



*where wild hearts
run free*

Howdy@freeequine.com
www.freeequine.com

Welcome to Freedom Equine Association!

This package is designed to guide you through the registration process. Unfortunately, this process involves a lot of forms. Please understand that this paperwork is necessary for the Freedom Equine Therapeutic Riding Program to be in compliance with insurance requirements. It is also necessary to help our team tailor the lessons to your needs by providing the right combination of horse, equipment, tack, volunteers and lesson content.

Riders cannot participate in any activity through Freedom Equine Association without the appropriate forms. We ask that you return all forms as soon as possible – and at least one week prior to the start of lessons to allow the Instructor time to review them and set up an individualized riding program.

Prior to the first session the following forms are required to be returned to the Program Director:

Where applicable and/or required:

- Intake/Referral for Services
- Consent for release of information
- For riders with Down Syndrome - Atlanto-axial X-Ray Verification

Mandatory forms:

- Rider Profile Form
- Liability Waiver
- Photograph/Video Release/Non Consent Form
- Emergency Profile
- Authorization/Non Authorization for Emergency Medical Treatment
- For riders with a physical disability: Physician Referral Form

Once registered, the following form will be required to be updated when a rider's condition changes:

- Physician Referral Form

The following will be required prior to each session:

- Session Registration Form

If the rider's condition/situation changes at any time, please let the Program Director know and have the appropriate information updated, or the required form re-submitted.

All forms must be properly filled out, signed and returned to Freedom Equine before the student may ride.

Prior to a rider's acceptance to the program, there may be an assessment visit with the Instructor and other therapists as required (i.e. Physical Therapist, Occupational Therapist, Counselor etc.).

An orientation visit may be arranged to fit tack, helmet and belt; and to familiarize the rider with the program. These 2 visits may be combined.

For the safety of the student, volunteers and horses, some applicants may not be accepted into the program.

FEES & PAYMENT POLICIES

- Sessions must be prepaid in full prior to the start of the session.

LESSON CANCELLATION POLICY:

- In the event of cancellation of a lesson by Freedom Equine, the lesson will be rescheduled.
- If lessons are proceeding as scheduled and the student does not attend, or cancellation is less than 12 hours before the scheduled lesson, there will be no make-up lesson.

RIDER/CAREGIVER RESPONSIBILITIES:

- It is much appreciated if Freedom Equine Association is notified if a rider will not be attending. The program strives to avoid having volunteers with nothing to do and horses tacked up and ready with no rider.
- It is the responsibility of the caregiver to have the student appropriately attired for riding and weather conditions. Boots or shoes with heels and long pants are mandatory. Riders will not be able to participate without the appropriate attire. Pant pockets should be empty of items that might poke the rider during the mount and dismount.

SESSIONS

Therapeutic Riding lessons will be taught by either

- a Canadian Therapeutic Riding Association (CanTRA) Coach
- a CanTRA certified Intermediate Instructor
- a CanTRA certified Basic Instructor or Basic Instructor 2
- a CanTRA Basic Instructor Candidate under the supervision of the Coach or Intermediate Instructor.

If necessary (and available), a physical therapist will be utilized during the session. The Instructor will have access to the advice of a number of different types of therapists.

- Lessons will have a maximum group of 4 riders.
- The length of each riding lesson is 1 hour. The participant should arrive 10 minutes before their lesson time to put on a properly fitted helmet, riding boots and transfer belt (if required).
- Lessons with more than one rider may go a little longer to include time for the mounting and dismounting of the riders.

The minimum age for participation in Freedom Equine Association's Therapeutic Riding Program at this time is 5 years old.

Classes will be filled on the basis of disability needs, riding ability, volunteer ability and availability as well as horse availability. Please encourage people who are interested in volunteering to contact the Program Director. Lack of volunteers is often the only impediment to proceeding with a class. There is a great need for committed volunteers!!

Admission & Discharge Policy

It is the decision of the Program Director/Instructor/Medical Committee to admit or discharge a rider. Riders can be refused entry or discharge from the program for a variety of reasons including but not restricted to exceeding the weight allowed, failure to appear for classes, inappropriate behavior, or implications that the continuation of therapeutic riding is a contraindication.

While every effort will be made to meet a rider's needs, a rider possessing the ability and desire to advance to a higher level of instruction than Freedom Equine Association offers, will be discharged and given assistance in locating a program and/or instructor that meets their needs.

Dress Code

Mandatory Attire: Appropriate attire is essential for the comfort & safety of the participant.

Pants: Long pants such as jeans or khakis are required (special exceptions may be made in cases involving sensory processing issues). Please avoid pants made of nylon, polyester, or other 'slippery' materials as this can cause a Participant to slip off of a horse or become easily off centered.

Footwear: Hard sole shoes or boots with a half inch heel. Close-toed athletic type footwear with a closed back is mandatory for all riders. Please avoid excessively bulky or thin shoes such as work boots, skate shoes, converse, etc.

Additionally, all riders should wear a semi-close fitting shirt so posture is visible for the instructor. Long hair should be pulled back into a low ponytail. The rider may not ride if not dressed appropriately and no credit will be issued. Please provide a jacket, sweater, gloves, etc. for the cooler morning and late afternoon ride times. Please dress accordingly.

Helmets: Must be worn by all mounted Participants and may be required for groundwork per Instructor discretion. We will provide an ASTM/SEI certified helmet if the Participant does not have their own

It is mandatory that all riders, volunteers and staff ride with (ASTM-SEI) helmets.

It is mandatory that hard sole shoes or boots with heels, or safety stirrups be used by all riders, volunteers and staff while riding.

Stirrups and footwear must be approved by the Instructor before mounting.

Agreement

I hereby certify that I have read and agree to the above conditions.

Signature of Rider: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

General Information:

Name: _____ Date: _____

Date of Birth: _____ Height: _____ Weight: _____

Note on Weight: Please be aware we have a **weight limit of 200lbs.**

Address and Postal Code: _____ Home

Phone: _____ email: _____

Employer/School: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name _____

Address if different than above: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Address if different than above: _____

Home Phone: _____ Cell Phone: _____

Legal Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

How did you hear about Freedom Equine Association? _____

Rider Profile

Rider has ridden before YES NO With a Therapeutic Riding Program YES NO

How long ago? _____ How long? _____

Can the rider walk unassisted? YES NO Is the rider verbal? YES NO

If non-verbal, what form of communication does he/she use? _____

Does the rider use any of the following?

Wheelchair YES NO Crutches YES NO Braces YES NO

Walker YES NO Cane YES NO

Is rider able to sit independently? YES NO

What medications are you currently taking, including over-the-counter medications?

Describe your abilities/difficulties in the following areas (include whether assistance is required or if equipment is needed):

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

SOCIAL (i.e. work/school including grade completed, leisure interests, relationships, family structure support systems, companion animals, fears/concerns etc.)

GOALS (i.e. why are you applying for participation? What would you like to accomplish?)

Are there any other therapists that are involved with the rider's care that should be part of the Therapeutic Riding team? (i.e. physical therapist, occupational therapist, counselor, chiropractor etc.)

Is there any other information that you feel Freedom Equine Association should know?

Signature of Rider: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

Witness: _____

Name of Rider: _____

RIDER LIABILITY WAIVER

I acknowledge that the sport of horses is a risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding, working around horses (mounted and dismounted) and viewing horse activities, which include bodily injury to both horse and rider which can result from therapeutic riding as well as normal use, competition and schooling. It is hereby also understood that no helmet or protective equipment can protect me against all foreseeable injury.

I hereby assume all risk and hereby absolve Freedom Equine Association, its members and volunteers, from all responsibility, liability or claims of any nature and kind which I may have arising from participation in programming, including but not limited to bodily injury or death, and damage to or loss of my property arising from any cause whatsoever, including negligence of one or more of the organizations or individuals referred to herein.

I hereby declare that in signing this document that I have read and fully understood and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signature of Rider: _____ date: _____

Signature of Legal Guardian: _____ date: _____

Signature of Witness: _____ date: _____

PHOTO/VIDEO RELEASE/NON-CONSENT

While on outings and during our daily programs many exciting situations arise. By photographing or video taping these events we can share them with you, family members, caregivers, and others and utilize them to demonstrate the "good works" for our organization. For this reason, we ask permission to share these photographs and or videotapes with the general public.

Give permission for Freedom Equine Association to (please select Yes or No for each item)

- 1. Share photographs with the general public Yes () No ()
- 2. Share videos with the general public Yes () No ()
- 3. Publish photographs/videos/stories on the internet Yes () No ()

Signature of Rider: _____ date: _____

Signature of Witness: _____

Signature of Legal Guardian: _____ date: _____

Signature of Witness: _____ date: _____

Emergency Medical Treatment

Name: _____

Address _____

: Phone: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Care Card Number: _____

Physician Name: _____ Phone: _____

Medications: _____

Allergies: _____

Other: _____

PLEASE CHECK ONE – CONSENT OR NON-CONSENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I **give permission** to the Freedom Equine Association to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature of Rider: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

Witness: _____

NON CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I **do not give permission** to the Freedom Equine Association to secure medical treatment including x-rays, surgery, hospitalization and medication.

A parent or legal guardian must remain on site at all times during equine assisted activities

Signature of Rider: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

Witness: _____

Rider Report Sharing Consent/Non Consent Form

CONSENT FOR SHARING RIDER REPORTS

I, _____, hereby authorize Freedom Equine Association to share rider reports for _____ who is a participant in the Therapeutic Riding Program.

Signature: _____ Date: _____

Witness: _____

Please provide the name and phone number of the parties with whom we may share rider reports:

Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:

NON CONSENT FOR SHARING RIDER REPORTS

I, _____, DO NOT authorize Freedom Equine Association to share rider reports for _____ who is a participant in the Therapeutic Riding Program.

Signature: _____ Date: _____

Witness: _____

Freedom Equine Association complies with BC's privacy legislation. Association policies and procedures regarding confidentiality and privacy issues comply fully with the Personal Information Protection Act (PIPA).