



Client Policies and Procedures

Welcome to HorsePower! We hope to provide you with a fun learning environment while facilitating recovery, health, and well being.

The following is information necessary for us to ensure that you have a safe, fun, and successful experience here at HorsePower. Clients, parents/guardians, and guests are responsible for following rules and regulations at all times. Any violation may be considered a reason to be dismissed from the lesson or facility.

Client Forms

To ensure a smooth registration process, all registration forms must be filled out completely and accurately, and submitted to a HorsePower staff member before the registration deadline. New clients will receive a New Client packet, while returning clients will receive specific forms tailored to them. **ALL** participants are required to have an up-to-date physician's medical release on file. Our staff will inform you if your medical release is nearing expiration. For those receiving Occupational Therapy or Physical Therapy, corresponding forms are also necessary. Please note that failure to submit the required paperwork by the registration deadline may result in dismissal from the session. If you have any questions about the registration paperwork, feel free to reach out via email at coordinator@horsepowersf.com.

Program Schedule and Fees

Hippotherapy - \$870/ 7-8 week session - Not currently offered

Hippotherapy lessons are 45 minutes in length and are one on one. Session activities and goals vary on a case by case basis depending on the individual's goals and abilities. Each Hippotherapy session consists of 1 treatment a week with a therapist throughout the scheduled session. Make-up treatments are scheduled if HorsePower is closed due to health of the horse or instructor, or due to weather-related issues, **NOT** if a client is unable to make his/her scheduled treatment.

Therapeutic Riding - \$600/ 7-8 week session

Therapeutic Riding Lessons are 45-60 minutes in length dependent on whether the classes are individual or group lessons. Each Therapeutic Riding session consists of 1 lesson a week during the scheduled session with a riding instructor. Make-up lessons are scheduled if HorsePower is closed due to health of the horse or instructor, or due to weather-related issues, **NOT** if a client is unable to make his/her scheduled lesson.

GroundWork - \$370/ 7-8 week session

Ground Work lessons are 30 minutes in length regardless of whether they are group or individual. Each Ground Work session consists of 1 class a week during the scheduled session with an instructor. Make-up lessons are scheduled if HorsePower is closed due to health of the horse or instructor, or due to weather-related issues, **NOT** if a client is unable to make his/her scheduled lesson.



Participant Dismissal From Activities

Clients, parents, and guardians should understand that there are specific circumstances that may necessitate the removal of participants from equine activities. These circumstances include, but are not limited to:

- Incomplete or unsubmitted forms.
- Any demonstration of harmful or threatening behavior towards the facility, individuals, or animals.
- Failure to settle the account balance by the conclusion of the session.
- Noncompliance with established rules, regulations, or policies.

Eligibility Criteria

To ensure the well-being of our horses, we have established a weight limit of 190 pounds; however, this may vary based on the specific horses in our care. The minimum age for participants in Hippotherapy is two years, while for Therapeutic Riding, it is five years. Our instructors maintain the authority to make discretionary decisions regarding eligibility for their programs.

Risks of Engaging in Equine Activities

Although our horses are therapy horses, they are still animals. Please note that equine activities inherently involve risk. **Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §42-11-2.**

Lesson Policies

Registration: Clients must complete all required documents **by the registration deadline**. Late documents will not be accepted.

Payments: Sessions must be paid in full by the end of the 8 week session. Acceptable payments may be made in the form of cash, check, or credit/debit via your online invoice. Card payments **cannot be processed in house**.

Absences: We kindly request that you provide us with at least 24 hours' notice for any absences. Our lessons rely on volunteers who often travel long distances or use their paid time off to be present, so we ask for this courtesy on their behalf. If you cannot attend your lesson for any reason, please note that make-up lessons will not be scheduled, and refunds will not be issued.

Make ups: Please see **Cancellation & Rescheduling Policy** below for my information

Tardiness: Punctuality is of great importance. If, for any given reason, a client is later than 15 minutes for a lesson, HorsePower reserves the right to deny services that day in fairness to other riders. A make-up lesson will not be scheduled and refunds will not be given.

Proper Clothing: Clients must, for the safety of all involved, come properly attired for activities that involve horses. This means full-length pants, and completely enclosed, sturdy shoes (Please no sandals or croc-type shoes. Sneakers or boots with a heel are preferred). Helmets are required, HorsePower provides a variety of sizes, but personal equipment is encouraged. If a client has soiled pants, HorsePower cannot provide the lesson. If the client does not have proper attire and/or footwear on, HorsePower will not be able to provide the lesson to them. A make-up lesson will not be scheduled and a refund will not be given.

Supervision: Clients who cannot transport themselves to lessons are required to have a parent or guardian present for the entire duration of the session. If siblings or other children accompany them, they must be supervised by the parent or guardian at all times and are not permitted to roam the property without adult supervision.



Cancellation & Rescheduling Policy

Cancellations:

- Horsepower will make every attempt to notify clients of lesson cancellations within 3 hours prior to the start of a lesson and to accommodate rescheduling where possible.
- Weather: We will closely monitor the weather during Summer and Winter to ensure the safety of both clients & horses. Please watch for a text or email regarding lesson status on days with extreme weather. If the Tri Valley school district cancels classes, we will also be closed. In cases of late openings or early dismissals, we will reach out to inform you about your lesson's status.
- Horse Health: If there is a health concern for one of our horses, lesson cancellation will be left up to Horsepower's discretion.

Make up Lessons

- If you are unable to attend regular or make-up lessons for any reason, please note that make-up lessons will not be rescheduled, and no refunds will be issued.
- Make-up lessons can only be rescheduled for cancellations caused by the health of the horse or instructor, or due to weather-related issues.
- Each client is entitled to one make-up lesson per 7-8 week session. If additional lessons are missed due to weather, horse, or instructor health, a credit will be applied to the client's account or a refund will be issued.
- Lessons scheduled on holidays will not incur a charge, and no make-up lesson will be arranged for those dates.

Refund/Credit

- Refunds or credits for clients due to closure of the Horsepower facility and/or cancellations of lessons will first be deducted from the client's scholarship funds. Lesson cancellations will not impact client tuition costs unless all scholarship funds have been exhausted.



Safety Rules

Safety is of utmost importance during equine activities. We ask that you use good judgment around other students and the horses. All of our staff are highly competent, and their instructions must be followed. If you don't know something or are unsure, please ask!

Please familiarize yourself (clients, volunteers, parents/guardians, and guests) with the following safety precautions:

- No running in the arena, barn or parking area
- No smoking
- Do not stand directly behind a horse. HorsePower horses are well trained, but it is always possible for a horse to spook and strike out
- No loud noises or yelling around the horses, in the barn or arena
- Children must be supervised at all times. Parents/guardians of children must remain on the HorsePower property for the duration of lessons.
- Do not pet or touch horses without permission from HorsePower staff. There are many horses on property that do not belong to HorsePower.
- Visitors are advised not to proceed down the road to the west of the main entrance, as this area is designated as the boarding space for Benson Equestrian Center.
- Pets are not permitted on the premises.
- Alcohol or illegal drug use is strictly prohibited.
- No abusive, threatening or violent behavior.
- No one may mount, dismount or ride a horse unless supervised by a staff member. No one may mount without the use of mounting blocks
- Please do not feed our horses without permission. Many of our horses have specific diet restrictions, and there is always the risk of being bitten.
- In the case of a loose horse, fallen rider, or any other emergency, do not panic. Rider safety is most important. Directions will be provided from an instructor.
- No cell phone use in the arena during lessons.
- **No photos** may be taken without permission. Some riders may be sharing an arena with others who have not given their consent to be photographed.

Our rules are in place for the safety and protection of all of our participants. Anyone failing to comply may be asked to leave and/or dismissed from our program.

(Client Policies and Procedures document is for Client/Parent/Guardian record and does not need to be returned)



Client Registration Form

Please ensure that you print clearly or type, and **complete the form thoroughly and accurately**. Clients who are under 18 must have this form signed by a parent or guardian.

Client Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ (We have a weight limit for horse safety so please make sure this is accurate.)

Gender Identification: _____ Preferred Pronouns: _____

Race: _____

Ethnicity: Hispanic, Latino, or Spanish Origin Non Hispanic, Latino or Spanish Origin Unknown

Client Address:

Street _____

City _____ State _____ Zip _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Work Phone: (____) _____ E-mail address: _____

Parent(s)/Guardian(s): _____ (If different than client)

Parent/Guardian Address:

Street _____

City _____ State _____ Zip _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Work Phone: (____) _____ E-mail address: _____

**HorsePower communicates several changes and reminders via email. Please list the best email to reach you at

Registration/Paperwork Contact

Name: _____ Relationship: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Work Phone: (____) _____ E-mail address: _____

Scheduling/Transportation Contact

Name: _____ Relationship: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Work Phone: (____) _____ E-mail address: _____

Emergency contacts:

Name: _____

Relationship to client: _____ Phone #: _____

Name: _____

Relationship to client: _____ Phone #: _____



HorsePower would like to be able to communicate with your PT &/or OT (if applicable) after receiving completed Pre-Lesson forms to better facilitate lessons and goals. If you consent for HorsePower staff to contact your PT/OT as needed, please sign below:

_____ (signature) _____ (date)

Acknowledgement

I acknowledge that I have received a copy of the HorsePower Client Policies and Procedures. I have been given the chance to ask questions and seek clarification. I agree to the terms outlined in this agreement and understand the potential consequences of failing to comply.

Participant Name: _____

Signature (Parent/Guardian if under 18): _____

Date: _____



PAYMENT CONTRACT – 7/8 Week Session

Client's Name _____ Legal Guardian _____
Phone # _____ Email Address _____
Billing Address: _____

Contact person (other than above) for payments & fundraising:

Name _____
Relationship to client _____ Phone # _____
Address _____ Email address _____

Best way to contact you about lesson updates: Text Email Phone call

Household Income: 0-9,999 10,000-14,999 15,000-24,999 25,000-34,999
 35,000-49,999 50,000-74,999 75,000-99,999 100,000+

Client Current Weight: _____

SESSION:(circle one)

New Year (Jan/Feb) Spring (March/April) Summer (June/July) Fall (Aug/Sept) Winter (Oct/Nov)

I am participating in: (circle one)

- Groundwork Only (\$370)
- Hippotherapy (\$870) - Not available
- Therapeutic Riding (\$600)

Fees above are for 8 week sessions and will be altered accordingly for 7 week sessions. Fees are due by the end of the session.

Payment Terms: *Please be aware that the client will not be able to join another session if any previous session has not been fully paid.*

Would you like information on a fundraising account : Yes / No

WARNING

Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §42-11-2.

I agree to the terms set forth in this agreement.

Signature: _____ Date: _____
Printed Name: _____ Relationship to Client: _____



PAYMENT CONTRACT – 7/8 Week Session Cont'd

Please ensure that you complete the payment contract thoroughly. If you have any questions regarding this form, do not hesitate to reach out to the Program Coordinator. Additionally, this form requires a signature. Kindly return this signed page along with all the other pages.

Cancellations and missed sessions:

Absences: We kindly request that you provide us with at least 24 hours' notice for any absences. Our lessons rely on volunteers who often travel long distances or use their paid time off to be present, so we ask for this courtesy on their behalf. If you cannot attend your lesson for any reason, please note that make-up lessons will not be scheduled, and refunds will not be issued.

Tardiness: Punctuality is of great importance. If, for any given reason, a client is later than 15 minutes for a lesson, HorsePower reserves the right to deny services that day in fairness to other riders. A make-up lesson will not be scheduled and refunds will not be given.

Proper Clothing: Clients must, for the safety of all involved, come properly attired for activities that involve horses. This means full-length pants, and completely enclosed, sturdy shoes (Please no sandals or croc-type shoes. Sneakers or boots with a heel are preferred). Helmets are required, HorsePower provides a variety of sizes, but personal equipment is encouraged. If a client has soiled pants, HorsePower cannot provide the lesson. If the client does not have proper attire and/or footwear on, HorsePower will not be able to provide the lesson to them. A make-up lesson will not be scheduled and a refund will not be given.

Cancellation & Rescheduling Policy: Due to horse health and rider safety, lesson cancellation and rescheduling will be left up to Horsepower's discretion. Horsepower will make every attempt to notify clients of lesson cancellations within 3 hours prior to the start of a lesson and to accommodate rescheduling where possible. Refunds or credits for clients due to closure of the Horsepower facility and/or cancellations of lessons will first be deducted from the client's scholarship funds. Lesson cancellations will not impact client tuition costs unless all scholarship funds have been exhausted. Please see **Cancellation & Rescheduling Policy** in original New Client packet for more information.

Supervision: Clients who cannot transport themselves to lessons are required to have a parent or guardian present for the entire duration of the session. If siblings or other children accompany them, they must be supervised by the parent or guardian at all times and are not permitted to roam the property without adult supervision.

I have read, understood, and I hereby agree to the above policies.

Print Name of Client

Signature of Client/Responsible Party

Date



Liability Release

_____ (Client's name) would like to participate in Handi-Riders, Inc. DBA: HorsePower program(s) or activity. I acknowledge the risks and potential for risks of horseback riding and equine-related activities. However, I feel that the possible benefits for *me/my son/my daughter/my ward* are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever Handi-Riders, Inc. DBA: HorsePower, its Board and its employees, and Matt and Dawn Jamison, property owners, for any and all injuries and/or losses */my son/my daughter/my ward* may sustain while participating in Handi-Riders, Inc. DBA: HorsePower activities, whether caused by negligence of the releasees or otherwise.

Releasor hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while engaged in or participating in a Handi-Riders, Inc. DBA: HorsePower program or activity.

Releasor expressly agrees that this release and waiver agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further state and affirm that I have the authority to sign this release and have obtained the consent and or advice of any other person with a custodial or supervisory role in this minor's activities.

WARNING
Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §42-11-2.

Signature _____ Date: _____
(Self, Parent, or Guardian)

Printed Name: _____ Relationship to Client: _____
(Self, Parent, or Guardian)

Photo Release

Photo Release not required to participate.

I hereby consent to and authorize the use and reproduction by Handi-Riders, Inc. DBA: HorsePower, of any and all photographs of _____ (Client's name) and any other audiovisual materials taken of *me/my son/my daughter/my ward* for promotional printed, audio, or visual material, educational activities, and exhibitions or for any other use for the benefit of Handi-Riders, Inc. DBA: HorsePower and its programs.

Signature _____ Date: _____
(Self, Parent, or Guardian)

Printed Name: _____ Relationship to Client: _____
(Self, Parent, or Guardian)



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the case that emergency medical assistance or treatment is necessary due to illness or injury while receiving services, being on the premises, or engaging in an approved activity of this agency, I **authorize** HorsePower to:

1. Obtain and arrange for medical treatment and transportation, if required.
2. Upon request provide client records to the authorized individual or agency involved in the medical emergency treatment.

Client's Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

In the event I cannot be reached, contact:

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____
 Preferred Medical Facility: _____

Please fill out and sign one section below, either "Consent Plan" or "Non-Consent Plan".

CONSENT PLAN

This authorization includes X-ray, surgery, hospitalization and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed is unable to be reasonably reached.

Address: _____ City: _____ State: _____ Zip: _____
 Print Name: _____ Relationship: _____ Phone: _____
 Signature: _____ Date: _____

NON-CONSENT PLAN

I do **NOT** give my consent for emergency medical treatment/aid in case of illness or injury while receiving services, being on the property, or participating in an authorized activity of the agency. **In the event emergency treatment/aid is required, I wish the following procedures to take place:**

 Address: _____ City: _____ State: _____ Zip: _____
 Print Name: _____ Relationship: _____ Phone: _____
 Non-Consent Signature: _____ Date: _____



Dear Physician:

Your patient, _____ (client's name) is interested in participating in supervised equestrian activities.

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

Orthopedic

Atlantoaxial instability-include neurologic symptoms
Coxa arthrosis
Cranial deficits
Heterotopic ossification/Myositis ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures

Spinal fusion/Fixation
Spinal instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/Tethered cord/Hydromyelia

Other

Age-under four years
Medications (i.e. Photosensitivity)
Skin breakdown
Allergies
Physical/Sexual/Emotional abuse
Dangerous to self or others
Fire settings
Hearing conditions
Medical instability
PVD
Recent surgeries

Thought control disorders
Indwelling catheters
Poor endurance
Medical/Psychological
Animal abuse
Blood pressure control
Exacerbation of medical conditions
Hemophilia
Migraines
Respiratory compromise
Substance abuse
Weight control disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact the operating center at the address/phone/email indicated above.

Sincerely,

Head Instructor
HorsePower, Inc.



RIDER'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

To be completed by a Physician. Please fill out **completely**.

Name _____ D.O.B. _____

Age _____ Height _____ Weight _____

Tetanus Shot (circle) Y / N Date of last Tetanus shot _____

Diagnosis _____ Date of Onset _____

Seizure type _____ Controlled: Y / N Date of last seizure _____

Medications _____

*****For persons with Down Syndrome:*****

Cervical X-ray for Atlantoaxial Instability _____ Positive _____ Negative _____ X-ray Date _____

Please indicate problems and/or surgeries in any of the following areas. If yes, please comment.

AREAS	YES	NO	COMMENT
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

Mobility: Independent Ambulation: Y / N Crutches: Y / N Braces: Y / N Wheelchair: Y / N

Please indicate any special precautions: _____

Physician's Statement: To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. **(See accompanying letter for precautions and contraindications.)**

This client has my permission to participate in HorsePower's Therapeutic Horseback Riding &/or Hippotherapy program(s) under appropriate supervision.

Recommended Frequency: (One hour/1x/week is standard) _____

This release is valid for the period of: (please circle one) 1 year 2 years 3 years

Physician Signature _____ Date _____

Please print or stamp:

Physician Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____



OCCUPATIONAL THERAPY PRE-RIDING ASSESSMENT

Client's Name: _____ Date of Birth: _____ Age: _____

Pertinent Medical Information:

Contraindications and/or Orthopedic Concerns:

Assistive Devices (Splints, etc., and should they be worn when riding?):

If applicable, please briefly describe the client's current performance and any suggestions for activities to address while at HorsePower:

Visual Perceptual and Visual Motor Abilities:

Fine and Gross Motor Abilities (including motor planning):

Response to Sensory Input (Proprioception, vestibular, tactile, etc.):

Cognitive Abilities (Sequencing, short and long term memory, safety awareness, impulsiveness, etc.):

Other activities or suggestions that may be beneficial:

This release is valid for the period of (circle one): 1 year 2 years 3 years

Therapist's Signature: _____ **Date:** _____

Please print, type, or stamp:

Name: _____

Work Mailing Address: _____

Work Phone: (____) _____ - _____ (Optional) Other Phone: (____) _____ - _____

THANK YOU FOR YOUR TIME AND SUGGESTIONS. PLEASE FEEL FREE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS!



PHYSICAL THERAPY PRE-RIDING ASSESSMENT

Client's Name: _____ Date of Birth: _____ Age: _____

Diagnosis: _____

Please indicate if the client has, or has a history of, the following problems by checking yes or no. If YES, please include COMPLETE information pertaining to the problem.

Table with 4 columns: Problem, Yes, No, If Yes, or history of, please describe: Rows include ROM Limitations, Recent Surgeries, Hip Dislocation/Scoliosis, Behavior Concerns.

Table with 4 columns: Special Equipment, Yes, No, Use when riding? (Yes or No) Rows include Wheelchair, Braces, Walker/Crutches, Eyeglasses, Hearing Aide, Other (Please describe).

Suggested Exercises: _____

Suggested Mounting/Dismounting Procedures: _____

Other Suggestions that might be helpful: _____

This release is valid for the period of (circle one): 1 year 2 years 3 years

Therapist's Signature _____ Date _____

Please print, type, or stamp:

Name: _____

Work Mailing Address: _____

Work Phone: _____ (Optional) Other Phone: _____

THANK YOU FOR YOUR TIME AND SUGGESTIONS. PLEASE FEEL FREE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS!



SCHEDULING

Client: _____

New Year (Jan/Feb) Spring (Mar-May) Summer (June/July) Fall (Aug-Oct) Winter (Oct-Dec)

Please pick AT LEAST 3 times that will work for you, labeling them 1 - 3, put an X in any other spots that will also work for you.. Please note: the more flexible you are the better odds that you will get a time that works for you. The parent, guardian, caregiver, transporter, staff, etc. that brought the participant out to the barn must stay on-site during the participant's lesson.

Hippotherapy: Not Available

Table with columns: Day/Time, Monday, Tuesday, Wednesday, Thursday. Rows include time slots from 9:00-10:00 to 7:30-8:30. Includes a section for Hippotherapy not available and a note: ONLY AVAILABLE DURING THE SUMMER SESSION FOR THERAPEUTIC RIDING.

Additional comments regarding scheduling: _____

