



## 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.

### **1. Client Forms**

Registration forms must be completed accurately and returned to a HorsePower staff prior to the start of the first lesson. All new clients will be provided a New Client packet. Returning clients will be provided individual forms. **ALL** participants are required to have a physician's medical release on file and up to date. Staff will notify you if your medical release will soon be expired. Occupational Therapy and Physical Therapy forms are required for those who receive these services. Failure to return paperwork by the registration deadline can result in being dismissed from the session. If there are any questions regarding registration paperwork, please email [coordinator@horsepowersf.com](mailto:coordinator@horsepowersf.com).

### **2. Eligibility Requirements**

For the safety of our horses, the weight limit is 240 pounds. The minimum age for our riders is two for Hippotherapy, and five for Therapeutic Riding. Our instructors reserve the right to make discretionary decisions on eligibility for their programs.

### **3. 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.**

### **4. Participant Dismissal From Activities**

Clients, parents and guardians should be aware that certain conditions will require the dismissal of participants from equine activities. These conditions include:

- Incomplete or failure to return annual forms.
- Any display of harmful or threatening behavior exhibited towards the facility, any person, or animal.
- Failure to pay the account balance by the end of the session.
- Failure to follow any rules, regulations, or policies.



## **5. Program Schedule and Fees**

### Hippotherapy

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 8 treatments with a therapist in 8 weeks. Make-up treatments are scheduled if HorsePower is closed due to holidays or inclement weather, **NOT** if a client is unable to make his/her scheduled treatment.

\$830/8 week session

### Therapeutic Riding

Therapeutic Riding Lessons are 45-60 minutes in length dependent on whether the classes be individual or group lessons. Each Therapeutic Riding session consists of 8 classes in 8 weeks with a riding instructor. Make-up lessons are scheduled if HorsePower is closed due to holidays or inclement weather, not if a client is unable to make his/her scheduled lesson.

\$570/8 week session

### Ground Works

Ground Work lessons are 30 minutes in length regardless of whether they are group or individual. Each Ground Works session consists of 8 classes in 8 weeks. Make-up lessons are scheduled if HorsePower is closed due to holidays or inclement weather, not if a client is unable to make his/her scheduled lesson.

## **6. 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. A minimum deposit is required at the start of the 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**.

**Absence:** The lesson fee is to pay for your time slot for all 8 lessons. If regular or make-up lessons are provided but you are unable to attend for any given reason, make-up lessons will not be scheduled and refunds will not be given. All of our lessons require volunteers who often come from great distances or utilize PTO in order to be here. We ask that out of courtesy to them, you give **at least 24 hours notice** for any absences.

**Tardiness:** Punctuality is of great importance. If, for any given reason, a client is later than 50% of lesson length, 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 and boots 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.



**Inclement Weather:** If a lesson is cancelled by HorsePower due to inclement weather, every effort will be made to offer a make-up lesson at their previously scheduled time. As a last resort, if HorsePower is unable to offer a make-up, a refund of the lesson fee may be issued at HorsePower's discretion.

**Other Cancellations:** If HorsePower is unable to provide services due to internal reasons (e.g., Instructor is unable to provide a lesson that day), every effort will be made to offer a make-up lesson during the previously scheduled time. As a last resort, a refund of the lesson fee may be issued, at HorsePower's discretion.

## **7. Safety Rules**

Safety is of utmost importance during equine activities. We ask that you use good judgement 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 barn 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 running or yelling around the horses or in the barn
- Children must be supervised at all times. Parents/guardians of children must remain on the HorsePower property for the duration of lessons.
- 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.
- Always lead a horse with a halter and lead rope.
- Keep a safe distance between horses – at least 2 horse lengths apart at a minimum.
- Arena gates must be shut when horses are in the ring.
- 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 print clearly or type, and fill out completely and accurately. Clients under the age of 18 need to have this form signed by a parent/guardian.*

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ (240 pounds is the upper limit for our horses and for safety.)

**Client Address:**

Street \_\_\_\_\_

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

HomePhone:(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_

(If different than client)

**Parent/Guardian Address:**

Street \_\_\_\_\_

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

HomePhone:(\_\_\_\_) \_\_\_\_\_ Cell 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: \_\_\_\_\_

HomePhone:(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Scheduling Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

HomePhone:(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_



### Transportation Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

HomePhone:(\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

### Emergency contacts:

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ 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 the receipt of a copy of HorsePower Client Policies and Procedures. I have been provided the opportunity for questions and clarification. I accept the terms set forth in this agreement and understand the consequences should I not abide.

**Participant Name:** \_\_\_\_\_

**Signature (Parent/Guardian if under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_



## PAYMENT CONTRACT – 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 \_\_\_\_\_

Household Income: 0-10,000 10-25,000 25-40,000 40-60,000 60,000+

Current Client Weight: \_\_\_\_\_

DATES OF SESSION \_\_\_\_\_ I am participating in: (circle one below)

- Ground Work Only (**\$350**)
- Hippotherapy (**\$830**)
- Therapeutic Riding (**\$570**)

**Required Fee due at beginning of session:**

- Ground Work Only (**\$50**)
- Hippotherapy (**\$100**)
- Therapeutic Riding (**\$70**)

*The remainder of the fees are due at the end of the session.*

Do you have a fundraising account? Yes / No

I do not have a fundraising account but would like to learn more: Yes / No

**Payment terms:** For non-scholarship accounts, a **5% discount is available** when paid in full during the first week of lessons. Otherwise, the entire balance of any account is due by the end of the session. If payments are extended beyond end of session there will be a **\$5 per month billing fee** each month until the account is paid in full. Please note: *client will be unable to participate in another session if any other session is not paid in full.*

### 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: \_\_\_\_\_

Signature HorsePower Rep: \_\_\_\_\_



## PAYMENT CONTRACT – 8 Week Session Cont'd

Please note the price increase effective as of May 1<sup>st</sup>, 2018. Please fill out the payment contract fully and completely, as this form goes to different staff than other forms. If you have any questions on this form, please contact Director of Finance and Administration at contact info at the bottom of this form. This form now needs a signature as well. Please return this signed page along with the first page.

Cancellations and missed sessions:

**Absence:** The session fee is to pay for your slot during the entire session. If regular or make-up lessons/therapy are provided but you are unable to attend for any given reason, make-up lessons/therapy will not be scheduled and refunds will not be given.

**Tardiness:** If, for any given reason, a client is later than 50% of lesson or therapy length, HorsePower reserves the right to deny services that day in fairness to the other riders and volunteers already in the lesson/therapy.

**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 and boots are preferred!) If the client does not have proper attire and footwear on, HorsePower will not be able to provide the lesson to them, and no refund will be given.

**Inclement Weather:** If a lesson/therapy is canceled by HorsePower due to inclement weather, every effort will be made to offer a make-up lesson at their regular time during the two week break following the session. As a last resort, if HorsePower is unable to offer a make-up, a refund of the lesson fee may be issued, at HorsePower's discretion.

**Other Cancellations:** If HorsePower is unable to provide services due to internal reasons (e.g., Instructor is unable to provide a lesson that day), every effort will be made to offer a make-up lesson at their regular time during the two week break following the session. As a last resort, a refund of the lesson fee may be issued, at HorsePower's discretion.

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

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Print Name of Client

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Signature of Client/Responsible Party

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Date



### Liability Release

\_\_\_\_\_ (Client's name) would like to participate in a 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 event emergency medical aid/treatment is required due to illness or injury while receiving services, being on the property, or participating in an authorized activity of this agency, I **authorize** HorsePower to:

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

Student'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  
Exacerbations 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/e-mail indicated above.

Sincerely,

Head Instructor  
HorsePower, Inc.



# RIDER'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

To be completed by 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 (circle) 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 \_\_\_\_\_



## SCHEDULING

Client: \_\_\_\_\_

Which Session are you filling this form out for? Please circle one:

**Winter I (Jan/Feb) Spring (Mar-May) Summer (June/July) Fall (Aug-Oct) Winter II (Oct-Dec)**

Please mark an **X** on all the days and times you **are** available. Please note: the more flexible you are the better the groups will be matched! Also, 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: only available Tues/Wed/Thurs; extended summer hours may not apply.

Day/Time	Monday	Tuesday	Wednesday	Thursday
<b>9:00-10:00</b>				
<b>10:00-11:00</b>				
<b>11:00-12:00</b>				
<b>12:00-1:00</b>				
<b>1:00-2:00</b>				
<b>2:00-3:00</b>				
<b>3:00-4:00</b>				
<b>4:00-5:00</b>				
Hippotherapy not available Mondays				
The following times are <b>only</b> available for <b>Therapeutic Riding</b> During the <b>SUMMER</b> Session				
<b>5:30-6:30</b>				
<b>6:30-7:30</b>				
<b>7:30-8:30</b>				

*Additional comments regarding scheduling:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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.

<b>Problem</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, or history of, please describe:</b>
ROM Limitations	_____	_____	_____
Recent Surgeries	_____	_____	_____
Hip Dislocation/Scoliosis	_____	_____	_____
Behavior Concerns	_____	_____	_____

<b>Special Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Use when riding? (Yes or No)</b>
Wheelchair	_____	_____	NA
Braces	_____	_____	_____
Walker/Crutches	_____	_____	NA
Eyeglasses	_____	_____	_____
Hearing Aide	_____	_____	_____
Other (Please describe)	_____	_____	_____

**Suggested Exercises:** \_\_\_\_\_

**Suggested Mounting/Dismounting Procedures:** \_\_\_\_\_

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!**



## Statement to Continue Validity of Paperwork

Dear Participants, Parents, and Guardians,

This form is meant to continue the validity of the complete set of paperwork you most recently submitted, (which is not expired) **if there has been a gap in services**. (If the client has not been continuously enrolled in services at HorsePower.) Please review the information on the forms our staff will make available to you to make sure it is still correct. Make any changes directly to the form, and initial by the changes. Renewal of complete paperwork will be required after 1, 2, or 3 years, depending upon the length of time indicated by your Physician on the medical release &/or the length of time indicated by your Physical/Occupational Therapist. *The Payment Contract has to be redone each Session, and thus is excluded from this agreement.* The Client Scheduling form and, if needed, the Scholarship form would also need to be re-submitted each session.

Participant's Name: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Having submitted all the necessary paperwork to participate in the HorsePower program, I hereby declare that:

All the information submitted on said paperwork is still correct, or I have made corrections directly to it, and my (or my assign's) **medical status is unchanged**. I request and agree that, *with the exception of the Payment Contract previously submitted*, my signature(s) on any and all parts within that paperwork remain valid for a period of up to three (3) years from the date they were signed.

I understand that new paperwork will be due after 1, 2, or 3 years, as indicated by the physician, and/or PT/OT forms renewed as indicated by the Therapist, for continued participation.

### 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.

By signing below, I assert and agree to the above statements.

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

Printed Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Signature HorsePower Rep: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_