

Freedom Reins Therapeutic Riding Center, Inc.

1077 N Meridian Rd. Jasper, IN 47546 (812)482-7400 freedomreinscenter.org

Yearly Update Forms 2018

January 20, 2018

It is that time of year again when all the forms need to be updated. Enclosed you will find all the documentation that we need completed. If you have any questions or need help with any of the forms please give your instructor a call. All documentation needs to be completed and given to your instructor on the first night of lessons or mailed to Freedom Reins prior to the first class.

Items needing to be turned in are listed below:

- Signed and Completed Application Form (2 pages)
- Signed and Completed Participant's Medical History and Physician's Statement (2 pages)
The Physical must be completed by the Physician's office.
- Signed and Completed Parents Assessment of Rider (1 page)
- Signed and Completed Release of Information (1 page) if you would like us to talk to other services about the rider
- Signed and Completed Release and Waiver (1Page)

A few reminders:

All paperwork is required to be turned in on the first day of lessons or the rider will not be able to ride.

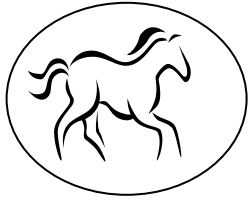
Appropriate riding apparel as stated in Parent Guide Book must be worn at all riding lessons.

A responsible adult must remain with the rider at the grounds at all times. Family and Friends are always welcome to watch the riders. Just remember to follow the guidelines in the Parent Guide Book.

A lesson can consist of mounted (on a horse) and un-mounted (working on grooming, ground skills, stretching, identifying horse parts, the Equicizer, etc.) tasks. Also, if the rider becomes agitated and/or is done working and wants to stop we will stop the lesson for them and return him/her to you.

The copy of the "Discharge of a Rider" policy is yours to keep.

From all of us at Freedom Reins... We hope that you enjoy riding with us and as always if you have any questions please feel free to talk with your instructor or a board member. All their contact information can be found in the Parent Guide Book.



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January 20, 2018

Rider _____ Class and time _____

Hello Families & Riders,

Lesson: Our first session of the year will start on February 28th and will end April 6th. Cost for each session (6 wks of classes) will be \$120.00. We will accept a check made out to Freedom Reins, or cash. We will need to receive payment the first day of each session. The first week of the new year you will also need to bring all completed forms. **Each 6 week session is \$120 unless the class is cancelled by Freedom Reins or the rider has a SERIOUS medical condition. Vacation, camp or illness still requires a class payment.** In the case of a cancelled lesson, a credit will be given from the next session. Classes can consist of mounted and un-mounted activities.

Important Guidelines for riders and families of Freedom Reins:

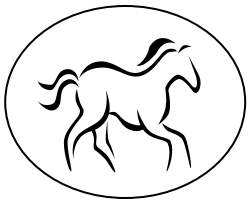
1. Riders may not be dropped off. A parent or guardian 18 years or older must stay on the grounds at all times when their rider is at Freedom Reins. Exceptions will only be made if the rider is their own guardian.
2. It is preferred that riders wear boots with heels. The safety stirrups used at Freedom Reins allow the riders to use tennis shoes, but heels help keep the foot from sliding too far into the stirrup.
3. Jeans are the preferred riding pants while riding. This will help to protect the rider's legs from the stirrup leathers, and allow the volunteers easy access for a quick dismount. No shorts are permitted while riding.
4. No running in the barn area before, during or after classes.
5. Payments should be placed in the container located in the lounge, or handed to your instructor.

Phone numbers: If you can't make your lesson or are going to be late, please call your instructor prior to the lesson. The sooner you let us know, the better we are able to adjust the volunteer's schedules. Call or text the rider's instructor.

Grace (cell) 812-661-7957, Carrie (cell) 812-216-7086, Jennifer (cell) 319-504-3507.

Observation Area: There is an observation area set up for parents and visitors to watch the lessons. Please be aware of horses entering and exiting the ring.

Contacts: Direct any comments or questions to Ron Thyen 812-639-3874 or a board member: Jerome Hildenbrand - 812-661-8213, Julie Winger - 812-827-4398, Nancy Eckerle - 812-630-5526, Gary (Buzz) Salb - 812-630-2981, or Mike Hile - 812-309-0486. Any volunteer questions or inquiries should be directed to Linda Klem - 812-631-1725. Comments about the program are always welcome.



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Rider's Application 2018

General Information:

Rider: _____

Parent(s)/Legal Guardian(s) _____

DOB: _____ Age: _____ Weight: _____ Male/Female: _____

Address: _____ Email: _____

Home Phone: () _____ Cell Phone: () _____ Can we Text Y N

Employer/School: _____

Occupation (father): _____ (mother): _____

Work phone (father): () _____ (mother): () _____

Referred by: _____

Photo Release:

_____ I DO

_____ I DO NOT

Consent to and authorize the use and reproduction by Freedom Reins Therapeutic Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____

(Rider, Parent or Guardian)

Sessions for 2018:

February 27 – April 5

April 24 – May 31

June 19 – July 26 (no class Wednesday July 4th, session for those riders is \$100)

August 14 – Sept 20

October 09 – Nov 15

Parent Guide Book:

I have received and read over the Parents Guide Book and agree to follow all the guidelines and policies set forth by Freedom Reins.

Signature: _____ Date: _____

(Rider, Parent or Guardian)

Medications: Please list what medications are currently being taken, including over-the-counter medication and reason for

taken: _____

Emergency Contact Information:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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

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

Consent Plan:

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(s) above is unable to be reached.

Consent Signature: _____ Date: _____

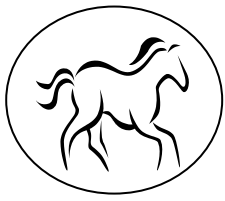
Rider, Parent or Legal Guardian

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

Consent Signature: _____ Date: _____

Rider, Parent or Legal Guardian



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Rider's Medical History & Physician's Statement 2018

Rider: _____ DOB: _____ Height: _____ Weight: _____

Primary diagnosis: _____

Secondary diagnosis: _____

Past/Prospective surgeries: _____

Medications: _____

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

Shunt present: Y N Date of last revision: _____

Special precautions/needs: _____

Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Internal X-rays, date: _____ Result: + -
(Please attach a copy of results)

Neurological Symptoms of AtlantoAxial Instability: _____

Please indicate current or past difficulties in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

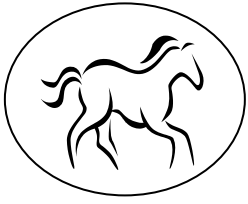
Given the above diagnosis, medical information and the list of Contraindications to Therapeutic Riding (pg. 2) this person is not medically precluded from participation in equine assisted activities. Therefore, I refer this person to Freedom Reins for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: () _____ License/UPIN Number: _____



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Contraindications to Therapeutic Horseback Riding 2018

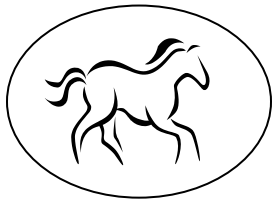
For safety reasons, persons in the following categories are **NOT PERMITTED** to participate unless approved by a physician

1. Children under the age of four.
2. Excessive weight: maximum weight is two hundred fifty pounds. Stability issues among the physically disabled will be considered in addition to weight. Student must be able to maintain sitting balance for riding.
3. Students with DOWN SYNDROME MUST HAVE AN X-RAY for Atlanto-Axial Instability after the age of 4.
4. Moderate agitation with severe confusion, aggression or self-abusive behavior.
5. Unstable spine.
6. Moderate to severe osteoporosis.
7. Seizures accompanied by uncontrollable motor activity.
8. Pathological fractures.
9. Acute stages of arthritis.
10. Open pressure sores or open wounds.
11. Structural scoliosis greater than 30 degrees. Excessive kyphosis or lordosis, hemi-vertebrae. Exceptions are sometimes made. The patient can ride with a supportive spinal brace or rigid body jacket.
12. Drug dosages causing a physical state un conducive for safe riding.
13. Hemophilia.
14. Hip subluxation and or dislocation.
15. Coxa Arthrosis (degeneration of the hip).
16. Spondylolisthesis.
17. Acute Herniated disk.
18. Spinal fusion within one year post surgery. Includes Harrington rods.
19. Juvenile Kyphosis (Scheurman) in the acute phase.
20. Patient on medication that affects the coagulation of blood.
21. CVA caused by aneurysm with spontaneous bleeding if not surgically removed; or presence of other aneurysms; CVA from angioma of brain if not totally surgically removed, or a known embolus or thrombus.
22. Heterotropic ossification in the hip resulting in inadequate range of motion.
23. Osteogenesis Imperfecta
24. Hydrocephalus or cranial deficits if helmet cannot offer complete protection.
25. Tethered Cord, Hydromyelia or development of Chiari II malformation symptoms associated with Spina Bifida.
26. Spinal Cord Injury above T6.
27. Poor endurance if fatigue persists well after session and impairs function.
28. Uncontrolled diabetes or medically unstable conditions associated with diabetes.
29. Peripheral Vascular Disease (PVD) if indication of skin damage due to riding.
30. Severe cases of Varicose Vein.
31. Uncontrolled hypertension.
32. Serious heart condition.
33. Disorders in exacerbation.
34. Persons with indwelling catheter.
35. Post-surgery riding only:
 - a. Status – post tendon lengthening 8 to 10 weeks
 - b. Status – post fracture/osteotomy 6 to 8 weeks.
 - c. Status – post rhizotomy 3 to 12 months.

I have read the above list and maintain that this patient **DOES NOT** currently have any disorder that is a contraindication to therapeutic horseback riding, or I authorize riding in spite of the contraindication.

Physician's Signature

Date



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Riders Consent for Release of Information 2018

I hereby authorize the below listed people/facilities to release from the records of:

Rider: _____ DOB: _____

The information is to be released to: **Freedom Reins Therapeutic Riding Center, Inc.** for the purpose of developing an equine activity program for the above named rider. The information to be released is indicated below:

____ Physical Therapy evaluation, assessment, program plan and/or verbal consultation

Name: _____

____ Occupational Therapy evaluation, assessment, program plan and/or verbal consultation

Name: _____

____ Speech Therapy evaluation, assessment, program plan and/or verbal consultation

Name: _____

____ Mental Health diagnosis and treatment plan and/or verbal consultation

Name: _____

____ Individual Habilitation Plan (I.H.P.)

____ Classroom Individual Education Plan (I.E.P.)

____ Cognitive-Behavior Management Plan

____ Teacher's Assessment of Student and/or verbal consultation

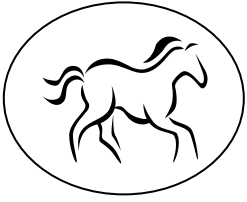
Name: _____

____ Other: _____

Signature: _____ Date: _____

Printed Name: _____

Relation to Participant: _____



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Parents Assessment of Rider for Therapeutic Horseback Riding 2018

Date: _____

Riders Name: _____ Age: _____

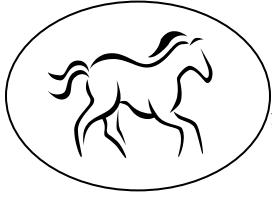
Disability/Impairment: _____

Physical Function: (Please describe the riders abilities/difficulties in this area)

Social Function: (Please describe the riders work/school including grade completed, leisure interest, relationships., family structure, support systems, companion animals, fears/concerns, what motivates them)

What motivates this rider and what are your goals for this rider

Any other comments you feel would help our instructors develop goals for this rider and make the most of their therapeutic horseback riding lesson?



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Release and Waiver 2018

FOR AND IN CONSIDERATION of Freedom Reins Riding Centers, Inc. furnishing horses, equipment and instruction (herein referred to as “the activity”) and permitting _____ (name of rider) (herein referred to as “Rider”) to participate in the activity at 1077 N. Meridian Rd. Jasper, Indiana 47546 the undersigned individual, being of lawful age, or if the Rider is not of legal age, then Rider and Rider’s parent or legal guardian, Rider’s heirs, administrators, executors, successors and assigns, waive all discharge and hold harmless all participants, volunteers or instructors involved in the activity, and their respective directors, officers, shareholders, partners, owners, agents, employees, assured, and all other persons, firms, corporations, associations or partnerships associated herewith and their heirs, executors, administrators, successors and assignees, and each of them (collective “Releasees”) from all claims, demands, actions or causes of action arising out of any losses or injuries to his/her person or property, or both, which may result, be sustained, or be received by him/her as a result of Rider attending and participating in the activity.

Rider and, if applicable, Rider’s parent or legal guardian, understand that by signing this Release and Waiver, Rider and, if applicable, Rider’s parent or legal guardian covenant and agree that Rider, as well as assignees, will never institute any suit or action at law, or otherwise, against the Releasees, any other Riders, volunteers or instructors involved in the activity, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damages, loss or injury either to Rider’s person or property, or both, which may result from the Rider’s attendance and participation in the activity, or travel or other activity associated herewith.

Rider and, if applicable, Rider’s parent or legal guardian, acknowledge that by attending the above mention activity, Rider and, if applicable, Rider’s parent or legal guardian, voluntarily assume(s) all risks and danger known or unknown, foreseen or unforeseen, attendant Rider’s attendance and participation in the activity. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned to execute this Release and Waiver, and this Release and Waiver contains the entire agreement between the parties to this Release and Waiver.

The undersigned has/have read and fully understand(s) the foregoing Release and Waiver.

Signature of Rider (if an adult)

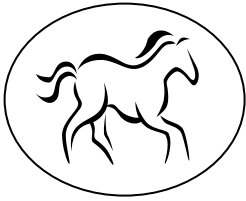
** Mother’s Signature (if a minor)*

Guardian Signature

** Father’s Signature (if a minor)*

Date

***Both Mother and Father’s signature is required.**



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Discharge of a Rider

Occasionally, it is necessary for an existing (current) rider in the Therapeutic Riding program to be discharged. These discharges may occur after an assessment has been made by one of the following:

- 1) The Instructor and one other staff personnel.
- 2) A licensed PT or OT
- 3) The Doctor of record

Reasons for discharge may be:

- 1) In danger of being injured just by sitting on the back of a moving horse.
- 2) Freedom Reins does not have a horse which is suitable for the rider.
- 3) Freedom Reins does not have the staff to serve the rider within established safety guidelines.
(Staff is consisted of Instructor, Therapist, or Volunteers)
- 4) The rider's weight exceeds the maximum weight limit (200 lbs)
- 5) The behavior of a rider.
- 6) The riders profile no longer fits into Freedom Reins program (see Profile Check List)

The procedure for the discharge of an existing rider will follow these steps:

- 1) One of the mentioned above will assess the rider and document any and all concerns that they may have.
- 2) The instructor and another Freedom Reins staff member to evaluate the rider and or lesson. Any concerns will be shared at that time with the second staff member. Second staff member documents their findings.
- 3) All documentation is reviewed.
- 4) A face to face consultation with the parent/guardian will be scheduled.
Documentation of concerns and possible action needed by instructor, rider & or family will be gone over at this meeting. A timeline will be established and documented.
- 5) A follow-up meeting will be held with parent/guardian at the end of timeline to discuss how things are going and actions taken and to establish if any further action needs to be establish.
- 6) A final decision will be made by the instructor and one other staff personnel after the second meeting with the parent/guardian is held.
- 7) Documentation is then written and given to the parent/guardian as to if the rider stays in the program, is put back on the waiting list or is dismissed from the program.
- 8) All documentation is filed in the riders file at Freedom Reins.