

***Improving health, increasing confidence and promoting independence***

***for persons with special needs through the use of equines.***

*REACH Therapeutic Riding Center Mission*

Dear REACH Horses for Warriors Participant:

Thank you so much for your interest in our Horses for Warriors program. *This is a* ***free program*** *for all veterans and military personnel funded by individuals, organizations, and foundations within Texas.*

To enroll:

* Complete all forms. *Please note the Physician Statement and Medical History is recommended to participate. It is the center’s discretion to require a physician’s permission prior to mounted activities.*
* Please send your completed forms to:

***Mail:*** REACH Therapeutic Riding Center, P.O. Box 21535, Waco, TX 76702

***Email:*** [Ride@REACHtrc.org](mailto:Ride@REACHtrc.org)

**ELIGIBILITY GUIDELINES**

**Age:** No maximum age limit.

**Riding Weight Maximum**: 250 lbs.

**Postural Control:** ***Rider******must be able to maintain a sitting position while mounted****.*

**WEATHER:** The Center will remain open and in operation during session hours with the exception of the following:

1. Local ISD’s have closed schools.

2. The National Weather Service has issued a severe weather alert.

3. There are high winds, lightening, thunder, hail, or tornado warnings.

4. The arenas are flooded or too muddy.

**SAFETY**: Anytime the Instructor or Horse Leader feels that safety is an issue, rides may be terminated immediately.

**OPERATIONAL:** Lessons will be cancelled if there are not appropriate horses and adequate staff and volunteers to conduct a lesson safely.

NOTE:  **Every effort will be made to give 24 hours notice of possible cancellations**. Final decisions may not be made until two hours before lessons begin. Participants are urged to call their instructor or the REACH riding center before departing home for the lesson during inclement weather days.

All of us are looking forward to having you as part of our REACH family.

Best regards,

Larry Barnett

Program Director

*Please note:*

* Preferred clothes for riding are long pants and hard soled boots with a low heel. Shorts are discouraged due to rubbing and pinching of saddle. Dress for comfort and according to the weather. Wear close-fitting clothing for safety as well as comfort. Loose or baggy clothing can get caught and tangled in equipment.
* No dangling jewelry is permitted.
* **All riders** are required to wear an ASTM/SEI approved Equestrian Helmet, provided by REACH.



**HORSES FOR WARRIORS**

**New PARTICIPANT Registration**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_Weight:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Primary Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Disability

Are you currently serving or have previously served in the United States Military?

If yes, which branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rank \_\_\_\_\_\_\_\_\_\_\_\_ Active, Discharged or Retired?

Please attach a copy of your Active or Retired military ID or Form DD-214.

**How did you hear about REACH Therapeutic Riding Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHOTO RELEASE**

\_\_\_\_ **I consent** to and authorize \_\_\_\_ I **do not** consent to nor do I authorize the use and reproduction by REACH of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POLICY OF CONFIDENTIALITY**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of REACH Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**AUTHORIZATION FOR EMERGENCY MEDICAL**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Print*

In case of Emergency, contact: Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name:

City: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any allergies:

Please indicate any medical issues that may effect your/your child’s participation at REACH.

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

Date of last Tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT PLAN** I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed “life saving” by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at REACH, or while being on the property of REACH, I authorize REACH Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation, if needed.

2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

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

**~~~ OR ~~~**

**NON-CONSENT PLAN** (**Only for Persons 18 or Older)**

I do not give consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at REACH, or while being on the property of REACH. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Please Print*



## LIABILITY RELEASE

That I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or that I, the undersigned parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by REACH Therapeutic Riding Center (RTRC) and recognizing that horseback riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury or death. However, I feel that the possible benefits to myself, child or ward are greater than the risk assumed.

I hereby, intending to be legally bound, for myself and my child or ward, heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against RTRC, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of property on which RTRC operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of RTRC, its board of directors, trustees, agents, instructors, therapists, aids, employees, representatives, volunteers, owners of property on which RTRC operates, successors or assigns.

**WARNING**

**I understand that under Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code),**

**an 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.**

I, the undersigned, have read this waiver of liability in its entirety. I understand the terms of this release and have signed this release voluntarily and with full knowledge of the effects thereof.

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



**PHYSICIAN STATEMENT AND MEDICAL HISTORY**

**~~To be completed by physician~~**

Client’s Name: Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis:

Primary: Date of Onset: \_\_\_\_\_\_\_\_\_\_

Secondary: Date of Onset: \_\_\_\_\_\_\_\_\_\_

Other: Date of Onset: \_\_\_\_\_\_\_\_\_\_

Past/Prospective Surgeries

Medications

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

Seizures: No \_\_\_ Yes \_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of last seizure:

Shunts, Implants:

Mobility: Independent Ambulation: No \_\_\_ Yes \_\_\_ Assisting Devices:

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

***In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician’s Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.***

**Orthopedic**

Atlantoaxial Instability - include neurologic symptoms

Coxa Arthrosis

Cranial Deficits

Heterotopic Ossification/Myositis Ossificans

Joint subluxation/dislocation

Osteoporosis

Pathologic Fractures

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

**Neurologic**

Hydrocephalus/Shunt

Seizures

Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

**Other**

Indwelling Catheters/Medical Equipment

Medications - i.e. photosensitivity

Poor Endurance

Skin Breakdown

**Medical/Psychological**

Allergies

Animal Abuse

Cardiac Condition

Physical/Sexual/Emotional Abuse

Blood Pressure Control

Dangerous to self or others

Exacerbations of medical conditions (i.e. RA, MS)

Fire Settings

Hemophilia

Medical Instability

Migraines

PVD

Respiratory Compromise

Recent Surgeries

Substance Abuse

Thought Control Disorders

Weight Control Disorder

Client’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply including surgeries.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **No** | **Yes** | **Degree/ Comments** |
| Auditory |  |  |  |
| Visual |  |  |  |
| Speech |  |  |  |
| Tactile/Sensory |  |  |  |
| Cardiac |  |  |  |
| Circulatory |  |  |  |
| Pulmonary |  |  |  |
| Integumentary/Skin |  |  |  |
| Immunity |  |  |  |
| Neurologic |  |  |  |
| Muscular |  |  |  |
| Orthopedic |  |  |  |
| Bowel/Bladder |  |  |  |
| Learning Disabilities |  |  |  |
| Cognitive |  |  |  |
| Emotional/Psychological |  |  |  |
| Behavior |  |  |  |
| Other |  |  |  |
|  |  |  |  |

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equestrian activities. I understand that REACH Therapeutic Riding Center will weigh the medical information indicated above against any existing precautions and/or contraindications before accepting this person for therapeutic horseback riding lessons. Therefore, I refer this person to REACH for ongoing evaluation to determine eligibility for participation.

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

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

Address:

Phone: License/UPIN Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**REACH Center and Barn Rules**

*NOTE: Horses are prey animals.*

*They may instantly become unpredictable if scared or confused. Always use caution around all horses.*

1. **Safety is always paramount in this barn**!
2. Stay out of barn aisles. Do not pet horses in their stalls.
3. Park in the designated area in front of the building. Do not block another car.
4. Do not drive past REACH barn into back of property.
5. Do not drive under the covered entrance of the barn.
6. Speed limit is 15 MPH. Please be considerate of riders in the arena as you drive in.
7. Use caution around horses. No running, screaming, or unruly behavior in the barn!
8. Never stand directly in front of or behind a horse.
9. Do not go into pastures, paddocks, or round pens where horses are present.
10. Do not feed the horses treats.
11. **Unsupervised children** **are not allowed at this facility at anytime. Please keep your children with you at all times.**
12. Treat all equipment with care. Return helmets, tack, grooming buckets, toys, cones, and tools to their proper place after use.
13. Dress appropriately: long pants, shoes with heels (preferably boots) and a helmet are required.
14. Helmets must be worn by all participants whether doing groundwork or riding.
15. No animals other than horses are allowed on the premises of the barn.
16. No bikes or skateboards allowed.
17. No alcoholic beverage or smoking allowed on premises.
18. Do not enter stalls with a horse.
19. As of September, 1995, Texas enacted the following Law*: Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for the injury or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

*I have read and understand what is written and agree to follow the rules and regulations set fort by REACH Therapeutic Riding Center. I understand and am aware of the Texas Equine Liability Act.*

Name

Participant Signature: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_