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 returning and new Volunteers 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 5:30 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 the Hoofbeats Business Manager.

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; and Form no. 3: Authorization for Emergency Medical Treatment. Each year every volunteer MUST also arrange to attend an orientation and training session. 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 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 other health professional, in insuring clients their right to privacy.

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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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Form 9 - Volunteer/Staff Information, Releases, and Health History

Volunteer/Staff Name:_____ Date of Birth:_____Age:_____

Address:_____City:_____ State:_____Zip: _____

Employer/School:_____

Work Address:_____City_____State:_____Zip: _____

Phone: (H)_____(W)_____ (M)_____

E-mail: _____

Parent/Legal Guardian Name: _____

Address:_____City:_____ State:_____Zip: _____

Phone: (H)_____(W)_____ (M)_____

Adult Caregiver (if any): Name: _____

Address:_____City:_____ State:_____Zip: _____

Phone: (H)_____(W)_____ (M)_____

Emergency Contact:_____Phone: _____

How did you learn about Hoofbeats?_____ _____ _____

SKILLS AND TYPES OF ASSISTANCE NEEDED AT HOOFBEATS

Hoofbeats has need of volunteer assistance in a variety of areas/capacities, including, but not limited to:

- Helping in lessons as a horse leader or side walker
- Assisting at special events (e.g. horse shows in which our riders participate)
- Horse care; stable help
- Office work
- Carpentry (facilities maintenance)
- Fundraising
- Art work (e.g. producing posters; props for games); costume design/construction
- Music (examples: sound system operation; helping select and record cd's for musical rides)

Please use the blanks below to describe your areas of interest, your talents, skills, or experience, and explain the ways in which you wish to contribute your time to Hoofbeats:

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HEALTH HISTORY

Recent medical tests: Last Tetanus Shot (date):_____Tuberculosis Test (date +-): _____

(Consult your physician or local health department if you are not up to date with these shots/tests.)

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes:

Allergies (to Medications, etc.) _____

PHOTO/VIDEO RELEASE

I consent to and authorize the use and reproduction by Hoofbeats Therapeutic Riding Center, Inc. of any and all photographs and any other digital, audiovisual, or videotape 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 the program or TRAV or PATH.

Date:_____Signature: _____

Print Name: _____

Date:_____Signature: _____

Print Name: _____

(Volunteer / Staff; Parents/legal guardians must sign for children under 18 or wards of the court.)

BACKGROUND INFORMATION

Have you ever been convicted of a felony?

NO ☐ YES ☐

If yes, please explain:

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CONFIDENTIALITY POLICY/STATEMENT

1. Riders and their families, staff members, and volunteers have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. The therapeutic riding center shall preserve the right of confidentiality for all individuals in its program.
2. The staff shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Any person who accidentally obtains such information must not disclose it to anyone without proper authorization.
3. Anyone who works or volunteers for, or provides services to, the therapeutic riding center is bound by the confidentiality policy, including but not limited to: full- and part-time staff, independent contractors, temporary employees, volunteers, and board members.
4. A person must be over the age of 18 to give consent for disclosure of medical or sensitive information. For anyone under the age of 18, only parent(s), legal guardian or other legal representatives may give consent for disclosure. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision maker has been appointed, written consent must be obtained from that individual.
5. Disclosure of private or sensitive information will not be given out without a person's consent based on a *perceived* need to protect staff or anyone else from possible exposure through casual contact. EVERYONE should commonly practice infection control procedures with all riders and volunteers under the assumption that anyone could have HIV, hepatitis, or other blood-borne diseases. Casual contact poses NO RISK of transmission of diseases such as HIV.
6. Information will be disclosed to outside agencies or individuals only with the specific written consent of the rider or client (or volunteers due to a medical emergency).
7. Breach of this confidentiality policy may result in reprimand, loss of certain job/volunteer responsibilities, or termination of services/employment, to be determined by the Program Director and/or Board of Directors based on the severity of the breach.

Other grounds for dismissal of volunteers or staff include, but are not limited to:
1) the use of drugs or alcohol on the grounds or at a Hoofbeats' event, 2) verbal or physical abuse or sexual harassment or other inappropriate behavior toward participants or other volunteers or staff members, 3) mistreatment of the horses or other animals at Hoofbeats, 4) the expression of vulgar language, "off-color" jokes, or disrespectful language, 5) frequent missed "work" times, without prior explanation, 6) abuse of phone privileges, 7) smoking in prohibited areas, 8) persistent failure to follow the rules or directions of the instructors or persistent disruption of riding lessons.

I have read, I understand, and I will follow the guidelines of the confidentiality policy, barn rules and policies and volunteer/staff conduct at Hoofbeats Therapeutic Riding Center, Inc. **(Parents/legal guardians must sign for children under 18 or wards of the court. Both parents/guardians must sign below if there is joint or shared custody.)**

Date:_____ Signature: _____

Print Name: _____

Date:_____ Signature: _____

Print Name: _____
(Volunteer / Staff; Parents/legal guardians must sign for children under 18 or wards of the court.)

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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: _____

Client Name: _____