



Thank you for your interest in Hands and Hearts for Horses. Enclosed is a packet of information and the required forms, which must be filled out and returned to the Office Administrator prior to placement in the program. Please keep this first section for your future reference.

Hands and Hearts for Horses (HHH) is a non-profit therapeutic equine assisted activities and therapies program in a supportive and dynamic environment to enhance the quality of life for children and adults with disabilities living in Thomasville, Tallahassee and the surrounding areas. This program strives to be therapeutically beneficial in the physical, psychological, cognitive, and behavioral aspects of each individual who participates. All programs work towards fostering independence, enhancing individual strengths, and achieving personal goals.

What is Therapeutic Horseback Riding?

Therapeutic riding uses equine-oriented activities for the purpose of contributing positively to the cognitive, physical, emotional, and social well-being of people with special needs. Therapeutic riding provides benefits in the areas of sport, recreation, education, and medicine to individuals with a wide range of disabilities.

What are the Benefits of Therapeutic riding?

Physically, therapeutic riding can improve coordination and help normalize muscle tone. It can help improve posture and increase the functional range of motion, muscular strength, and flexibility. Perceptual motor skills and sensory motor skills may also improve. The psychological benefits for the individuals who participate include improved motivation, self-esteem, and confidence. Therapeutic riding enhances the development of cognitive skills and allows the rider to improve socialization skills and learn teamwork.

How do I qualify to participate as a rider with Hands and Hearts for Horses?

You must:

- Be over the age of 4
- Weigh no more than 250 lbs.
- Have sufficient balance to maintain sitting on the horse
- Behave appropriately to maintain safety

Hands and Hearts for Horses may be unable to accommodate a potential rider due to resources available and program capabilities (i.e. horses, equipment, and availability of therapist involvement, volunteers, and instructor capabilities). Hands and Hearts for Horses follows PATH Intl. Precautions and Contraindication guidelines.

How do I get started?

Each rider, parent, or guardian begins by reading the attached information package, completing the attached forms and returning them to the barn. Please note the medical forms **must be completed and signed by the rider's physician**. New riders will require an assessment to determine the riders' individual needs, suitability, class type, exercise tolerance, mounting technique, volunteer assistance, horse and adaptive equipment assignments, availability and goal setting. Riders are then placed in classes based on their individual needs, ability, age, personal goals and availability.

Through carefully designed objectives and lesson plans prepared by our PATH Intl. Certified Instructors, riders work towards their personal goals in a therapeutically beneficial setting. The rider's instructor records measurable outcomes and documents progress notes each week for the individual riders they serve; always working towards the goals agreed upon at the beginning of each semester.



Hands & Hearts for Horses, Inc.
Participant Application
3824 Lower Cairo Road
Thomasville, Georgia 31792



This information must be updated and submitted annually. Please print legibly.

Participant Name: _____ Date of Birth: ____/____/____ Age: _____

Prefers to be Called: _____ Gender: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Alternate Phone: (____) _____
(Mother/Father/Caregiver/Guardian/Other: _____)

Cell Phone: (____) _____ Alternate Phone: (____) _____
(Mother/Father/Caregiver/Guardian/Other: _____)

Participant School or Employer: _____ School Grade/Occupation: _____

Living Arrangements: _____ Independent _____ Supported _____ with Parents _____ with Guardian

Email(s): _____

Preferred Method of Contact: Phone Email Mail Text

**HHH utilizes the "Remind App" for scheduling correspondence.*

If under age of 18 or dependent adult, please list parent/guardian/caregivers' names below:

Name: _____ Cell Phone:(____) _____ Relationship: _____

Name: _____ Cell Phone:(____) _____ Relationship: _____

In case of emergency, please contact the following if other than parent/guardian/caregiver:

Name: _____ Cell Phone:(____) _____ Relationship: _____

Name: _____ Cell Phone:(____) _____ Relationship: _____

Programs of Interest (circle all that apply)

Therapeutic Horsemanship (Mounted Lessons)

Equine Growth & Wellness (Unmounted Lessons)

Occupational Therapy - Equine Assisted

Vocational Training Program

Referral Method

HHH Client

HHH Volunteer

Medical Referral

Family/Friend

HHH Website

Other: _____

Payment Methods

Preferred Payment (circle one): Private Pay (\$35/lesson) Scholarship Application (***Request Application***)

How do you wish to pay: Cash Credit/Debit Check

OR

My participant is covered through another **pre-approved entity (i.e., Easter Seals)**: _____

Name of contact/support coordinator: _____

Phone Number: _____ Email: _____

Scholarships & Fees

The Hands and Hearts for Horses Board of Directors, staff and volunteers continue to aggressively pursue funding to support the program and make it affordable for every rider we serve. Our riders are subsidized through vigorous fundraising efforts. *Although riders pay \$35 per lesson, the actual cost for therapeutic riding lessons are \$165 per 60-minute lesson.* Scholarships may be considered on a case-by-case basis.

Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Hands & Hearts for Horses, Inc. permission to take, or have taken, still and moving photographs and films of the above-named Participant, including television pictures, and consents and authorizes Hands & Hearts for Horses, Inc., its advertising agencies, news media and any other persons interested in Hands & Hearts for Horses, Inc. and its work to use and reproduce the photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical materials.

Please initial ONE:

_____ I hereby consent to and authorize without any compensation the use and reproduction by Hands and Hearts for Horses of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, or for any other use for the benefit of the program.

_____ I do NOT consent to any photograph or other audiovisual materials taken of me/my child/my ward.

Therapeutic Horsemanship & Horseback Riding Program Information

Hands & Hearts for Horses Therapeutic Horsemanship classes are organized to assign riders to a class according to age and level of riding skill. We periodically re-define rider levels to best meet our riders' abilities. The Director and Instructors will determine final placements of riders. Although times are listed for lessons below, these times are subject to change based on the instructor's decision on what is best for the rider.

- Group lessons are 45 to 60 minutes and may have up to 4-6 clients per class.
- Semi-Private lessons are 45 minutes and have 2-3 clients per class.
- Private lessons are 30 minutes in length. These are ONLY assigned by the Director and are reserved for severe clients who may need additional support.

Attire: All students must wear approved ASTM-SEI safety helmets while mounted. Helmets are provided by Hands & Hearts for Horses, unless you purchase your own. If you decide to purchase a helmet, we need to approve it. **All students must wear closed toes shoes and long pants are preferred.**

General Safety Rules:

- Riders who are minors require a parent or caregiver to remain onsite during the lesson.
- Guests and spectators should remain in the designated viewing areas in order to minimize distractions.
- Please do not leave any children unattended.
- Please note: The barn is not open to parents, caregivers or visitors without prior permission. Horses are large and often unpredictable animals, no one should be riding or interacting with them without being under direct supervision or permission from a staff member.

Weight Policy

For the safety of our clients, horses, and volunteers, we adhere to our veterinarian's recommendations for height to weight ratios listed below. If you are not within the height to weight ratios, accommodations may be made at the discretion of the Program or Executive Director.

Under 5'0" tall = 150 lbs. 5'0" – 5'6" = 175 lbs.
5'7" – 6'0" = 200 lbs. 6'1" – 6'5" = 250 lbs.

Please initial as acknowledgement of the height to weight ratio: _____

Equine Liability Release

_____ (Participant's Name) would like to participate in the Hands and Hearts for Horses therapeutic riding program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my child/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 Hands and Hearts for Horses Inc., its Board of Directors or Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in any Hands and Hearts for Horses program.

I understand that for the purpose of assisting volunteers in providing safe and responsible services to students, Hands and Hearts for Horses will release information pertaining to the student's disability as necessary. By signing below, I acknowledge involvement with horses is a high-risk activity. I have read this agreement and fully understand its content.

Signature: _____ Date: _____

Hands & Hearts for Horses No-Show and Cancellation Policy

We ask that the following policies be adhered to so that we may be able to offer the best quality program possible.

- 1) Please arrive a few minutes early for your class. This will give you a chance to use the restroom, find and put on your helmet, and be ready to mount on time. It may not be possible to mount a late arrival and if the arena gate is closed and the class has already started, then you will not be able to ride that day.
- 2) We will consider you "absent" if you have notified us at least 24 hours in advance. Otherwise, we will consider you a "no-show."
- 3) If you will be absent, please call 229-551-0086 and LEAVE A VOICEMAIL clearly stating the client's name, class day and class time.
- 4) In the case of an emergency, please contact us within 24-48 hours after the emergency to ensure that we have you marked correctly in our system.
- 5) In case of sudden illness, the client or parent/guardian should call as soon as it is apparent that they will not be able to attend (at least 2 hours prior to the lesson time).
- 6) Excessive absences (3 or more) or no-shows (more than 3) will be subject to losing your class slot and being placed at the end of the waiting list.
- 7) Clients who have been awarded a scholarship for the semester and do not follow our cancellation procedures will be subject to forfeiting the scholarship and being ineligible for future scholarships.

"No-Shows, No-Calls" result in:
Decrease in recruiting and retaining volunteers
Unnecessary tacking and untacking of our horses
Inefficient use of staff and volunteers

_____ (Please initial) I have read and understand the Hands & Hearts for Horses No-Show and Cancellation Policy.

By signing below, I acknowledge that I have read and understand all the above stated Operating Policies at Hands & Hearts for Horses.

Participant's Signature: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____
(if participant is under 18 years of age)

Witness: _____ **Date:** _____

We ask for your voluntary response to the following questions as we grow and expand our services. This information will be used ONLY for purposes of fund-raising, obtaining financial and in-kind support from foundations and other support agencies as well as from government entities. Your response will, in no way, influence your registration or participation at Hands & Hearts for Horses.

- 1) Total Household income: ___ less than \$24,999 ___ \$25,000 - \$45,000 ___ \$46,000 - \$69,999 ___ more than \$70,000

- 2) Client Race/Ethnicity (check all that apply) ___ American Indian or Alaskan Native ___ Black or African American ___ Asian ___ Native Hawaiian /other Pacific Islander ___ Hispanic or Latino ___ Caucasian/White

HANDS & HEARTS FOR HORSES, INC.
EQUINE ACTIVITY RELEASE/WAIVER, ASSUMPTION OF RISKS AND
INDEMNIFICATION AGREEMENT AND NOTICE OF RISKS

I, _____ (Parent/Guardian), do hereby:

1. RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Hands and Hearts for Horses Inc., its operators, horse owners, and each of them, their officers, agents, employees, leasees, volunteers and participants (all hereafter collectively referred to as RELEASEES) from any and all claims, loss, damage, and liability to the UNDERSIGNED, his/her personal representatives, assigns, heirs, next of kin, or anyone claiming through them, arising out of any liability or negligence of RELEASEES which causes the UNDERSIGNED injury, death, damages, or property damages. I HEREBY COVENANT to hold RELEASEES harmless and indemnify RELEASEES for any claim, judgment, or expense including attorney's fees and costs of litigation RELEASEES may incur arising out of my activities or presence, or travel to or from, at or on the farm, including the playground, or on the property of RELEASEES or at horse shows.

2. UNDERSTAND that my entry onto the farm or premises of RELEASEES, riding, showing, or attending horse shows involves DANGER AND RISK OF INJURY OR DEATH, that conditions of horseback riding and horses change from time to time and may become more HAZARDOUS, and that there is INHERENT DANGER in horse riding which I appreciate and VOLUNTARILY ASSUME because I CHOOSE TO DO SO. I have observed horses and riding of the type that I seek to participate in and I have inspected the grounds, horse, and equipment provided. I further know that other riders, horses, and participants pose a danger to me; nevertheless, I VOLUNTARILY ELECT TO ACCEPT ALL RISKS connected therewithin my participation. Likewise, I understand that use of the playground and playground equipment is voluntary and that use of the equipment involves DANGER AND RISK OF INJURY OR DEATH. I have personally inspected the playground and VOLUNTARILY ELECT TO ACCEPT AND ASSUME ANY AND ALL RISKS connected therewith in my participation and the participation of my child or children.

3. I verify that no representations or inducements have been made to me to sign this Release. I further expressly agree that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the state in which I participate in activities conducted by the RELEASEES and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

WARNING

Under Georgia law, an equine activity sponsor or 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, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

THE UNDERSIGNED HAS READ, VOLUNTARILY SIGNED, AND UNDERSTANDS THAT THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT FULLY RELEASES HANDS AND HEARTS FOR HORSES FROM ANY LIABILITY TO THE UNDERSIGNED.

READ CAREFULLY BEFORE SIGNING!!

Participant's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(if participant is under 18 years of age)



Hands and Hearts for Horses Code of Conduct

Respect for Others

- I will respect the rights, dignity and worth of other Hands and Hearts for Horses participants, volunteers, instructors, staff, friends, family members and spectators.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will display control, respect, dignity and empathy to all involved including participants, volunteers, instructors, staff, friends, family members and spectators.

Responsibility for My Actions

- I will not use profanity or insult or taunt others or engage in other forms of poor behavior. I will practice good sportsmanship.
- I will not engage in any type of inappropriate behavior, sexual activity and/or verbal or physical abuse with other participants, volunteers, instructors, staff, friends, family members or spectators.
- I will respect the property of Hands and Hearts for Horses.
- I will respect every horse/equine and will not engage in physically abusive behavior toward any.
- I will obey all posted rules of the barn.

By signing below, I am saying that I have read, or have had read to me, this Code of Conduct.

I agree to obey and understand the words and meaning of this Code of Conduct.

I understand that it is a general guide and does not describe all types of good and bad behavior.

I understand that if I do not obey this Code of Conduct, I may be discharged from the Hands and Hearts for Horses program.

Print Name of Participant

Printed Name of Guardian or Parent
(If participant is under 18 years of age)

Date

Signature of Participant

Signature of Guardian or Parent

Date



Hands & Hearts for Horses

COVID-19 Acknowledgement of Risk and Acceptance of Services

I, _____ (Client) and _____ (Parent/Guardian), is/are aware of the risks of contracting COVID-19 or Coronavirus while receiving in person services from Hands & Hearts for Horses (HHH) at this time of the pandemic outbreak.

I/we am/are aware of the options for remotely provided services, including but not limited to telephone and video telehealth offered instead of, or in combination with, in person services. I/we am/are also aware that in person services increase my/our risk of contracting and passing on the COVID-19 or Coronavirus and agree to hold harmless HHH, its employees and all other individuals I/we may encounter during any such interaction and receipt of services.

I/we agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by HHH, its instructors and staff. This may include but is not limited to: waiting in my vehicle or home until I am asked to enter the building or vehicle, either in person or via telephone; washing my hands prior to and at the end of each session; use of hand sanitizer upon request; wiping down surfaces with disinfectant; and wearing a protective mask and/or gloves.

I/we agree to cancel my/our HHH services should I/we at any time within the previous 2 weeks personally had symptoms of, or been in contact with, someone who has admitted being positive to, COVID-19/Coronavirus or presented with illness including persistent coughing, sneezing, fever, chest congestion or any other signs of any virus or bacterial disease. In addition, I/we will follow the recommendations of HHH staff once I/we have notified them of these symptoms, or of my/our exposure to a COVID-19 positive person, as it pertains to my future receipt of services during this pandemic and until such time as HHH staff should determine that said precautions are no longer necessary.

Hands & Hearts for Horses staff will engage in regular cleaning and sanitizing of horse tack and grooming supplies, as well as office surfaces and doors, and all frequently touched areas, between all client visits and on a daily basis as recommended by the CDC and our contracted Veterinarians for the safety of all visitors, clients, employees, volunteers and horses.

I/we am/are signing under my/our own free will and choice and agree to follow these and any other precautions as may be presented for my/our health and safety and hold harmless all individuals associated with or through any services I/we acquire from Hands & Hearts for Horses, its staff, volunteers, agents or assigns.

Client Name: _____ Date: _____

Client Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____ Date: _____



Medical and Participant History



This form must be updated annually and submitted with required signatures. All forms must have required signatures and be returned to Hands & Hearts for Horses prior to participating.

The following conditions ARE contraindicated for therapeutic riding:

- Hemophilia
- Positive x-ray for Atlantoaxial Instability
- Tethered cord or Chiari II malformation
- Hip subluxation, dislocation, or degeneration
- Spinal cord injury above T6
- Uncontrolled seizures
- Indwelling catheter

The following conditions MAY BE contraindicated for therapeutic riding:

- Osteoporosis
- Heart condition
- Varicose veins
- Recurrent pathological fractures
- Osteogenesis Imperfecta
- Diabetes
- Spina Bifida
- Spinal fusions/spinal instability
- Recent surgeries
- Lordosis or Kyphosis
- Spinal stabilization devices
- Structural scoliosis > 30 degrees

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

Height: _____ feet _____ inches **Weight:** _____ lbs. Gender: _____

Primary Diagnosis: _____ ICD Code: _____

Diagnosis ONSET (please check one): Birth Childhood Adolescence Adulthood Date: _____

Secondary Diagnosis: _____ Tertiary Diagnosis: _____

Client Is: Verbal Hearing Ambulatory Seeing

Verbal Assisted Hearing Assisted Ambulatory Assisted Seeing with Assist

Non-Verbal Deaf Non-Ambulatory Blind

PLEASE LIST ALL CURRENT MEDICATIONS:

1. _____ Taken for: _____
2. _____ Taken for: _____
3. _____ Taken for: _____
4. _____ Taken for: _____

CURRENT/PREVIOUS THERAPIES:

- Occupational Therapy: _____
- Physical Therapy: _____
- Speech Therapy: _____
- Other: _____

Hands & Hearts for Horses GOALS for IMPROVED DAILY LIVING SKILLS:
Please include equestrian skills and goals, as well as daily living skills and goals.

1. _____
2. _____
3. _____
4. _____
5. _____

Hobbies and other interests: _____

Riding Experience:

New to HHH? YES NO First year at HHH: _____ Other equine therapy facility: _____

Previous riding or horse-related experience: None Minimal Moderate Extensive
If previous riding experience: Independent Spotter/Leader Sidewalker(s)

Describe previous equine experience: Year started: _____ Duration: _____

Please indicate if the client has or has had history of the following by checking yes or no.

Concern	YES	NO	If Yes, please describe
Allergies			
Asthma/COPD			
Auditory			
Brace			
Cardiac			
Circulatory			
Dislocating Joints			

Laminectomy/Fusion			
Learning Disability			
Mental Impairment			
Neurological			
Ossification			
Osteoporosis			
Pain			
Psychological Impairment			
Scoliosis			Degree: _____ Type: _____
Seizures, Type:			Controlled: <input type="checkbox"/> Yes <input type="checkbox"/> NO Last Seizure Date: _____
Skeletal			
Speech Impairments			
Spinal Column Injury			
Spondylolisthesis			
Subluxing Joints			
Surgical Implants			
Visual Impairment			
Other			
Mobility:			
Independent Ambulation?			
Cane/Crutches/Walker			
Prosthetics			
Orthotics			



Participant Evaluation Questionnaire



Complete this form in order for us to get to know your child or participant better, so that we may provide them with the most effective therapeutic services as possible.

Participant Name: _____ Date: ____/____/____

Parent/Guardian Primary Concerns: _____

Using adaptive equipment? List _____

Physical or medical precautions or activity restrictions (i.e. due to heart problems, asthma, seizures, physical limitations?) _____

Current areas of concern (please mark all that apply)

Gross Motor Development

Fine Motor Development

Sleeping

Language Development

Social Skills

Eating

Play skills

Temperament

Frustrations (list): _____

Fears (list): _____

Independent living Skills (list): _____

What are the participant's most preferred activities?

Indoors: _____

Outdoors: _____

What are the participant's least favorite activities?

Indoors: _____

Outdoors: _____

When is the participant most calm or happy? _____

When does the participant become most frustrated? _____

Does the participant use a transitional object or security toy? _____ Yes _____ No

(If yes, please specify) _____

Does the participant resist participating in fine or gross motor tasks? _____

Check the following items that best describes the participant.

Visual

___ Wears glasses

___ has a diagnosed visual problem (describe):

___ Has difficulty finding / seeing things (shoes in the closet, toy in a toy basket)

Auditory and Language

___ Has a suspected or diagnosed hearing loss

___ Limited or absence of gesturing to assist communication

___ Excessive talking interferes with listening

___ Nonverbal; Do they have a form of communication? List/circle the form of communication system (PECS, Sign Language, gestures used, etc.): If language is not strong, describe the vocalizations your child uses: _____

Self-care / Regulation of Body Function

Is your child able to complete these tasks independently (please check Yes/No)

___ Yes ___ No Toileting – bowel/ bladder control

___ Yes ___ No Undresses

___ Yes ___ No Dresses

___ Yes ___ No Snaps / Unsnaps

___ Yes ___ No Buttons

___ Yes ___ No Zippers pull / engage/ disengage

___ Yes ___ No Velcro on / off

___ Yes ___ No Socks on / off

___ Yes ___ No Self-feeding (finger foods)

___ Yes ___ No Uses eating utensils

___ Yes ___ No Uses open cup

___ Yes ___ No Sippy cup

___ Yes ___ No Uses a straw

Check the following items that best describes the participant.

___ Mostly Quiet

___ Tires Easily

___ Clumsy

___ Talks Constantly

___ Restless

___ Craves Touch

___ Shy

___ Impulsive

___ Avoids Touch

___ Happy

___ Overly Active

___ Difficulty Separating

___ Stubborn

___ Overreacts Frequently

___ Has Nervous Habits

___ Temper Tantrums

___ Gets Frustrated Easily

___ Has Unusual Fears

___ Poor Attention Span

___ Difficulty Learning New Tasks

___ Needs Routine

___ Difficulty with Transitions

___ Difficulty with Change

___ Put things in mouth



Hands & Hearts for Horses, Inc. Physician's Statement and Release (Part 1 of 2)

To be completed by participant's physician or licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.)

This form must be updated annually and submitted with required signatures.



Physician, please note – the conditions noted on the accompanying medical history, if present, may represent precautions or contraindications to equine assisted activities. Therefore, when reviewing the medical history, please note whether these conditions are present and to what degree. Please be as specific as possible so that we may best serve the client's needs. *Hands & Hearts for Horses will make the final determination about the individual's ability to participate in the program based on the Physician's Statement and the availability of horses. Please complete the form in its entirety.*

Patient Name: _____ Date of Birth: _____

Patient Primary Diagnosis: _____ ICD 10 Code: _____

Secondary Diagnosis: _____ Other: _____

Date of Onset: _____ Height: _____ Weight: _____

Specific limitations not noted on medical history: _____

ALL Participants with Down Syndrome – PLEASE NOTE:

Due to the nature of Equine Assisted Activities and Therapies, we require that ALL individuals diagnosed with Down Syndrome must have an ANNUAL certification from their physician that a neurological and/or physical examination reveals no sign of AAI (Atlantoaxial Instability) or decrease in neurological function:

Annual neurological/physical exam for AAI/decreased neurological function:

___ Positive ___ Negative **Exam Date:** _____

ALL Participants with Scoliosis – PLEASE NOTE:

Moderate or severe scoliosis MAY be a contraindication for Equine Assisted Activities and Therapies if the participant cannot achieve full upright posture. The participant's spine should have enough flexibility to accommodate the movement of the equine activity.

Degree of Scoliosis: _____

ALL Participants who have seizures – PLEASE NOTE:

Due to the nature of certain seizures, please consult with your physician to determine if therapeutic horseback riding is a safe activity. Seizure disorders that are not controlled and certain types of seizures (atonic or drop attack seizures) may be a contraindication for horseback riding.

Seizure Type: _____ Controlled: ___ Yes ___ No **Date of Last Seizure:** _____



Hands & Hearts for Horses, Inc. Physician's Statement and Release (Part 2 of 2)



I have reviewed the attached medical history and release my patient to participate in appropriate programming at Hands & Hearts for Horses, Inc. I am aware and permit my patient to actively participate in the following area (check all that apply):

- Sitting astride a horse Grooming horses Other equine related ground activities

Given the above diagnosis and medical information, I affirm that this person is not medically precluded from participating in supervised equine-assisted activities. However, I understand that the therapeutic riding center will weigh the medical information against the existing precautions and contraindications. Therefore, I refer this person to Hands & Hearts for Horses, Inc. for ongoing evaluation to determine further eligibility for participating in supervised equine-assisted activities.

Physician/Medical Professional Name (please print): _____

MD DO NP PA PT OT SLP Other: _____ License/UPIN#: _____

Physician's Signature: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Office Phone: _____ Office Fax: _____

When completed with **ALL SIGNATURES** please return this form to:

Hands & Hearts for Horses

3824 Lower Cairo Road

Thomasville, Georgia 31792

Phone: 229-551-0086 Fax: 916-644-8182

Email: info@handsandheartsforhorses.com



How Can I Help Hands & Hearts for Horses?



We ask for your voluntary response to the following questions as we grow and expand our services. This information will be used ONLY for purposes of fundraising, obtaining financial and in-kind support from foundations and other support agencies as well as government entities. Your responses will in no way influence your registration or participation at Hands & Hearts for Horses.

Name: _____ Phone: _____ Email: _____

Hands & Hearts for Horses Affiliation:

Participant Client Parent/Guardian Volunteer Other: _____

Please indicate any civic or service organizations that you or your family are involved with:

Club/Organization Type	Club Organization Name
Rotary Club	
Lions Club	
Junior League	
Exchange Club	
Religious Organization	
Military or Retired Military Organization	
Service Organization	
Other	

Please indicate the employment of you and/or your family.

Who	Employer	My Employer Offers:		
		Matching Gifts	In-kind Donations	Sponsorships
You				
Spouse/Partner				
Family Member				
Family Member				

I would like to share my story as a part of a Hands & Hearts for Horses Ambassador. Yes No

I am fluent in a language other than English. Yes No Language: _____

I would like to share my talents: Photography Database Handyman Other: _____

I would like to sponsor a Hands & Hearts for Horses Horse (**\$1,500 annually**): _____ (Name of Horse)

I have media connections: Yes No

I have a suggestion for one of the following and would like to be contacted:

Donor Sponsor In-Kind Donation Community Partnership Corporate Partnership
 Grant Horse Other: _____