



## **RIDER INFORMATION and REGISTRATION PACKET**

**Revised February 2020**

For riders of Baraboo River Equine-Assisted Therapies, Inc. and their families. Please keep this information for future reference. Many of the rules set forth are standards established by the Professional Association of Therapeutic Horsemanship, Int'l (PATH) which, as a member center, we are required to enforce.

### **INTRODUCTION**

Baraboo River Equine-Assisted Therapies' mission is to provide equine-assisted activities and therapies to children and adults with disabilities and special needs, while supporting the physical, mental, and emotional health of each individual in their interactions with horses and staff. The participants (riders) can gain tremendously by the interaction with our equines. In addition they will have fun. For our instructors, equine specialists and volunteers to deliver superior service, we need to have all visitors, parents, siblings and friends follow the guidelines set forth herein. These guidelines are meant to provide every opportunity to maximize the benefit of enrolling in one of our sessions.

### **DIRECTIONS TO THE RANCH**

BREATHE is located at S5390 State Highway 113, just a few minutes south of the City of Baraboo.

From Baraboo, come south on Water Street, which turns into State Highway 113 as you head out of town. You'll pass County Road W; S5390 will be on the left.

From Portage / State Highway 33, turn south/left on County Road X. In ¼ mile, turn right on County Road W, go about 4.5 miles and at the stop sign (which is the State Highway 113 intersection) turn left on 113 and watch for S5390 on the left.

**WHERE TO PARK:** As you enter the gravel driveway, you will see several buildings and a drive going up the hill on the left. Go to the top of the driveway on the left. There are parking spaces straight in front of you, and the BREATHE Reception Center is on the right.

### **CHECKING IN**

Please arrive on time but not significantly earlier than the lesson is scheduled for. Check in at the Reception Center. If the building is closed or no staff is on hand to greet you, please wait there until your scheduled time. While waiting, the rider may select and put on their riding helmet if the building is unlocked. The instructor and volunteer team will bring the horse up to the mounting area near the Reception Center.

Do not allow children to play on or near the mounting ramp or wander past the mounting ramp toward the barn area while waiting for lessons to begin.

In the event that lessons are held inside the barn, you will either be notified ahead of time, or a team member will come to the Reception Center to escort the rider to the barn area. When we hold indoor lessons, only the rider is permitted in the barn area. This is for safety reasons.

## **OBSERVER'S WAITING AREA**

Unless arranged with the instructor in advance, we find it best for the riders if family members, parents and friends do not become part of the lesson and cause undue distractions. You are welcome to observe the rider from a comfortable distance. Accompanying children, who cannot sit still to observe, should stay near the Reception Center so as not to be a distraction to the rider. You may bring blankets or chairs and utilize the large grassy areas near but not too close to the arena when the lesson begins. Please keep in mind that BREATHE operates on property owned by others; be respectful of the property and the family's privacy.

## **POLICIES RELATED TO LESSONS**

No rider will be allowed to participate until all fees are paid and all forms are completed and on file with BREATHE. A BREATHE instructor will confirm class times with clients in advance of each eight-week riding session.

Riders are expected to report for every lesson as scheduled. In the event of inclement weather, BREATHE staff will provide un-mounted instruction in the barn area. Please be aware that the lesson schedule accommodates only a limited number of make-up slots on Fridays, and in cases where a rider must miss a lesson, it will not be possible for BREATHE to reschedule. The need to miss a lesson should be reported to BREATHE as far in advance as possible.

Riders who fail to report for a lesson without prior notification will lose all make-up privileges. BREATHE will not reimburse clients for missed lessons.

## **ATTIRE**

All riders must wear an ASTM-approved riding helmet when mounted, and securely fastened, close-toed shoes or boots. Although it is tempting for riders to wear shorts in warmer weather, most often they will be more comfortable riding in a pair of light jeans, slacks or leggings. All riders and anyone else who expects to be around the horses, should wear substantial footwear (paddock boots or work boots are preferred.) Never come to the barn in open-toed shoes, sandals, clogs or flip-flops.

## **TRANSPORTATION TO AND FROM THE BARN**

Due to insurance concerns, BREATHE cannot provide transportation to or from the barn. Please do not request rides from any staff member or volunteer while they are fulfilling service hours at BREATHE.

## **RIDER PARTICIPATION**

Recognizing that equine related activities hold inherent risks, all new and returning riders will be evaluated by a PATH (Professional Association of Therapeutic Horsemanship International) Certified Instructor to ensure a safe and beneficial experience. Returning riders will be re-evaluated each year or as necessary for changes in medical, physical, cognitive, and behavioral status. Additionally it is the responsibility of the adult rider, or of the rider's parent or guardian to keep BREATHE apprised of any changes in the rider's medical, physical, mental, or behavioral status during the course of the lesson season.

## **CONTRAINDICATIONS**

Horseback riding is contraindicated for some conditions/individuals. BREATHE follows the Professional Association of Therapeutic Horsemanship International's (PATH) guidelines for precautions/contraindications for physical restrictions of riding. You can see the PATH guidelines on the PATH website ([www.pathintl.org](http://www.pathintl.org)). Riders at BREATHE must have some trunk control and be able to sit up with little or no assistance.

## **WEIGHT CONSIDERATIONS**

Our horses are our most critical asset! The health, age and carrying ability are factors we consider when matching horses and riders. The maximum weights are listed below, but decisions regarding participation will be based on the availability of a suitable horse relative to the height, weight, cognition, and balance of the participant. The results of a risk/benefit analysis will also be considered. Final decisions regarding participation will be made by the BREATHE Executive Director.

Maximum upper weight limits for riders in the BREATHE program are:

- 180 lbs. For an independent rider, or a rider who needs a leader only, or a leader and spotter only
- 160 lbs. For a rider who needs a leader and 1-2 side walkers

Age restrictions for riders:

- Children must be at least 4 years of age
- Children under the age of 5 will require a leader and at least one side walker.
- Children will not ride independently until they are at least 7 years.

## **BREATHE BARN RULES**

*ATTENTION!* The following rules apply to all program participants, staff members, volunteers, and anyone who visits BREATHE. Riders, siblings, friends and parents are expected to follow barn safety rules. These rules are designed to insure safety, a primary concern here at BREATHE. Please help us to enforce these rules!

- No abusive, threatening, or violent behavior towards people or animals will be tolerated on BREATHE or Wild Rose Ranch premises.
- Alcohol and illegal drug use is prohibited on the BREATHE grounds during BREATHE operating hours. (Note: Occasionally, a private event held at the Wild Rose Ranch event barn may serve alcohol to their guests at a time when BREATHE is conducting lessons or activities during normal business hours. These functions are separate from BREATHE business activities.)
- Absolutely NO smoking or use of open flames is permitted in the barn, or anywhere on the BREATHE working areas. Designated smoking areas with butt cans are located outside, in front of the Wild Rose Ranch event barn. However, this area may be off limits to BREATHE participants in the event of a private event at Wild Rose Ranch event barn.
- There will be no running, jumping, screaming, or yelling in the barn or around the horses.
- No one is permitted in the barn, or in the adjacent paddocks and pastures, unless a BREATHE staff member or approved volunteer is present on the premises.
- No one may enter a pasture containing horses unless accompanied by a staff member or approved volunteer.
- No one is allowed to handle program horses, feed, or pet horses, unless supervised by a staff member or approved volunteer.
- No one may ride a program horse unless supervised by a staff member or approved volunteer.
- No person will be permitted to ride a program horse until s/he has submitted to BREATHE a completely processed set of the required forms.
- All riders must wear an ASTM-approved helmet while mounted and when working with horses in the barn area, use safety stirrups while mounted, and wear securely fastened, close-toed, hard-soled shoes, preferably with a short block-style heel.
- No one may bring a non-program horse onto the BREATHE or Wild Rose Ranch premises without prior permission from the BREATHE Executive Director.
- Children on the BREATHE premises must be supervised at all times.
- Dogs belonging to riders, visitors and guests MUST be on a leash. Any dog creating a disturbance or posing risk to people or property shall be confined and/or removed.
- Barn aisles must be kept clean and free of obstructions.
- All riders are to wait at the Reception Center with a parent/ guardian until a volunteer or instructor comes to escort them to the barn or rider mounting area. No rider will be left unattended before or after their lesson. Parents/Guardians must accompany the rider or other young guests to the bathroom area.
- The only people who are to be in the mounting area are the instructors, volunteers and riders that are getting ready to ride in current lesson.

- If you need to talk to the Riding Instructor about medical or physical problems which may have a safety implication for the current lesson, please do so before the mounting phase of the lesson gets started.
- We encourage parents/guardians to stay on the premises while the rider is riding. If you have to leave the premises during the lesson time you are required to leave a number where BREATHE can contact you in case of an emergency. Put your name, date and number on the dry erase board in the Reception Center and inform a staff person.

### **ADDITIONAL SAFETY-RELATED REQUIREMENTS**

Report all accidents, injuries, or hazardous conditions to a staff member immediately or as soon as possible.

### **DISCIPLINARY POLICY**

BREATHE's 3-step disciplinary policy has been developed to ensure a safe and conducive environment for all involved in our therapeutic riding program. However, when any offense is to such a degree that the health and/or safety of the rider, volunteer, instructor, or equine is endangered, immediate dismissal from the program may be warranted.

BREATHE's Riding Instructors have the right to discipline a rider, parent/guardian, and/or volunteer.

1. First offense a documented verbal warning. If this is a rider, he or she will be removed from the horse and will sit in holding area until lessons end.
2. Second offense a written warning. If a rider, he or she will be dismissed from the riding lesson for that day.
3. Third offense is final action. The rider will be removed from horse and dropped from the BREATHE program.

Likewise, if the offender is a parent, guardian or volunteer, they will follow the same disciplinary policy and will be dropped from the program on the third offense, in the case of a parent or guardian this will include the rider.

Examples of reasons for disciplinary actions: disruption to class, behavior problems that are unacceptable or unsafe, disrespect to instructor and/or volunteers, failure to follow program stated policies, rules, instructions, etc.

### **DENIAL OF SERVICES**

BREATHE reserves the right to deny services to any individual based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, staff, property owners, or for other reasons in accordance with PATH operating center guidelines. Clients of BREATHE shall have no history of inappropriate behavior with fire, or any tendencies or history of abuse or violence directed toward other people or animals.

### **BREATHE POLICY FOR THE DISCHARGE OF PARTICIPANTS**

Riders at BREATHE may be asked to leave the program for a number of reasons, including, but not limited to:

1. The development of a contraindicated condition or the deterioration of a condition to the point that therapeutic riding is no longer beneficial, or could be harmful to the rider, or where safety for the rider or others has become a concern.
2. Weight gain above the maximums stated previously. BREATHE reserves the right to weigh riders, onsite, in a discreet, private manner on a digital scale.
3. Failure to complete and sign all required forms for the current riding season.
4. A display of fire-starting, threatening behavior, animal abuse, the abuse of children or adults, verbal abuse of volunteers or others, alcohol or drug use on the BREATHE grounds, or behavior that is disruptive for the normal functioning of the program.
5. Frequent missed lessons without advance notification.
6. Mainstreaming of an advanced independent rider whose riding has progressed beyond the ability of our program horses.

## **OPPORTUNITIES TO HELP SUPPORT BREATHE**

**FUND RAISING:** Interested individuals are welcome to form and/or chair a committee to help meet the financial needs of BREATHE. Our riders pay approximately \$30.00 a lesson but it costs BREATHE approximately \$69.00 in manpower and assets for each rider's lesson. We have to fundraise or find donors for the rest of these funds.

**SPONSOR A HORSE:** A monthly sponsorship of one BREATHE horse costs \$175/month and covers most of the cost of feed, supplements, and farrier services.

**CORPORATE CHALLENGE:** Identify and enlist corporations, businesses, and interested groups willing to participate in/support our benefit horse show or other equine-related event.

**CORPORATE CAMPAIGN:** Identify and solicit corporations and small businesses for general contributions and assist in follow up and recognition of corporate donors.

**CLUBS & ORGANIZATIONS:** Identify and cultivate clubs and organizations in the community willing to offer financial assistance and/or volunteers.

**HORSE CLUBS:** Contact horse clubs for funding, tack donations, etc. Establish relationships with large horse clubs for club- sponsored special events benefiting BREATHE.

**FOUNDATIONS & GRANTS:** Help identify foundations or grants with a potential for donating to BREATHE.

**GIFTS IN KIND:** Contact vendors to donate needed items, thereby reducing BREATHE budgeted expenses.

**ORGANIZE SPECIAL SOCIALS:** Help raise money, coordinate food, organize volunteers, obtain equipment, make posters, and arrange publicity or entertainment for various occasions.

**LONG RANGE PLANNING:** Provide your insight and expertise to promote a financially successful program for the next decade. Help identify possible successful special events and ways of balancing activity levels more evenly. Identify new rider groups and evaluate marketing and communications.

**PUBLIC RELATIONS / MARKETNG:** Submit periodic press releases as needed. Obtain media coverage, striving for higher community visibility. Assist in writing proposals and other written materials. Assist in developing and doing program presentations to various clubs and civic organizations.

**RIDER RECRUITMENT:** Solicit new clients, both individuals and organizations, to maximize the utilization of the program and to help create community awareness. Provide support to riders and parents to assist in the communication of our growing organization.

**RECRUIT AND MANAGE VOLUNTEERS:** Arrange and oversee volunteer support for the riding program, special events, and office needs. Coordinate ongoing training for current volunteers. Establish contacts with various groups interested in BREATHE.

**OFFICE HELP:** Join a group of volunteers at the BREATHE Reception Center to greet riders and their families, oversee volunteer sign-in and sign-out, and send out Birthday cards to volunteers and riders.

**PHOTOGRAPHER:** take pictures at lessons, all special events and social events.



**Baraboo River Equine-Assisted Therapies, Inc.  
2020 8-Week Session Dates**

**Session 1: April 13 – June 5**

Closed for Memorial Day: May 25

Makeup Lesson Day (for Memorial Day) Friday, May 29

**Session 2: June 15 – August 8**

**Session 3: August 17 – October 8**

Closed for PATH Conference Oct 7-8

Makeup Lesson Days will be Oct 14-15

- **Three, 8-week sessions;** Ride 1x/week
- **Come for one or all of the sessions!**
- **\$250 per session (payment in advance).**

**Volunteers** must submit registration packet and attend Orientation before being allowed to volunteer.

**Riding Participants** must submit a completed rider packet and attend an intake assessment to determine placement in the program.

Contact: Chris Singer, Baraboo River Equine-Assisted Therapies, Inc.

Email: [info@barabooriverequineassistedtherapies.org](mailto:info@barabooriverequineassistedtherapies.org)

Phone: 608-504-2299



# BARABOO RIVER EQUINE-ASSISTED THERAPIES, INC.



## Rider Registration

Name of Rider \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Is Rider a member or veteran of the Armed Forces, Police or Fire Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

### IF UNDER 18 YEARS OF AGE, COMPLETE THE FOLLOWING:

Name of School \_\_\_\_\_

Fathers' Name: \_\_\_\_\_ Mothers' Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### EMERGENCY CONTACT (other than parent or guardian)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

### Is Rider currently enrolled in:

Physical Therapy ( ) Yes ( ) No

Occupational Therapy ( ) Yes ( ) No

Speech Therapy ( ) Yes ( ) No

Behavioral/Psychological Therapy ( ) Yes ( ) No

Explain therapy involvement \_\_\_\_\_

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





# BARABOO RIVER EQUINE-ASSISTED THERAPIES, INC.



## RIDERS MEDICAL HISTORY & PHYSICIAN'S STATEMENT

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Must have info to match to a horse.  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Body shape:** Apple \_\_\_\_\_ Pear \_\_\_\_\_ String bean \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Secondary Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Shunt Present: Y N Date of last revision: \_\_\_\_\_  
 Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N  
 Braces/Assistive Devices: \_\_\_\_\_  
**For those with Down Syndrome:** AtlantoDens Interval X-rays, Date \_\_\_\_\_ Result: + -  
 Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_  
*Please indicate current or past special needs in the following system/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			

**Additional Physician Instructions noted on reverse side of this form:**     YES     NO

**Physician's Statement**  
 Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that the Baraboo River Equine-Assisted Therapies, Inc., will weigh the medical information given against the existing precautions and determine eligibility for participation.

Name/Title \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ License/UPIN Number \_\_\_\_\_

**MEDICATIONS:** (include prescription, over-the-counter, name, dose, and frequency)\_\_\_\_\_

**Describe your abilities/difficulties in the following areas (include assistance required or equipment needed).**

**PHYSICAL FUNCTION:** (i.e., mobility skills such as transfers, walking, wheelchair use, driving, bus riding)

**PSYCHO/SOCIAL FUNCTION:** (i.e., work/school including grade completed, leisure interests, relationship-family structure, support systems, companion animals, fears, concerns, etc)\_\_\_\_\_

**GOALS:** (i.e., Why are you applying for participation? What would you like to accomplish?)\_\_\_\_\_

**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 (Cerebro-vascular Accident)

**Secondary Concerns**

- Behavior problems
- Age less than two years
- Age two-four years
- Acute exacerbation of chronic disorder
- Indwelling catheter



# BARABOO RIVER EQUINE-ASSISTED THERAPIES, INC.



**LIABILITY, PHOTO, MEDICAL CONSENT RELEASE  
NEEDS TO BE COMPLETED FOR ALL RIDERS, VOLUNTEERS and STAFF  
PARENT/GUARDIAN SIGNATURE FOR ANY PARTICIPANT UNDER AGE OF 18**

### LIABILITY RELEASE

I/ my child/ my ward would like to participate in the Baraboo River Equine-Assisted Therapies, Inc. (B.R.E.A.THE.) Program as a rider, volunteer, or staff person. I acknowledge the risk and hazardous nature of horse activities and horseback riding. However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs, assigns, executors or administrators, waive and release forever all claims for damages against Baraboo River Equine-Assisted Therapies, Inc., its Board of Directors, instructors, therapists, aides, volunteers, horse owner and/or employees and Wild Rose Ranch LLC, and Dan and Michelle Gillette as stable and property owners for any and all injuries and/or losses that I/ my child/ my ward may sustain while traveling to or from, or participating in any B.R.E.A.THE activities.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Wisconsin State Statutes Sec. 95.481

*Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of equine or in being a passenger upon an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1) (e) of the Wisconsin State Statutes.*

### PHOTO RELEASE

I  DO  DO NOT consent to and authorize the use and reproduction by Baraboo River Equine-Assisted Therapies, Inc., of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or an other use for the benefit of the program.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL TREATMENT CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or any other use for benefit of the agency.

I authorize Baraboo River Equine-Assisted Therapies, 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 emergency medical treatment.

This authorization includes x-ray, 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 \_\_\_\_\_

### MEDICAL TREATMENT 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 or while being on the property of the agency.

Parent or legal guardian will remain on site at all times during equine assisted activities.

In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
Non Consent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mailing Address: Baraboo River Equine-Assisted Therapies, Inc. (BREATHE), E12570 County Rd. W, Baraboo, WI 53913**