
- Pets welcome with pre-approval but must be on leash at all times! Please clean up after your pet
- Recreational use of drugs or alcohol is *not* allowed prior to, or during equestrian activities
- **Our fees:**
  - o. Adaptive Riding and Equine Assisted Learning is \$40 per 30-minute session. If you have a financial hardship, limited scholarships may be available

If you have any questions regarding these procedures, please discuss them with staff prior to the beginning of your session. Your participation signifies full acceptance of all rules and conditions.

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Print full name of client

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Signature of participant/guardian



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## Participant Application

### To be completed by the participant or parent/legal guardian

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male / Female (circle one)

Veteran? Yes / No (circle one)

Ethnicity (*Used for grant seeking purposes only* / circle one)

African American      Asian/ Pacific Islander      Caucasian      Hispanic      Native American

Participant's preferred language: \_\_\_\_\_

Other languages spoken, including in the home: \_\_\_\_\_

### Contact Information

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

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Can we text this number?      YES      /      NO

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

Please list preferred method of contact (call, text, email): \_\_\_\_\_

How did you hear about HART? \_\_\_\_\_

### Responsible Billing Party Information

Who will be the responsible for paying for the participant's sessions? Please note that all participants have a copay, regardless of scholarship status.

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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



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**Participant Information**

Please complete the following questions thoroughly, so that we may provide the best services possible for the participant. Our privacy policy is available on page 12 of this application.

Does the participant have any medical diagnoses or conditions? If yes, please list.

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AREA	Y E S	N O	IF YES, EXPLAIN
Vision			
Sensation			
Heart			
Circulation			
Behavior			
Bone/Joint			
Cognition			
Pain			
Hearing			
Communication			
Breathing			
Emotion			
Muscular			
Allergies			
Awareness/Safety			

Please indicate whether the participant has challenges or special needs in the following areas:

Does the participant have seizures? Y/N \_\_\_\_\_ If YES, date of last seizure: \_\_\_\_\_



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Does the participant receive any other therapies or on-going treatment? Please describe the type of therapy/treatment, how often, therapist's name and phone number, etc.

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Does the participant use adaptive or assistive equipment? Please describe.

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Describe the participant's abilities/challenges with mobility (*examples: standing, walking, using a walker/wheelchair, balance, navigating uneven terrain, flexibility*).

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Can participant sit upright without support? If not, explain what support is needed.

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Does the participant require assistance transferring? (*Example: Moving from a bed to a chair*) Explain.

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Describe the participant's social interactions, including school, work, day programs, recreational activities, family/ living situation, and support systems.

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Are there any significant behavioral issues, triggers or past incidents that may affect participation?

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Additional information that you'd like to share:

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## Problems and Goals Setting

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

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

### **What do you want to get out of working with HART?**

Problem 1 – Physical Needs: *(Example: I have a hard time sitting up on my own/developing core muscle/dexterity)*

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Goal 1: *(Example: Learn to sit in the saddle and walk on a horse properly and safely)*

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Problem 2- Emotional Needs: *(Example: I have a hard time recognizing and expressing my emotions/I have a hard time socializing)*

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Goal 2: *(Example: Learn to identify my feelings and use words to share them with others)*

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Problem 3: Cognitive Needs: *(Example: I have a hard time doing things in order/following instructions)*

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Goal 3: *(Example: Work on doing tasks with multiple steps)*

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### **Assumption of Risk and Release of Liability**

On behalf of myself \_\_\_\_\_ or \_\_\_\_\_ (minor), I recognize that horseback riding is an inherently dangerous activity that can result in injury or death.

I hereby assume all risk in connection with being on or around horses at Horses Adaptive Riding and Therapy's activity sites and agree to release, defend, hold harmless and indemnify Horses Adaptive Riding and Therapy, its officers, directors, employees, staff, agents and volunteers, licensees and invitees from all claims, damages, liabilities of judgments (including costs and expenses incurred in connection therewith) arising from injury, death, or damages to any person or property whatsoever arising out of or in connection with me or my minor child's use and occupancy of the premises and its facilities, whether or not the death, injury or damage is caused in whole or in part, by the act, neglect, fault of, or omission of any duty by me or my minor child.

Under Oregon Law, ORS 30.687 to 30.697, and Equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities

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

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

Participant/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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### Photo Release

I            DO            (circle one)

DO NOT give my permission for Horses Adaptive Riding and Therapy (HART) to use my/my child's name and share details of my/his/her sessions and experiences as a client in communications produced by or on behalf of HART, and consent to take and make use of my/my child's audio/video/photographic images in publications produced by or on behalf of HART. This permission extends both to electronic versions on the HART websites and other internet/electronic applications as well as printed, filmed and taped versions.

Initial: \_\_\_\_\_

I am not required to sign this authorization. HART does not condition treatment, payment, benefit eligibility, or enrollment activities on the signing of this form.

Initial: \_\_\_\_\_

I can request a copy of this authorization be mailed to me. I understand that I will not be entitled to any payment or other form of remuneration as a result of any use of any information and audio/video/photographic material. If I decide to sign this form, I have the right to request that audio/video recording/photographing cease at any time.

Initial: \_\_\_\_\_

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

Parent/guardian name, if under 18: \_\_\_\_\_

Participant/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Emergency Medical & Treatment Authorization

[In the event emergency medical and or treatment is required the undersigned authorizes Horses Adaptive Riding and Therapy to secure and retain medical treatment and transportation]

Participant    Staff    Volunteer    (circle one)

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

### Emergency Health Information

Language spoken: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications (name, dose) Attach list if necessary: \_\_\_\_\_

\_\_\_\_\_

Special pre-cautions or treatments needed: \_\_\_\_\_

\_\_\_\_\_

Primary care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent for Treatment

In the event of a medical emergency, I (circle one):    **DO** authorize    **DO NOT** authorize

Horses Adaptive Riding and Therapy and/or its designated agent to seek emergency medical treatment for the participant as it deems necessary. I further authorize any licensed physician and/or medical facility to provide any medical or surgical care and/or hospitalization for the participant deemed necessary or advisable until I am available or able to provide more specific authorization.

Participant/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Scheduling, Fees, and Cancellation Policy

### Adaptive Riding and Equine Assisted Learning Fees

The fee for each 30-minute session is \$40. **Payment is due at time of service.**

### Scholarships

We are doing our best to keep the fees as low as possible. If your family has a low income and needs financial assistance to help pay for the sessions, there are partial scholarships available on a limited basis. **You will always have co-pay.** If you need a scholarship, please talk to HART's Program Coordinator or staff.

### Gift Certificates

Friends and family can help pay for sessions. They can purchase Gift certificates for sessions at [info@horsesadaptiveriding.org](mailto:info@horsesadaptiveriding.org). This is a great way for friends and family to help.

### Scheduling

Your session schedule will be **pre-confirmed** with you in advance. **You must respond to the text** to avoid being charged for the session as a "No Show". Your appointment time is unlikely to change from week to week. You are welcome to ask for an appointment change and we will do our best to oblige. You will be responsible for the session fee if you don't show.

### Cancellations

We understand that we serve an often-fragile population and will work with you on an individual basis. **If you or your child are sick you must call or text** prior to the session in order to avoid being charged for a "No Show" session.

In order to keep our costs to clients affordable and in order to prevent asking for pre-paid sessions, we must adhere to a respectful cancellation policy.

#### Our Commitment to you:

- If the weather creates a dangerous situation at the barn, we will cancel sessions and notify you as soon as the decision is made. If the Salem/Keizer School District is closed due to weather, HART **will be** closed. Keep an eye on HART's Facebook page for regular weather updates.
- COLD - We will hold sessions unless the mid-day temperature is 32f or below
- HEAT - We will hold session unless the mid-day temperature is above 95f - If the instructors feels it is too hot to ride, we may offer other horse activities (leading, bathing, grooming, etc.).
- UNSAFE CONDITIONS - We will notify you if we have an emergency at the barn and feel it is unsafe or if we feel there are unsafe road conditions. We will do our best to assess the safety of driving to the barn, based on the available weather reports as well as reports from people who live near the barn.
- We will give you as much advanced notice as we can of any needed cancellation.
  - o. All clients and volunteers will receive a cancellation call/text/email as soon as the decision is made.Cancellations will also be posted to the HART Facebook page.

#### Your Commitment to HART:

- I understand that HART has expenses even if I do not show up and that my co-pay is vital to providing services to the community.



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### **Scheduling, Fees, and Cancellation Policy (cont.)**

- I also recognize and respect that many people have given up their personal time to volunteer so that I/my child can participate in equine assisted therapy and out of respect for them, I agree to give as much notice as possible when canceling my/my child's session.
- I further agree not to cancel my riding appointment with less than a 24-hour notice except in the case of sickness or an emergency.

If 24-hour notice is not given the following procedure will be followed:

- I will be contacted by staff to discuss the failure to attend my session. (The first no show or failure to attend will be forgiven and no payment will be required)
- If a second no-show or cancellation with less than 24-hour notice, I agree that I will personally pay for the session (In the case of third party billing such as insurance or other agency, the third party will NOT be billed and I will be the responsible party). I further agree to make this payment before my next session.
- If a third no show or late cancellation occurs the staff will contact me and depending on the individual circumstances, my appointment time may be given to someone on the waiting list.

You will be responsible for the session fees if you don't show. **We will offer make-up sessions if you or your child is sick and call to cancel 24 hours in advance.** We understand that we serve an often-fragile population and will work with you on an individual basis if you need to cancel with less than 24 hours' notice, but the key here is the **call to cancel** to avoid being charged for a no-show.

I understand and agree to the above policy.

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

Parent/guardian name, if under 18: \_\_\_\_\_

Participant/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Privacy Agreement

I understand that HART keeps a record of each client's disability, including any medical diagnoses and or medications and any other important considerations which the staff feels are necessary to adequately serve the participant. This allows the staff and volunteers to be informed of any specific safety considerations and to better develop emergency plans that are based on the participants' medical needs.

HART staff and volunteers are trained on how to handle sensitive information.

For the purpose of funding and community relations, your success story may be used while protecting the identity of the participant. Photos may be shared (but only with your permission) via the written photo release and whenever possible you will be asked to give verbal permission to use the photo.

Participant Name: \_\_\_\_\_ Participant Signature, if over 18: \_\_\_\_\_

*(Complete this section if participant is under 18 years of age)*

### **Parent or Guardian Indemnification**

In consideration of \_\_\_\_\_'s participation in HART's activities, I agree to this privacy agreement on behalf of the above listed minor, and which are in any way connected with said minor's participation.

Parent/guardian Name: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_

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



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## COVID-19 Waiver of Liability

Name \_\_\_\_\_ Parent/Guardian, if under 18 \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

### Express assumption of risk:

I acknowledge and agree that I am personally responsible for my safety and actions while on the premises and undergoing the activities of Horses Adaptive Riding and Therapy (HART). I acknowledge that novel coronavirus ("COVID-19") infections have been throughout Oregon and in Polk County, and that the nature of being in the public places my child and I are at a higher risk of contracting COVID-19. I recognize that HART has taken steps to implement safety protocols recommended by worldwide, federal and state health organizations for slowing the transmission of COVID-19, and that HART may revise its protocols at any time based on updated guidance from the authorities. I fully understand and appreciate both the known and potential dangers of using HART's facility and services, and I agree that, despite HART's reasonable efforts at mitigating such dangers. Exposure to COVID-19 is possible and may result in quarantine requirements, serious illness, disability, and/or death. I willingly assume full responsibility for the risks that I am exposing myself/my child to and accept full responsibility for any exposure to COVID-19 while at, or under the direction of HART. If I am signing on behalf of a child, I acknowledge and agree that, due to the nature of the facility and programs offered for children, social distancing of 6 feet between individuals is not always possible; and the full permission I have given previously for any person connected with HART to administer first aid deemed necessary increases the risk of transmission of COVID-19.

Initials: \_\_\_\_\_

### Release:

In consideration of the above mentioned risks and hazards, and of the fact that I am willingly and voluntarily participating in the activities offered by HART, I hereby release HART, their principals, agents, employees, and volunteers ("Release Parties") from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with any loss, illness, damage or injury, including death, that may be sustained by me related to COVID-19, whether caused by the negligence or omission of the above mentioned parties, any other client using HART facility, or otherwise. This agreement shall be binding upon me, my heirs, assigns, successors, representatives, executors, or transferees.

Initials: \_\_\_\_\_

### Warranty:

I hereby warrant that I shall not visit HART if, at any time, I experience symptoms of COVID-19, I have had a suspected, diagnosed or confirmed case of COVID-19 (and have not yet received a full medical release from a health care professional), I have been exposed to any person who has a suspected or confirmed case of COVID-19 within the last 14 days, or I have returned from (or been exposed to a person returning from) a highly impacted area subject to CDC Level 3 Travel Health Notice.

Indemnification: I agree to indemnify, defend and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Release Parties for any COVID-19 injury, including but not limited to illness, death, loss of use, and monetary loss due to my activity at HART, whether caused by the negligence of the Released Parties or otherwise. If any portion of this agreement is held invalid, the remainder of this waiver shall remain in full legal force.

By signing below, I acknowledge that I have read HART's COVID-19 Waiver of Liability and that I understand it. I am signing voluntarily. I understand that by signing this form I am waiving valuable legal rights. This waiver remains in effect until the State of Oregon lifts all COVID-19 related mandates.

Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Participant/Parent or Guardian (if under 18): \_\_\_\_\_



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### **Application for Financial Assistance from the Josie Magill Scholarship Fund**

1. Scholarships must be renewed in January of each year. By January 15<sup>th</sup> new applications must be submitted in order to remain in the scholarship program.
2. If a new application is not submitted, your scholarship will run out by February 1<sup>st</sup> and you will be expected to pay the full amount of the service.
3. Your co-pay may change annually based on the availability of funds and your household income.
4. New clients may submit an application at any time but a new application will be required by January 15<sup>th</sup> regardless of the original date of the application.
5. In order to keep the scholarship active, you must pay at the **time of service**.
  - a. Payments may be made by cash or check and placed in the envelope provided or paid through the website using PayPal.
  - b. You are encouraged to pay in advance if possible.
  - c. The co-pay amount is only for you and doesn't extend to others paying for equine therapy on your behalf because the co-Pay amount is based on your family's income and not the income of others.
6. If you are behind on your co-pay, a Statement will be emailed to you. If you are **four** sessions behind in payments, you will risk losing your scholarship.
  - a. There is a waiting list for scholarship applicants and a limited amount of scholarship money available.
7. Scholarships are only given to those who have no other options of payments available to them and to those who qualify.
  - a. In order to qualify you must complete the attached application and return it to HART.
  - b. Once the application is completed and returned, the Scholarship Committee will notify you of your co-pay amount.



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### Scholarship Application

Date\_\_\_\_\_

Participant Name\_\_\_\_\_ Age\_\_\_\_\_

Parent/Guardian's name (if client is a minor)\_\_\_\_\_

Best Phone to Reach You\_\_\_\_\_

Email\_\_\_\_\_

Please circle the program you have been accepted to participate in:

Adaptive Riding

Equine Assisted Learning

Other

Family's Gross Monthly Income\_\_\_\_\_ (Must provide proof of income)

Number of Children Living in Household\_\_\_\_\_

Number of Adults Living in Household\_\_\_\_\_

Other information that you think we should know regarding your financial situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Do not write below this line)*

*For scholarship committee use:*

Please circle one:

Adaptive Riding

Equine Assisted Learning

Other

Proof of income provided:    Yes                  No

Amount of co-pay\_\_\_\_\_ Initials\_\_\_\_\_ Date\_\_\_\_\_