Hoofbeats Therapeutic Riding Center, Inc.
P.O. Box 979, Lexington, VA 24450
Ph: (540) 464-3337
e-mail: info@hoof-beats.com
Website: www.hoof-beats.com

Letter from the Program Director with important information for all program participants

Dear Parents, Guardians, Riders, and Prospective Clients of Hoofbeats:

Welcome to Hoofbeats! Whether you are new to Hoofbeats or have been with us for many years, we are glad to have you!

Hoofbeats is now in its second year as a part of a wonderful new accreditation program, Shepherd Academy. While operating under the new guidelines, we have also kept some of the PATH International guidelines that happened to blend in well within our program. You may not notice any changes in your experience at Hoofbeats however you are welcome to come to us with any questions.

Due to staffing and space restrictions, group lessons are still not available at this time as we will continue to schedule lessons as private or semi-private. Out of respect, please do not come to the barn sick or with potentially sick family members.

HOURS OF OPERATION: As in prior years, lessons will be offered Tuesday – Saturday. Hoofbeats is CLOSED on Sundays and Mondays. Note as well that NO LESSONS will be scheduled on special event days, or on the day before a major event. Hours for lessons are generally 10:00 a.m.. to 5:00 p.m.. (please note that Hoofbeats cannot operate after dark, and afternoon lessons during the fall session must be scheduled with that in mind.)

LESSON POLICIES: Clients should report to the barn for their lessons each week, according to the schedule agreed upon with the instructor. Lessons will be held even in mildly inclement weather; report for your lesson unless you hear to the contrary or feel free to call and check with Carol at 461-1512. If for any reason Carol elects to cancel a lesson, she will contact you to reschedule your ride. Please note: in the event that you decide to cancel a lesson, that lesson may be forfeited. We serve so many students, our schedule is extremely tight. Please note as well that Hoofbeats cannot reimburse clients for lost lesson time. Lesson fees are calculated to cover the cost of maintaining our horses for the season; the horses still eat, whether students come to ride or not.

ESPECIALLY FOR NEW CLIENTS (but also for returning clients whose condition has altered): Perspective clients are encouraged to contact the Program Director and Instructor, Carol Branscome, at the Hoofbeats office (540-464-3337) to arrange an interview, and a tour of the facilities. The interview allows Carol to present the program, explain staff qualifications, introduce our "equine staff," and thoroughly answer any questions. It also provides Carol the opportunity to formulate a preliminary assessment of the student's needs, to discuss mutually agreeable options for the lesson schedule, and to explain the required fees. Depending on the type of disability and/or degree of impairment, Carol may feel it important to obtain input from doctors, teachers, and/or therapists, in order to establish realistic goals and lesson plans that will best meet the client's needs. It is for these reasons that clients are encouraged to contact Hoofbeats well ahead of the start of the riding season. An early start also allows the formal registration process (especially the filling out of required forms, and payment of fees), to be completed in a timely manner, prior to the scheduling of lessons.

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IMPORTANT FOR EVERYONE:

No clients, new or returning, will be scheduled to ride until all required paperwork, and checks covering payment of fees, have been received by Megan Hess billing@hoof-beats.com (see list of required forms below, and the attached fee schedule, and check with the Hoofbeats office if you have any questions.)

Reminder to our *returning* clients and volunteers: Hoofbeats requires submission of new registration forms ANNUALLY. The required forms must be completed in full and signed and dated appropriately in all designated places. Once again, returning riders will not be scheduled for lessons, and volunteers will not be scheduled to work, until all completed paperwork for the current season has been received by Megan Hess.

You can obtain your forms by:

- calling the Hoofbeats office at 540-464-3337 and arranging to pick them up, or to have them mailed to you, or
- Going online to the Hoofbeats website (www.hoof-beats.com) and clicking on "Forms." The forms, in PDF format, can be downloaded for your use. **FORMS ARE NOW FILLABLE!!**

REQUIRED FORMS: ALL RIDERS must complete the following:

Form no. 1: Participant Registration and Media Release; Form no. 2: Liability and Hold Harmless Agreement; Form no. 3: Authorization for Emergency Medical Treatment ; Form no. 4: Medical History: Physician (to be completed by client's primary care physician) We realize that there may be delays in receiving Form #4 however this is a mandatory form that Hoofbeats must have as soon as possible. ; Form no. 5: Consent for Release of Information. Hoofbeats may also request that clients submit Form no. 6: Medical History: Therapist(if under the care of a therapist)

ALL VOLUNTEERS (NEW AND RETURNING) must complete the following forms: Form no. 9: Volunteer/Staff Info; Form no. 2; Liability and Hold Harmless Agreement; Form no. 3: Authorization for Emergency Medical Treatment. Each year every volunteer MUST also arrange to attend a training and orientation class. Be sure to check with Hoofbeats for this year's volunteer training schedule.

ADDITIONAL INFORMATION ABOUT FORMS: Be sure to note that the Medical History forms for Physician and for Therapist, nos. 4 and 6 respectively, are to be filled out by the client's medical professionals or educators. It will be the client's responsibility to provide the appropriate medical or educational professionals with these forms in a timely manner. The forms must be back to Hoofbeats preferably before the client's first lesson can be scheduled. Note also that Form no. 5, the Consent for Release of Information, is the document that allows our instructors to consult with those therapists, teachers or counselors that you have indicated could provide Hoofbeats with valuable input on your behalf. On the blanks the form provides, fill in the name of each professional, his or her field (e.g. M.D., P.T., O.T., Spec. Ed., etc.), and the contact information (address and phone.) Be sure to sign and return the form to Hoofbeats promptly, so our instructors can proceed to contact those professionals. **Be assured that all forms required by Hoofbeats are considered highly confidential**, are kept in files accessed only by our staff, and are consulted solely on a "need-to-know" basis. Hoofbeats operates in the same manner as any professional therapist.

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KEEP HOOFBEATS INFORMED: Throughout the year it is vitally important to appraise Hoofbeats of any changes in a client's condition that could impact his or her ability to ride safely. Changes in physical or mental condition, or changes in medications can have unfortunate consequences for a rider, potentially affecting balance, coordination, stamina, vision, or ability to hear well. Hoofbeats needs to know if a client has experienced an onset of episodic dizziness, headache, asthma, or abnormal blood pressure. An unexpected severe emotional upset in a client's life could lead to behavioral problems. It is the responsibility of the adult client, or the parent or guardian of a minor in our program, to keep Hoofbeats currently informed on any such issues.

HOOFBEATS POLICIES AND BARN RULES: All clients and volunteers will receive a copy of the Hoofbeats Policies and Barn Rules. These policies and barn rules are extremely important for the safety and wellbeing of all program participants and visitors. Read them over carefully and be sure to communicate them to anyone who may accompany you to the barn. EVERYONE will be expected to follow these rules and guidelines. PLEASE KEEP YOUR COPY FOR FUTURE REFERENCE.

IN ADDITION, Hoofbeats clients must be alert to the requirements of the facility. When driving to the Hoofbeats barn, please be mindful of the fact that there is often a great deal of activity (people, animals, vehicles) on the driveway. Drive the approach to the barn slowly and with special care, ever mindful that you could encounter people who are deaf or blind or who have mobility problems. Pedestrians, horses, dogs, cats, chickens and children have the right of way at all times. They may not move out of the way of your car. Please beep for assistance if this is the case and someone will come to help. Parking is at a premium and only allowed in designated areas. Please DO NOT park on the grass.

We've missed everybody! We're looking forward to welcoming you back to another TERRIFIC year! All the Hoofbeats horses are looking forward to the extra attention and treats!

Sincerely,

Carol Branscome
Program Director
carol@hoof-beats.com

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Fee Schedule for Lessons

The fee for each 8-week riding session is $320 ($40 per lesson)

Hoofbeats requires lesson payment in full, in advance of each 8-week session. Checks should be made payable to "Hoofbeats," and mailed to the above address, or brought to the Hoofbeats office during open hours. Please note: **The Hoofbeats Treasurer, Megan Hess, must have your payment in hand before your lessons will be scheduled.** Any request for an alternate payment arrangement must be addressed directly to Mrs. Hess, who can be reached as follows:

Hoofbeats office phone: (540) 464-3337
Email: billing@hoof-beats.com

Full and partial scholarships are available. The office maintains a scholarship waiting list, and recipients will be notified as soon as there are scholarship funds to award. Because of the expense of maintaining the Hoofbeats horses, it is impossible to offer fee waivers. Hoofbeats is truly dedicated to its students, and will make every attempt to find a way for you and/or your children to participate in our program. Let us know how we can work with you.

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Form 1 - Participant Registration and Media Release

***** Please note that horseback riding is contraindicated for some conditions/individuals, and Hoofbeats reserves the right to consider each application and deny services to individuals based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, staff, or property owners, or for other reasons. Please refer to Hoofbeats' Policies and Barn Rules for guidelines. *****

Client Name: _____ Date of Birth: _____ Age:_____

Street/P.O. Box:_____ City: _____ Zip: _____

Home Phone: _____Work Phone: _____ Cell Phone: _____

E-mail: _____

Parents or Guardian(s): _____

Address: _____ Phone: _____

Adult Caretaker, if any: _____ Phone: _____

School or institution presently attending: _____

In case of emergency contact: _____Phone : _____

Or contact: _____ Phone: _____

PHOTO/VIDEO/MEDIA RELEASE

Consent Choice (check one): DO: _____ DO NOT_____

By my selection above, I do/do not consent to and authorize the use and reproduction by Hoofbeats Therapeutic Riding Center, Inc. of any and all photographs and any other audiovisual, videotape, or digital media materials taken of me/my child/my ward for promotional printed material, internet website, educational activities, exhibitions or for any other use for the benefit of Hoofbeats Therapeutic Riding Center, Inc., the Therapeutic Riding Association of Virginia (TRAV), or the Professional Association of Therapeutic Horsemanship International (PATH).

Date: _____Signature of Participant: _____

Print Name of Participant: _____

Parents or guardians with legal custody must sign IF participant is under eighteen (18) years of age or otherwise under a legal disability.

Date: _____Signature: _____

Print Name: _____

Date: _____Signature: _____

Print Name: _____

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Form 2 - Liability and Hold Harmless Agreement

HOOFBEATS THERAPEUTIC RIDING CENTER, INC. WAIVER AND NOTICE

Check One:

Student: ☐ **Volunteer:** ☐ **Staff:** ☐ **Board Member:** ☐

I choose to participate in equestrian activities with Hoofbeats Therapeutic Riding Center, Inc. And in order to do so, I agree to the following waiver of liability:

I recognize that there are risks inherent in participating in any equine activity, including: 1) the propensity of an equine to behave in dangerous ways which may result in injury or death of the participant; 2) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and 3) certain hazards such as surface or subsurface conditions.

The undersigned, on behalf of himself/herself (hereinafter himself) and all members of his immediate family and household, and his and their heirs, executors, administrators as assigns, (collectively, the "PARTICIPANT") does hereby forever release and discharge HOOFBEATS THERAPEUTIC RIDING CENTER, INC. and its members thereof, of any and all claims, demands, causes of reaction and liability of any nature, which may arise from or in connection with my participation in equestrian activities at HOOFBEATS THERAPEUTIC RIDING CENTER, INC.

The PARTICIPANT hereby agrees to waive and not to assert or bring action at law or in equity or otherwise any claim, demand, cause of action, or liability against HOOFBEATS THERAPEUTIC RIDING CENTER, INC. or its members.

Signature: _____
(Must be 18 years of age or older, legally responsible, or parent/guardian must sign)

Print name as shown above: _____

Participant's name (if applicable): _____

Date: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Home Phone:_____Work Phone_____Cell Phone: _____

E-mail: _____

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Form 3 - Authorization for Emergency Medical Treatment Check One:

Student: ☐ **Volunteer:** ☐ **Staff:** ☐ **Board Member:** ☐

Name (of above): _____ Date of Birth_____

Address: _____ Phone: _____

Preferred Medical Facility: _____

Physician's Name: _____ Phone: _____

Health Insurance Co.: _____ ID#: _____ Group #: _____

Health Insurance Co.: _____ ID#: _____ Group #: _____

Emergency Contacts:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Allergies to Medications:_____

Current Medications: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, volunteering, or while being on the property of the agency, I hereby authorize **Hoofbeats Therapeutic Riding Center, Inc.** to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client or volunteer records upon request to the authorized individual or agency involved in the emergency medical treatment.

CONSENT PLAN (Parents/legal guardians must sign for children under 18, wards of the court, or is legally responsible)
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 below is unable to be reached.

Date:_____ Consent Signature: _____

Print Name: _____

Phone:_____ Address: _____

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, volunteering, or while being on the property of the agency. In the event emergency aid/treatment is required, I wish the following procedures to take place:

Date:_____ Consent Signature: _____

Print Name: _____

Phone:_____ Address: _____

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Form 4 - PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

(To be completed annually by Primary Physician)

TO OUR RIDER: Please note that this *Medical History Form* requires your physician's input and signature. Make sure you allow your physician adequate time to fill out this form and return it to you, so that you can bring it to Hoofbeats before the start of lessons. HOOFBEATS MUST HAVE IN HAND THIS COMPLETED AND SIGNED MEDICAL HISTORY FORM BEFORE YOU WILL BE ABLE TO RIDE.

Participant's Name: _____ _____

Address: _____

_____

Date of Birth: _____ Height: _____ Weight: _____

Name of Parent/Guardian/Adult Caregiver, if any: _____

Diagnosis: _____ Date of onset: _____

**For persons with Down Syndrome: ☐ Negative Cervical X-ray for Atlantoaxial Instability - X-ray Date: _____

☐ Negative for clinical symptoms of Atlantoaxial Instability

Tetanus Shot: Yes ☐ Date: _____ No: _____

Seizure Type: _____ Controlled: _____ Date of last seizure: _____

Medications: _____

Precautions for outdoor activities? (Allergies, sun/heat sensitivity, asthma, etc.): _____

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 Disabilities	☐	☐	
Mental Impairment	☐	☐	
Psychological Impairment	☐	☐	
Other	☐	☐	

Mobility: Independent Ambulation: Yes ☐ No ☐ Crutches: Yes ☐ No ☐ Braces: Yes ☐ No ☐

Wheelchair: Yes ☐ No ☐

(Cont. on second page)

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Form 4 - PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT (cont.)

Participant's Name:_____

PHYSICIAN'S STATEMENT

To my knowledge there is no reason why this person cannot participate in supervised equestrian and outdoor activities. However, I understand that Hoofbeats Therapeutic Riding Center may contact me to discuss this information and will weigh the medical information above against the existing precautions and contraindications. I concur that a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) may be helpful in the implementing of an effective equestrian program.

Physician Name (Please Print): _____

Physician Signature: _____ Date: _____

Address:_____City: _____State:_____Zip: _____

Phone:_____

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

- Spinal Fusion
- Spinal Instabilities/Abnormalities
- Atlantoaxial Instabilities
- Scoliosis
- Kyphosis
- Lordosis
- Hip Subluxation and Dislocation
- Osteoporosis
- Pathologic Fractures
- Coxas Arthrosis
- Heterotopic Ossification
- Osteogenesis Imperfecta
- Cranial Deficits
- Spinal Orthoses
- Internal Spinal Stabilization Devices

Neurologic

- Hydrocephalus/shunt
- Spina Bifida
- Tethered Cord
- Chiari II Malformation
- Hydromyelia
- Paralysis due to Spinal Cord Injury
- Seizure Disorders

Medical/Surgical

- Allergies
- Cancer
- Poor Endurance
- Recent Surgery
- Diabetes
- Peripheral Vascular Disease
- Varicose Veins
- Hemophilia
- Hypertension
- Serious Heart Condition
- Stroke (Cerebrovascular Accident)

Secondary Concerns

- Behavior Problems
- Age under 2 years
- Age 2-4 years
- Acute exacerbation of chronic disorder
- Indwelling catheter

Completed form may be sent to:
Carol Branscome
Hoofbeats Therapeutic Riding Center
P.O. Box 979
Lexington, VA 24450

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Form 5 - Consent for Release of Information

Client/Participant Name: _____

Client/Participant Address: _____

Date of Birth: _____ Phone #: _____

Please List All Current Primary Care Physicians, Therapists (occupational, physical, speech, or mental health professionals), Special Education Teachers, or other professionals who may have information relevant to the safety, health, training, or goals for this participant in a therapeutic riding program. Use the back of this sheet if necessary for additional information;

Name of Professional	Type of Professional	Address	Phone

I hereby authorize any or all of the above-named professionals to release: medical histories; Physical Therapy, Occupational Therapy and Speech Therapy evaluations, assessments, and program plans; Classroom Individual Education Plans (I.E.P); and psychological/psychiatric histories, diagnoses, and evaluations to: **Hoofbeats Therapeutic Riding Center, Inc.** for the purpose of developing a Therapeutic Riding Program for the client named above.

(Parents/legal guardians must sign for children under 18, wards of the court, or if legally responsible. Both parents/guardians must sign below if there is joint or shared custody.)

Date:_____ Signature:_____
(Client, Parent, or Guardian)

Print Name: _____

Date:_____ Signature:_____
(Client, Parent, or Guardian)

Print Name: _____

Client Name: _____

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Form 8 - CONFIRMATION OF INTENT TO PARTICIPATE

HOOFBEATS LESSON PROGRAM

I intend for myself/my child (name:_____) to participate in the following 8-week lesson season(s) this year.

Please check all attending & S by those applying for a scholarship:

Spring Session --	Apr 14 - Jun 6
Summer Session --	Jun 16 - Aug 8
Fall Session --	Sept 1 - Oct 31

- I have read the Hoofbeats Policies and Barn Rules and agree to the rules.
- I have read the information in the Letter from the Program Director, and the information related to the amount and payment of required
- I understand that the Hoofbeats office must have in hand a complete set of the client's required paperwork before the client may ride.
- I also understand that prior to the start of each 8-week riding session in which a client wishes to participate, Hoofbeats must be in receipt of payment of fees in full. **Any exception requires a special arrangement with the Hoofbeats Treasurer (billing@hoof-beats.com), in advance of the first lesson inwhich the client plans to ride.**

By signing this form, I agree to the terms set forth above, and I commit to participation in the program's lesson sessions I have checked above.

Signature: _____

Name: _____

Date: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Indicate which session(s) a scholarship will be applied: (SPR/SUM/FAL) _____