



Take the Reins

New Participant Information and Forms

ALL RIDERS UP
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www.allridersup.org

Marcia Laver, RN, MSN
Executive Director

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Greetings!

Thank you for your interest in our program. Please find enclosed a new rider information package containing rider registration forms as well as barn and property rules. **Complete the forms giving as much information as possible and then return them to All Riders Up.** Forms will need to be returned if they are incomplete. The level of instruction is tailored to the riders' capabilities. Your providing detailed information will assist us in that goal.

What is Therapeutic Riding (more correctly termed Equine Assisted Activities/EAA)?

There are many benefits to EAA. These benefits may be physical, psychological, educational and social. All students gain confidence by mastering the skill of riding. Anyone can strive to achieve a partnership with the horse, whether a person has a disability or just wants to form an emotional bond with the animal. Because the movement of the horse is very unique, it moves the rider in a manner similar to the human gait. EAA helps to improve gross and fine motor skills, balance, coordination, reflexes, motor planning, range of motion and muscle tone. It can improve self-confidence, emotional control, self-discipline, risk taking, patient and trust. Sequencing, patterning, eye-hand coordination, differentiation, and visual-spatial perception are also learned in horseback riding. Horses are very social animals and social interaction is developed by forming a bond with the horse, therapists, instructors, volunteers and other students.

Your safety and well-being are our most important concerns. Certain conditions require additional precautions to be taken when on or around horses and some conditions are contraindications to riding. Once you become an active rider, all forms will need to be updated on an annual basis. **Should the condition of the rider change at any time, All Riders Up MUST be notified immediately and a new Physician Release Form must be completed.** (Please note that the Physical Therapy and Occupational Therapy forms may not apply to each applicant)

When you have returned your completed forms we will contact you to schedule an evaluation following our review of the student forms. A minimum of 48 hours is required for this review. The evaluation will last approximately 30-45 minutes and riders are asked to wear long pants and shoes with a rounded toe and small heel. Safety helmets are to be worn by all riders and will be provided for you. An evaluation fee of \$60.00 must be paid at the time of the evaluation.

Warm Regards,

Marcy Laver

Marcia M. Laver, RN, MSN

All Riders Up
Executive Director

WAIVER AND RELEASE

RELEASE: ALL VISITORS AND PARTICIPANTS (OR PARENT OR GUARDIAN IF UNDER 21) MUST SIGN THIS RELEASE, WAIVING LEGAL RIGHTS AGAINST ALL RIDERS UP AND ARTHUR AND MARCIA LAVER. IF YOU DO NOT SIGN A RELEASE YOU WILL NOT BE PERMITTED ON THE PROPERTY.

I, _____, a visitor to or participant in the **All Riders Up** equine assistance program (the "Program") or the parent or legal guardian of a visitor or participant in the Program, am aware that all activities involving horses, including but not limited to riding, driving, grooming, leading, and/or any events involving horses, pose many inherent dangers, risks, and hazards. These include but are not limited to bodily injury and physical harm to riders, instructors, therapists, aides, groomers, leaders, handlers, side walkers, photographers, spectators and/or any other helpers. I freely and fully assume all dangers, risks, and hazards and the possibility of injury, death, property damage or other loss resulting from such dangers, risks, and hazards. I understand that I or my child or ward should not participate in the Program or visit the property unless medically able. I agree to comply with Program rules and regulations, directions, instructions, and/or safety precautions given by Program employees, instructors, therapists, aides, and volunteers. My or my child's or ward's participation in the Program or visit to the property is upon the express agreement and understanding that I have received, read, and understand this Waiver and Release.

In consideration of my or my child or ward's participation in the Program or visit to the property, I hereby, for myself and any participant for whom I am a parent or legal guardian, release, discharge, hold harmless, and forever acquit **All Riders Up**, together with its officers, directors, agents, representatives, employees, instructors, therapists, aides, and volunteers and **Arthur and Marcia Laver**, in their individual capacities, from any and all actions, causes of action, losses, claims, or any liabilities whatsoever, including but not limited to illness or injury, known or unknown, now existing or which may arise in the future, which may accrue to me, my heirs, my guardians, administrators, executors, or assignees, including attorneys fees and court costs, on account of or in any way related to or arising out of my or my child or ward's participation in the Program or visit to the property. Finally, I assume all liability of any non-participants who accompany me.

I also grant my permission for a doctor, nurse, or other licensed health care professional to take remedial action in case of an emergency, and I assume all expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I have had the opportunity to ask any questions that I may have and such questions have been answered to my satisfaction. I have read, understood, and agree to the above. I understand and confirm that by signing this Waiver and Release that I have given up considerable future legal rights. My signature is proof of my intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

Visitor's/Participant's Name (please print): _____ **Date:** _____

Visitor's/Participant's Signature: _____

AGREEMENT AND CONSENT OF PARENT OR GUARDIAN OF MINOR

I, as the parent or guardian of the above visitor or participant, give my permission for my child or ward to participate in the Program or visit the property, and further, in consideration of allowing my child or ward to participate in the Program or visit the property, I agree individually and on behalf of my child or ward to the terms of the above Waiver and Release.

Parent's/Guardian's Name (please print): _____

Parent's/Guardian's Name (please print): _____

Parent's/Guardian's Signature: _____ **Date:** _____

Parent's/Guardian's Signature: _____ **Date:** _____

Photo Release

I (circle one) do/do not consent to and authorize the use and reproduction by All Riders Up of any and all photographs and any other audio-visual materials bearing my image for promotional material, education activities exhibitions or for any other use for the benefit of the program.

Name _____ (please print legibly)

Signature _____ Date _____

Parent or Guardian if participant under 21 or not legally competent to sign: _____

Parent of Guardian's Signature _____ Date _____

Photographic Understanding

I _____ hereby agree to abide by All Riders Up rules and will not make a video or other photographic record of horses, people or activities at ARU unless written permission has been received from the director and anyone to be photographed. In addition, I agree that such photographic permission applies only to my personal use and does not include distribution of any kind including publication or internet posting (i.e. U Tube, My Space, Face Book, etc..)

Name _____ (please print legibly)

Signature _____ Date _____

Parent or Guardian if participant under 21 or not legally competent to sign: _____

Parent of Guardian's Signature _____ Date _____

Agreement of Confidentiality

As a participant in activities at All Riders Up, I agree to hold in strict confidence those names, all medical, social, referral, personnel and financial information regarding clients, staff, volunteers or any and all participants at All Riders Up at any time and in any capacity. In addition, this agreement specifically prohibits the use of any and all recording and photographic equipment within the confines of All Riders Up without the express written consent of the Executive Director and the Board of Directors. I agree to this limitation and also further agree that I am prohibited from making reference to All Riders Up, its clients and activities on the internet or any other vehicle for public distribution. I agree to the above stipulations regarding confidentiality, and further understand that violating this agreement in any way may result in the termination of my association with All Riders Up and possible criminal charges.

Name _____ (please print legibly)

Signature _____ Date _____

Parent or Guardian if participant under 21 or not legally competent to sign: _____

Parent of Guardian's Signature _____ Date _____

Rider Authorization for Emergency Medical Treatment/Liability Release

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize All Riders Up 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

Rider's Name: _____ Phone: _____

Address: _____ State/Zip: _____

In an emergency, Contact: _____ Phone : _____

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Please check one option listed below:

I give 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. 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 emergency contact(s) above cannot be reached.

I do not give 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., In the event emergency treatment/aid is required, I wish the following procedures to take place:

I _____ acknowledge the risks and potential for injury that may occur with the activities of horseback riding and working around horses and I have discussed these risks with my child and his/her/my physician. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. Therefore I agree to be legally bound for myself (or my son/daughter/ward) and hold All Riders Up, its Board of Directors, instructors, therapists, aids, volunteers, employees and the Township of Concord, its employees, supervisors and associations harmless of any claim for damages, loss, or injury while at the All Riders Up facility located at 265 Mattson Road in Garnet Valley, PA or while off the property conjunction with an All Riders Up event.,

Signature: _____ Date: _____

(If rider is not over 21, not legally competent and/or unable to sign for him/herself, a legal guardian and not the rider must sign all of these forms)

Print Name: _____ Phone: _____

Parent or Guardian _____ (print legibly)

Parent or Guardian's Signature _____ Date: _____

Participant Policies and Procedures

Please read these policies entirely and carefully. Sign and return page 7 to the office

Rider Limitations

All Riders Up offers therapeutic horseback riding lessons. We provide this service to adults and children 4 years and older. Due to the nature of the horse's work, All Riders Up has a weight limit of 220 or less for ambulatory persons,. The weight limitation may differ for persons requiring a full transfer and will be at the discretion of the instructor. Certain conditions require additional precautions to be taken when on or around horses and some conditions are contraindications to riding. Horseback riding may not be a suitable recreational activity for certain individuals. Most activities have some type of precautions and contraindications for participation and horse riding is no exception. Behavioral issues that may cause harm to the animals, instructors, volunteers or place the participant in a dangerous situation cannot be tolerated. Individual who have severe spinal curvatures or stabilization devices that are unable to accommodate the movement of the horse or those who lack neck and trunk control to name a few, may not be suitable participants.

Clothing

Riders must wear long pants such as riding breeches, jeans or leggings to prevent chafing of legs. Riders may not ride in shorts or skirts. Please also avoid slick athletic pants and swishy snow pants or jackets. Riders may not ride in sandals, clogs or slip-ons. Dangling jewelry is prohibited. Participants must wear riding boots or hard soled shoes with heels. Anyone arriving for a lesson without this kind of footwear must ride using peacock safety stirrups, ride without stirrups or forfeit the lesson. Safety helmets at meet ASTM-SEI requirements are required to be work by all riders. Although there are ASTM-SEI approved helmets available for short term use during lessons at All Riders Up, it is expected that each student will purchase his/her own individually sized ASTM-SEI approved helmet for continued participants in the program. **Following 60 days enrollment in the program, it is highly recommended and requested that an approved helmet be obtained by the family, fitted to the student and dedicated strictly for that student's use.**

Cancellation Policy

When YOU cancel: If you find it necessary to cancel a lesson (in consideration of our horses, staff and volunteers), we expect you to give us a minimum of 24 hours notice via a telephone call or email directed specifically to the program office (610-459-0879 or allridersup@comcast.net). If you cancel more than one lesson in a month, the per lesson fee of \$50/lesson will be assessed for all lessons originally scheduled in that month. Repeated lack of adequate notice (two or more occasions) will be cause for dismissal from ARU. Our office will contact the instructor, equine manager and volunteers involved. All Riders Up does not provide make up lessons or refunds for lessons that are canceled by the student or student's family aside from cases of extreme sudden illness. (Evidence of such from a physician or hospital will be required). Instructors are not authorized to schedule make up lessons themselves. All make up lessons must be approved and scheduled by the administrative office.

When WE cancel: We have joined with all other area centers in adopting a no make up, no refund policy. The only exception will be for lessons missed due to Holidays and will be scheduled during the intervening week between sessions.

If you do not continue with lessons, the fee for any remaining lessons in the month and the refund for the original missed lesson will be forfeited.

Inclement Weather

Please do not assume that classes will be canceled due to bad weather. For some riders, it may mean that a stable management/horse care class will take place in the barn. Winter classes will be canceled if the wind chill reaches 30 degrees and below. Summer classes will be canceled if the heat index reaches 95 or higher. Please call ahead if you are unsure of weather condition and cancellations.

All Riders Up Holidays

There will be a make up provided if your regularly scheduled lesson falls on one of the following holidays when All Riders Up is closed:

New Year's Day
Memorial Day weekend
Independence Day weekend
Labor Day weekend
Veteran's Day
Thanksgiving Day & weekend
Christmas Day

All Riders Up reserves the right to reschedule weekend, cancel and amend classes and the operating calendar at any time.

Safety Rules

- Your safety and well-being are our most important concerns. All forms will need to be updated on an annual basis. Cancellation will result if participants' forms are not returned to All Riders Up by the specified due date. Should the physical condition of the rider change at any time, All Riders Up must be notified immediately and a new Physician Release Form must be completed. (Please note that the Physical Therapy and Occupational Therapy forms may not apply to each applicant)
- Participants who display behaviors that are abusive and/or disruptive in manner to other participants, horses, staff or volunteers will not be allowed to participate for the safety of everyone involved.
- Please do not hand feed the horses. All treats are to be given to the horses in small rubber feed buckets.
- In order to comply with the PATH Int'l's(Professional Association of Therapeutic Horsemanship) standards, only riders and volunteers will be allowed in the barn area during classes. Parents and other spectators are asked to watch from the observation room until students are finished with their class. For the safety of our riders, please stay off the mounting ramps and out of the mounting ramp area.
- No dogs are allowed on the property.
- Anyone arriving for a lesson without proper footwear must rider using peacock safety stirrups, ride without stirrups or forfeit the lesson.

We strive to make this a fun, safe, learning experience for everyone. Please do not hesitate to call the office with any questions you may have.

Ways to Help

We prefer that you are not directly involved in the lesson so that the participant can give his/her full attention to the horse and instructor. Parents and family may observe the lesson unobtrusively in the Observation Room. Parents are always encouraged to offer their support by volunteering during the rider's lesson time. There are many ways to help and we would be most appreciative of your assistance in administrative, fund-raising and event planning tasks. If interested, please contact the office.

PLEASE SIGN AND RETURN THIS PAGE

Lesson Schedule Details

We have joined all the other area Path Intl Centers by holding lessons in series of 8 week “sessions” with a one week break between sessions. The intervening week allows for make up Holiday lessons, educational events/clinics, volunteer training and a respite for the volunteers and our equine partners.

Payment Policy

Initial evaluation of \$60.00 must be paid at the time of the scheduled evaluation. The fee for each session is \$400 for one lesson per week. Students who ride twice a week will pay only 50 % of the regular fee for the second lesson. Able bodied siblings of our special needs students will also ride at the 50 % discounted rate. Payment must be received one week prior to the start of each session or the student will not be able to ride. Students will subsequently be invoiced for the following session 4 weeks into the current session so that the payment can be received in a timely manner. If these fees constitute a considerable financial burden, please contact the administrative office by email. A payment plan may be arranged. Do not give your payment directly to the instructor. Please deposit your payment in the safe at the Observation Room..

_____ We are unable to meet this payment schedule and wish to obtain information about applying for financial assistance.

_____ We will pay by check.

Please contact the office for information on financial assistance.

By signing below, I agree that I have read and understand the Participant's Policies and Procedures in its entirety. I assume financial responsibility for the services the participant will receive at All Riders Up

Participant's Name; _____
(Please print)

Signature: _____ Date: _____
(Rider, parent or legal guardian over 21 and legally competent)

I am interested in lessons during the following seasons:

FALL _____ **WINTER** _____ **SPRING** _____ **SUMMER** _____

_____ **Yes, I am interested in volunteering**

Rider Questionnaire

The following questionnaire is designed to give All Riders Up information pertaining to each individual's behavior and ability. This will help us prepare lesson plans and assist in attaining individual goals. Please complete the questionnaire in as much detail as possible using the back of the page or attaching an additional sheet if necessary.

Name: _____ Age: _____

1. Briefly describe his/her disability: _____

2. What are the physical symptoms of the disability? _____

3. What goals do you hope he/she will achieve by participating in the program? _____

4. What other treatments or therapies has he/she undergone? Please specify when and for how long: _____

5. How would you describe his/her concentration, attention span and general awareness? _____

6. Would you characterize him/her as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed introverted or extroverted? _____

7. How does he/she communicate? (Expressive and Receptive language) _____

8. Is there a history of incontinence? _____

9. What positive reinforcement does he/she respond to? _____

10. Please use the rest of this sheet or the reverse side to indicate any other areas of the potential participant's behavior and personality that will help us effectively communicate, understand and work with him/her at All Riders Up. _____

Completed by: _____ Date: _____
Relationship to Rider: _____

All Riders Up Registration Form

Participant: _____

DOB: _____ Age: _____

Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Is rider over 21, legally competent and able to sign for him/herself? _____

If rider is not over 21 or not legally competent and/or unable to sign for him./herself, a legal guardian, not the rider, must sign all of these forms:

Parent, spouse or guardian _____

Relationship: _____

Address: _____

School or institution presently attending: _____

Base Service Unit (if applicable): _____

All Riders Up conducts lessons seven days a week. The more flexible you are, the more likely it is that we can schedule you when an opening arises. Please specify times you can come to ride.

Sunday _____

Thursday _____

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Consent for Release of Information

All Riders Up may request additional information for the purpose of developing an individual horseback riding program for the client named below. If we have your permission to obtain additional information from outside therapeutic services, please complete this form.

I hereby authorize All Riders Up Therapeutic Riding Program to receive information from the records of:

Client Name: _____

The information to be released is checked below:

YES	NO	
		Medical history from a physician
		Physical therapy evaluation, assessment and program plan
		Occupational therapy evaluation, assessment and program plan
		Speech therapy evaluation, assessment and program plan
		Classroom Individual Education Plan (I.E.P.)
		Psychological evaluation
		Other:

Signed: _____ Date: _____

(If rider is not over 21, not legally competent and/or unable to sign for him/herself, a legal guardian, not the rider, must sign all of these forms)

Participant's Medical History and Physician's Release
Must be completed by a physician

Name: _____ Date of birth: _____

Address: _____

Name of parent or guardian _____

Diagnosis: _____ Date of onset: _____

Height: _____ Weight: _____ Tetanus Shot: Yes _____ No _____

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

Medications: _____

Any contagious diseases: _____

Please indicate if the patient has a problem or has had surgeries in any of the following areas. If yes, please comment, using the back of the form if necessary.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disabilities			
Mental Impairment			
Psychological Impairment			
Incontinence			
Coordination			
Balance			

Mobility: Independent Ambulation: Yes _____ No _____ Crutches: Yes _____ No _____
 Wheelchair: Yes _____ No _____ Braces: Yes _____ No _____

Please indicate any contraindications to riding or special precautions:

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Physician Information

**** If student has Down Syndrome, an additional Atlanto-Axial Dislocation form is required ****

If yes was checked above for Scoliosis, Kyphosis, or Lordosis, please list the degree and the date of last X-Ray below

Scoliosis: Degree _____ Last X-Ray Date _____
Kyphosis: Degree _____ Last X-Ray Date _____
Lordosis: Degree _____ Last X-Ray Date _____

Further comments/notes:

Down Syndrome Atlanto-Axial Instability Form
(If applicable)

There is a condition known as Atlanto-Axial dislocation or subluxation that may be present in some individuals with Down syndrome.

Parents or guardians of children or clients with Down Syndrome who seek to participate in horseback riding with All Riders Up must be made aware of this condition which can occur in 10-20 percent of individuals with Down syndrome. The two vertebrae at the top of the spinal column are named the atlas and axis respectively, In some persons with Down syndrome, the ligaments and bone structures that normally maintain the proper position of these vertebrae with respect to each other and the skull are abnormal. Under certain conditions of physical stress, the abnormality permits the spinal column to shift, which pinches the nerves issuing from the base of the brain, leading to severe consequences,

Because of this possibility, All Riders Up wishes to protect persons with Down syndrome from activities such as horseback riding which could aggravate this condition until their doctor has examined them. The doctor will determine if the condition is present through a neurological exam. If the neurological exam shows that the Atlanto-Axial dislocation or subluxation is present, the person with Down syndrome may not participate in horseback riding.,

Neurological Symptoms of Atlanto-Axial Instability _____ **Present** _____ **Absent**
If done, date of last Radio-graph _____

Physician's Signature

Date

Physician's Printed Name and Title (MD or DO)

Phone

Occupational/Physical Therapy Evaluation Form

(Please complete this form only if applicable)

Initial: _____ Re-evaluation: _____

Name _____ D.O.B. _____

Date of Evaluation: _____

Precautions: _____

Medical/history/diagnosis: _____

Specialists seen in last two years: _____

Allergies: _____

Current Medications: _____

Caregiver Goals: _____

Favorite Toys: _____

Current School/Therapies: _____

Equipment/Orthotics: _____

Other Modalities: _____

Skin Integrity: _____

Occupational/Physical Therapy Evaluation Form

		Strength	Pain	Tone	Comments
Right UE					
Left UE					
Neck					
Trunk					
Right LE					
Left LE					

	Static	Dynamic	Tolerance	Comment
Sitting Supported				
Sitting Unsupported				
Standing Supported				
Standing Unsupported				

Functional Mobility: _____

Communication (Receptive./Expressive): _____

Patient's ability to express pain: _____

Sensory: _____

Behavioral (Impulsiveness, Motivators, Fears): _____

Attention/following directions: _____

Assessment: _____

Goals: _____

Signature: _____

Address: _____

Rules for the Barn, Property and Arena (Page 1 of 2)

THESE RULES APPLY TO EVERYONE ADMITTED TO ALL RIDERS UP, AND THE PROPERTY OF ARTHUR AND MARCIA LAVER.

Copies of the General Rules for Property and Barn will be provided to every visitor when he/she arrives and signs in. **Please return this page, with your signature, to the ARU administrative office.**

- The driveways are to be traveled at speeds of no more than 5 MPH. The safety of children, those with special needs and our animals are our greatest concerns.

- The private areas of the property are off limits. These include but are not limited to:
 1. The house
 2. The spring house
 3. The streams central and north of the barn and arena
 4. The pond along the north border of the property
 5. The pool area and pool house
 6. Private vehicles (cars, trucks, horse trailer, ATV, tractor and lawn mower)

- The family dogs are friendly but should be in the house when students are on the property,.. Please let us know if they are out. They should not be encouraged to come down to the barn or arena,

- No visiting pets are permitted on the premises, nor are any animals allowed to be left in parked vehicles.

- All participants and visitors are required to register and execute the liability waiver immediately upon arrival.

- NO SMOKING in the barn, arena or the immediate vicinity

- No one will be admitted to the barn and/or arena unless they have signed in and property executed the ARU liability waiver.

- No one may ride without an ASTM-SEI approved helmet which has been securely fastened.

- Turn cell phone on silent or vibrate.

- No personal stereos or music

- No weapons, alcohol or illegal drugs

- No foul language

- No physical or emotional mistreatment or abuse of a client, staff member, volunteer, visitor or horse

Name _____ (please print legibly)

Signature _____ Date _____

Parent or Guardian if participant under 21 or not legally competent to sign: _____

Parent or Guardian's Signature _____ Date _____

(A copy including your signature will be included in the participant's file.)

Rules for the Barn, Property and Arena (Page 2 of 2)

Please return this page, with your signature, to the ARU administrative office.

- Parents and guests must stay in the observation area while the lesson is being conducted. **NO ONE SHOULD BE IN THE BARN EXCEPT STAFF, TRAINED VOLUNTEERS AND STUDENTS.** Please recognize that this rule is in place out of concern for our safety and that of our participants. We cannot give our students our complete attention if we have to be responsible for others, particularly sibling children in the barn and arena areas. A walk-through of the barn can be scheduled if desired.
- Only staff and trained approved volunteers may handle horses except when students are working with them under the direct supervision of their instructor or a volunteer approved by the center.
- No one is to ride, lead, groom, exercise or otherwise interact with the horses unless they have been directed to do so by an instructor or center staff member.
- Horses are not to be led by anyone without halter and lead line.
- Only staff and approved volunteers may transfer horses to and from pastures.
- All lights and fans are to be turned off when not in use.
- Bits are to be rinsed off before being returned to the tack room.
- **NO ONE** is to be mounted within the barn or overhang areas.
- No more than 3 horses are to cross-tied or groomed within the barn at one time.
- Stall doors and tack room doors are to be kept closed.
- No equipment (saddles, clippers, brushes etc.) is to be left in the aisles.
- Horses are not to be given treats by anyone unless directed to do so by the instructor. Frequent hand feeding encourages horses to enter the personal space of the people around them and possibly bite.
- Please take all personal items and trash with you

Name _____ (please print legibly)

Signature _____ Date _____

Parent or Guardian if participant under 21 or not legally competent to sign: _____

Parent or Guardian's Signature _____ Date _____

(A copy including your signature will be included in the participant's file.)

BASIC HORSE SAFETY RULES (Page 1 of 2)

Always approach a horse from the side or front, speaking to them calmly to alert them to your presence. Never approach them from the rear. Encourage them with your voice or by holding your hand out to get them to turn towards you.

- **REMEMBER:** Horses are creatures of REACTION (Fight or Flight); so always let the horse know where you are. Horses may kick, bite, strike and or bolt if startled.
- **REMEMBER** horses' eyes are on the sides of their heads and approximately 2 feet in front of their head is a "blind spot." They cannot see your hand when you pat their noses and this may cause them to jerk their heads up so keep your head in a protected position when handling a horse.

When haltering a horse, first place the lead rope over its neck, then standing with your right shoulder by their head, place the halter on. Never lead a horse by the halter alone.

Take the lead rope down, clip it to the halter, and hold excess in a figure 8 pattern in your left hand, with your right hand about 6-8" from their chin. You are ready to lead them now. Always lead on the horse's left side, unless you are asked to change sides by the therapy instructor during lesson.

- Use a safe lead rope and both hands when leading. The excess lead should be folded in a figure 8 pattern and held in the hand furthest from the horse.
- **DO NOT EVER** wrap the lead around your hand or wrist. **DO** not allow the lead or reins to drag on or near the ground – the horse or leader could step on it and trip or become entangled.
- Always lead the horse with your body positioned between the throat latch and shoulder. Your hand closest to the horse should be 6-8 inches away from his chin. Horses need to be able to move their heads as they walk.
- Do not pull down on the lead as this causes pressure on the horses head and can make him irritable. A short, light quick correctional "tug" is all that is needed if you want him to slow down or pay attention.
- If the horse will not move forward, try turning his head away from you, or walking him slightly to the left or right of your original path. This comes in handy with the donkey!!
- When several horses are being led together, travel single file with 2 horse lengths between you and the horse ahead of you. Keep a safe distance apart and stay alert.
- When two or more horses leave a pasture the first ones out should be walked up to a safe spot and stopped until everyone is out, the gate is closed and everyone is ready to walk on. Otherwise the last horse, watching others leave without him, might panic and try to bolt. They are herd animals and don't like being left alone.
- Make sure that all gates and doors are always closed and secured. If it is open, close it – even when the pasture is empty or your horse is the last one to leave – close the gate behind you.

When leaving a stall or walking through a gate, make sure that the gate is opened far enough. Pasture gates should be opened far enough to comfortably move the horse in or out, but not wide enough for other horses to escape.

If you are not comfortable turning out or bringing in horses when they are in a group, ask for help. Make sure the horse you are leading is all the way through the gate before turning them so they will do not hit their hips on the gate.

- If the horse rears, release the hand closest to the horse's head so that you will not be jerked off the ground.
- If a horse pulls back, step with him rather than pull against him. If he continues to pull back – **LET GO** and **CALL FOR HELP** don't risk being dragged!!
- You weigh a lot less than any horse; you cannot "out pull" him.
- Always groom and tack horses in the cross ties unless otherwise directed by the instructor.
- **ALWAYS** walk **AROUND** your horse, preferably in front **UNLESS** your horse is tied to the wall.

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

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When walking behind a horse, talk to him/her and either walk body to body (very close) keeping a hand on their hind quarters so that they know you are there or stay at least 15 feet away from their rump. A kick is more forceful when you are about 3 feet away – avoid being at that distance. Do not walk under a horse’s neck – always go around the front of their head. Do not crawl under a horse’s belly. Reach under from a standing position facing the front or go around.

Do not leave horses alone in the cross ties. Set out grooming equipment and tack before you get your horse.

If a tied horse pulls back on the cross-ties, they should break off and free the horse. Go to the horse and make sure they are not injured, then walk him back up and have someone either hold him while you retie the cross tie to the eyehook, or hold him while they retie it. If you, another volunteer, client or the horse is injured, alert the instructor immediately.

Never leave a halter or tack on a horse unattended in a stall.

When releasing a horse into a stall, turn them around so that they are facing you and your back is to the door or gate and pat them quietly before taking the halter off. If you are unsure of the horse or if they are being troublesome, place the lead rope over their neck to give you something to hold onto while you remove the halter. After releasing them, step back, close the stall door then turn and walk calmly away.

When releasing a horse into a pasture, halters are left on, but the horse is to turn toward you as you remove the lead.

- Do not encourage the horse to take off as soon as the halter been removed.
- Never yell and try to make the horse run from you. In turning, he may kick out or knock you down.
- Make sure that you have room to move away quickly if necessary.

Do not drag the lead rope (or reins) on the ground at any time. When hanging them up, make sure they are not hanging on the ground. Please do not lay tack on the ground. Use racks and hooks provided in the aisle.

Do not allow girths or cinches, etc., to drag on the ground.

Do not cross tie a horse with a bridle and reins.

- ALWAYS tie your horse with a halter and a lead – NEVER the reins – at wither height to a strong pole using a quick release knot in the lead.

When grooming, do not kneel on the ground – bend over instead so that you can leave the area quickly if the horse becomes agitated.

- When grooming and tacking, work from the horse's side with your back to the horse's head.
- THINK SAFETY!! The student will be likely to do as you do.

Clean up manure if your horse soils the aisle. Last person out at night does a safety check:

- Are all gates securely shut?
- Do the horses have ample water (full buckets or at least ½ full tank in the pen).
- Are the horses behaving normally? Eating, not rolling excessively or stretching, exhibiting symptoms of colic or injury? Did they finish their food? Are they coughing or appear to be choking? Breathing heavily?
- All outside doors or gates to the barn aisle shut
- All lights out

Notify the Therapy Instructor or Director immediately if you notice anything out of the ordinary on a horse (swelling, cuts, blood), facility (broken door or gate, leaks, or other damage) or tack (broken or worn straps, frayed girth/ cinch, missing pieces).

Volunteer (Print Name): _____
 Volunteer Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____
 (if volunteer applicant is under 21 years of age)
 Parent/Guardian (Print Name): _____

21 Evacuation Procedure

In the case of a fire or any other circumstance which requires evacuation, the following procedure will be followed by instructors, staff and volunteers:

- The emergency will be reported to the local fire and rescue unit via a 911 call.
- The appropriate documents which show who is on the property at the time of the emergency will be taken to the house.
- The evacuation will be directed by instructors, full time staff and/or the ARU Director.
- If students are mounted during the emergency, the lesson will halt, students will be dismounted and everyone will proceed to the back of the house. If time permits, staff will un-tack the horse and release it into the field in front of the barn with its halter on.
- **No student will ever be left alone, no matter what the emergency!!**
- All students and visitors will be escorted to the back of the house where a head count will be taken.

At some point, or several points during the year, participants and visitors will be asked to take part in an emergency evacuation drill(s). Please be cooperative. We conduct these drills to ensure everyone's protection and peace of mind.