



WELCOME!

Thank you for your interest in the Therapeutic Riding Program at the Helen Woodward Animal Center. Our program is dedicated to serving riders with special needs through equine assisted activities. With input from parents, physicians, physical therapists, and special education teachers, our experienced PATH certified staff members develop lesson plans to suit each of our riders short and long term goals.

Students, ages 4 and over, ride specially trained horses year round in weekly lessons to enhance physical, cognitive, social-emotional and motor skills. Our instructors work with each individual to accomplish challenging yet attainable goals centered on horseback riding skills. Your rider will participate in 5 nine week sessions throughout the year. The cost per session is \$288.00. Scholarship opportunities are available.

Attached you will find more information, as well as forms which must be completed and returned prior to enrollment. Be sure to keep a copy of our program policies for yourself for future reference. We currently have a waiting list, but as we continue to grow the program we expect your wait to be 2-4 months. Those with extremely limited availability may experience a longer wait. Please do not hesitate to call me if you have any questions. I look forward to hearing from you!

Sincerely,

Courtney Mellor

Therapeutic Riding Program Manager
PATH Advanced Certified Instructor
courtneym@animalcenter.org
(858) 756-4117 ext. 321

THERAPEUTIC RIDING MISSION STATEMENT

Mission Statement

The Therapeutic Riding Department is dedicated to improving quality of life cognitively, physically, emotionally and spiritually. Through a non-judgmental teacher and the horse, people learn acceptance, trust, respect, love and personal development.

Program Focus

Helen Woodward Animal Center is dedicated to improving the relationships between humans and animals. In the Therapeutic Riding program we bring animals and people together in a cooperative learning environment to enrich both people and animals. Horseback riding can be used effectively as a form of treatment in improving certain physical and mental functions, the quality of life, and social well-being of the rider. Instructors assist in setting and accomplishing different goals which helps increase self-esteem. Horseback riding lends independence and mobility to a person with disabilities who may be otherwise restricted. The ability to ride these magnificent animals gives tremendous physical and psychological benefits to those previously denied the usual scope of outdoor activities.

Target Groups

At Helen Woodward Animal Center, therapeutic riding is open to people 4 years of age and older with all types of disabilities. Weekly riding lessons teach the skills of riding and horsemanship and are prepared with the individual's safety in mind, emphasizing physical, social and psychological development. Currently about 50 students are participating in the program.

Restrictions

Riders must be 4 years or older and the rider cannot weigh more than 175 lbs. The Center's professional team along with the rider's physician will determine if this is an appropriate type of activity for the individual. Certain contraindications are followed for the safety of all participants. A Physical or Occupational Therapist will be consulted to assist the team in determining if this program is appropriate for certain individuals.

Contact:

Courtney Mellor, Manager
Therapeutic Riding Program
Helen Woodward Animal Center
P.O. Box 64
Rancho Santa Fe, CA 92067
(858) 756-4117 ext. 321
Courtneym@animalcenter.org

THERAPEUTIC RIDING PROGRAM INFORMATION

Please keep this information for your records.

Riding Schedule

The annual riding schedule consists of five 9-week sessions with a one week break between each session. Lessons are held Tuesdays through Sundays each session. A calendar is provided annually showing the sessions and breaks, though is subject to change. You will be scheduled for the same time slot for the next session unless other arrangements are made with the program manager.

Lesson Changes and Absences

Once your lesson day and time are selected we will be prepared for you each week at your scheduled day and time. Group lessons are 45 minutes and individual lessons are 25 minutes in length. We will notify you of any schedule changes. If you are 15+ minutes late you will not be able to ride.

If you cannot attend a lesson please contact the Therapeutic Riding Office as far in advance as possible, so that we adjust volunteer schedules accordingly. Make-up lessons are scheduled whenever possible but are **not guaranteed**. **No refunds** or credits will be applied for any missed lessons.

We do not cancel lessons for inclement weather. We will schedule a barn lesson where the student will learn important horsemanship skills. Therefore, there are no refunds or make-ups for canceling on such days.

Riding Fees

The average cost to the program to provide a lesson is \$125. Through the generosity of donations and grants, we are able to offer lessons at a greatly subsidized rate. Nine week session fees are \$288.00 (9 lessons) for both group and private lessons. The initial evaluation fee to assess appropriateness in the program is \$60.00. Program fees are not tax deductible. Riding lesson fees are due at the beginning of each session. If the session is already in progress, a prorated amount is expected at the time of the evaluation. Fees must be paid by the end of the second week of a session or the client will not be able to ride until paid in full. Scholarships applications are available once a year. Please speak with the Program Manager for more information

Restrictions

Riders must be at least 4 years or older and not weigh more than 175 lbs. The Program Manager along with the rider's physician will determine if therapeutic riding at this facility is a safe and appropriate activity. A Physical or Occupational Therapist may be used during the initial evaluation if possible contraindications are present.

Apparel

All students must wear an ASTM helmet. The Center will provide an ASTM helmet or the student can choose to provide their own. While sneakers are acceptable, a boot with firm toes, a hard sole and a ¼ inch heel are recommended but not required until riders are trotting independently on a regular basis (as determined by the instructor). All footwear must fully enclose the toes and heel. Socks are highly recommended. Shoes that may be deemed unsafe include Crocs, sandals, or ballet-type shoes. This list is NOT all-inclusive. Open toed, open heeled shoes are not allowed anywhere around the horses, by any persons. It is strongly recommended that riders wear long pants to protect against rubbing on the saddle.



Rider's Registration & Release Forms

Please Print Legibly

Registration

Client: _____ Date of Birth: _____ Age: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

Parents or Guardian: _____

Address (If different from above): _____

Phone (If different from above): _____

School or Educational Facility presently attending: _____

In case of emergency: Contact #1: _____ Phone: _____

Contact#2: _____ Phone: _____

Liability Release

_____ (Client's Name) would like to participate in the Therapeutic Riding program at the Helen Woodward Animal Center. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. I understand that participating in Helen Woodward Animal Center's activities involves the risk of injury to me [or to my child under 18 years of age or person who is my legal ward], whether I [or my child under 18 years of age or someone who is my legal ward] or someone else causes it. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, including catastrophic injuries. In consideration of my [or my child under 18 years of age or person who is my legal ward] participation in the activities offered by Helen Woodward Animal Center, I, for myself [or on behalf of my child under 18 years of age or person who is my legal ward] understand and voluntarily accept the risks and agree that Helen Woodward Animal Center, its officers, directors, employees, volunteers, agents and independent contractors, will not be liable for any injury, including without limitation, any personal, bodily or mental injury, any economic loss or any damage to me [or my child under 18 years of age or person who is my legal ward] resulting from any negligence of Helen Woodward Animal Center or anyone acting on Helen Woodward Animal Center's behalf.

By signing below, I acknowledge and agree that I have read the statement above, understand the nature of the activities and risks, and agree to the terms.

Date: _____ Signature: _____

Print Name: _____

Participants Name: _____

Relationship to Participant (if not the same): _____

Photo Release

I, the undersigned, hereby grant Helen Woodward Animal Center (“Center”) permission to use, exploit, adapt, modify, reproduce, distribute, publically perform and display, in any form known or later developed, my image or visual likeness, my name and/or my voice (the “Personal Information”) as specified in this Release, throughout the world, by incorporating it or them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, internet websites, videotapes, and/or other media (the “Works”) or commercial, informational, educations, advertising, or promotional materials relating thereto.

I release, and hereby agree to indemnify, defend and save harmless Center, its agents, employees, licensees and assigns (collectively “Released Entities”) from any and all claims I, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, exploitation, reproduction, adaption, distribution, broadcast, performance or display of the Personal Information.

I waive any right to inspect or to approve any Works that may be created using the Personal Information and waive any claim with respect to the eventual use to which the Personal Information may be applied. The personal information may be used at the Center’s sole discretion, with our without my name or with a fictitious name, and with fictitious or accurate biographical material, alone or in conjunction with any other material of any kind or nature except that Center will not use the Personal Information for any criminal or illegal purpose or in a manner inconsistent with community standards of decency.

I understand and agree that Center is and shall be the exclusive owner of all right, title and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials.

I am of full legal age and have read this release and am fully familiar with its content. By their signature below, a minor’s parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release and License.

Name: _____ Age (if Minor): _____

Signature (not required if minor): _____ Date: _____

Name of Parent(s)/Guardian if Minor: _____

Signature of Parent/Guardian if Minor: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Rider's Authorization for Emergency Medical Treatment Form

In the event emergency treatment/medical aid is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize the Helen Woodward Animal Center 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.

Client's Name: _____ Phone: _____

Address: _____

Allergies: _____

In the event I cannot be reached,

Contact#1: _____ Phone: _____

Contact:#2: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Please choose one of the following:

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by a physician. This provision will only be invoked if the person is unable to be reached.

Consent Signature: _____ Date: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

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

Consent Signature: _____ Date: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

Rider's Medical History and Physician's Consent

Please give to your doctor to complete and sign.

Please complete all sections. It is important that you print legibly.

Name: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Diagnosis: _____ Date of Onset: _____

Height (in feet &/or inches): _____ Weight (in lbs): _____

• **For persons with Down Syndrome:**

- Negative Cervical X-ray for Atlantoaxial Instability. X-ray date** _____
- Negative for clinical symptoms of Atlantoaxial Instability**

Tetanus Shot: Yes No Date _____ Shunt: Yes No

Seizures: Type _____ Controlled? _____ Date of last seizure _____

Medications: _____

Please indicate if patient has a symptom and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

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

Please indicate any special precautions: _____

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician Name (**please print**) _____

Physician Signature _____

Address _____ City _____ State _____ Zip _____

Precautions/Contraindications Information for Physician

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore; when completing this form, please note whether these conditions are present, and to what degree.

Scale of 1-5: 1 = Minor 3 = Moderate 5 = Severe

Orthopedic

- Spinal Fusion
- Spinal Instabilities/Abnormalities
- Atlanto-axial Instabilities
- Scoliosis
- Kyphosis
- Lordosis
- Hip Subluxation & Dislocation
- Osteoporosis
- Pathologic Fractures
- Coxas Arthrosis
- Heterotopic Ossification
- Osteogenesis Imperfecta
- Cranial Deficits
- Spinal Orthoses
- Internal Spinal Stabilization Devises

Medical/Surgical

- Allergies
- Cancer
- Poor Endurance
- Recent Surgery
- Diabetes
- Peripheral Vascular Disease
- Varicose Veins
- Hemophilia
- Hypertension
- Serious Heart Condition
- Stroke (Cerebrovascular Accident)

Neurologic

- Hydrocephalus/shunt
- Spina Bifida
- Tethered Cord
- Chiari II Malformation
- Hydromyelia
- Paralysis due to Spinal Cord injury
- Seizure Disorders

Secondary Concerns

- Behavioral problems
- Age under four years
- Acute exacerbation of chronic disorder
- Indwelling catheter

Additional requirement for Down's Syndrome

- 1) A medical exam with special reference to neurological function.
- 2) Lateral or side view x-rays (within the last five years) of the upper cervical region in full flexion and full extension
- 3) Certification from a physician that an exam did not reveal atlanto-axial instability or focal neurological disorder.

Therapeutic Riding Program Physical/Occupational Therapist Assessment

Please give this form to the PT/OT that the rider is working with on a regular basis. This information is helpful for our instructors.

Client: _____ Age: _____ Date: _____

Disability: _____

School: _____

Please answer the following in terms of goals/objectives etc. that you are striving to achieve with the student.

Short Term Goals:

Long Term Goals:

Other Objectives:

Degree of Coordination:

Area of Strength:

Any precautions:

Therapeutic Riding Program Student Availability

Rider's Name: _____

Please indicate the hours that you are available for lessons:

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9:00 am – 12:00 pm	X	X	X			
Midday 1:15 pm – 2:45 pm						
Afternoon 3:00 pm – 4:30 pm						

I definitely cannot ride the following days & and times:

Comments:

Note: If your only availability is late afternoons or Saturday, your wait time will likely be longer.

Therapeutic Riding Program Policies

Please read these policies carefully and initial at the end of each section. Please return a signed copy of this notice to the program, and keep a copy for your own reference.

Student Fees and Payments:

- Our program will conduct 5 9-week sessions per year; there is one week break between each session. Fees per session will be \$288; this is \$32 per lesson. Students starting mid-session will be pro-rated.
- All payments for returning students must be received by the end of the second week of the session. If no payment has been received the student will not be able to ride until paid.
- Scholarships are awarded when funds are available for those that prove financial need. There is a separate scholarship application process that must be completed to be considered. Scholarships are awarded at the beginning of each year and last the entire year. Any mid-year requests are reviewed by the Scholarship Committee if funds are available.
- Initial evaluations must be paid for at the time of service including costs associated with a physical or occupational therapist if deemed necessary for the student's evaluation. Evaluations with a therapist are \$60 and if conducted solely by program staff \$40. The need for a therapist is determined by program staff.

INITIALS

Enrollment and Attendance:

- The program requires a 3 week notice to be removed from the schedule without a cancellation fee. If 3 week notice is not provided there will be a \$90 fee.
- Clients are automatically enrolled for the subsequent session if no notice is provided.
- If a client misses 3 consecutive lessons with no notice they will be removed from the schedule and no refund will be available.
- If a client must take a medical leave, the program requires a written release from the physician before that client can return.
- If a rider must cancel their participation in the session for a medical reason a \$35.00 administrative fee will be applied prior to their refund.
- Parents/guardians are requested to stay in the immediate area during the scheduled lesson for any client that is not emancipated. If this is not possible, the participant must be signed over to a staff member with written instructions as to who the participant can be released to at the end of the scheduled lesson. If the participant is not picked up on time, the staff will charge a late pick up fee of \$15 for the first 15 minutes, and an additional \$15 for each 15 minutes thereafter.

INITIALS

Cancellation and Make-Up Policy:

- The program requires a 24 hour notice for cancellations.
- The program does not guarantee make-ups lesson.
- Make-up lessons will be scheduled whenever possible but are **not guaranteed**.
- No refunds or credits will be applied for any missed lessons.
- In the case of inclement weather (rain, high wind, heat, etc.) and mounted lessons cannot safely be performed, a horsemanship lesson will replace the lesson. These lessons focus on the bond with the horse and cover topics including but not limited to grooming, handling, feeding, body parts, tack parts, medical treatments, and helpful exercises. If a client chooses not to attend a horsemanship lesson no make-up or refund will be provided.

INITIALS**Attire:**

- Boots with a hard sole and a ¼ inch heel are recommended for riders but are not required. Riders are required to wear shoes that have a closed toe, closed heel and are secure to foot (no crocs, sandals, etc). Clients that trot and canter independently (as determined by instructors) are required to wear proper boots for safety unless a medical reason is provided.
- It is highly recommended that all clients wear long pants to prevent chaffing and pinching. Clients that trot and canter independently (as determined by instructors) are required to wear long pants for safety unless a medical reason is provided
- An ASTM/SEI approved helmet is required for any activities around the horses. This includes barn activities as well as riding. The program has helmets available for use or you may bring your own as long as it is properly approved. The helmet must be worn within the guidelines of PATH International (Intl.) Standards. We would be happy to explain these guidelines if you have questions.

INITIALS**Student Discharge:**

- The programs current weight limit is 175 pounds. A client that exceeds this limit is not able to participate in mounted lessons. However, horsemanship lessons may be provided for such individuals.
- The program has a strict “no aggression” policy for the safety of the instructors, volunteers, students, and horses. For incidents of aggression and/or violence, two warnings may be given depending on the severity of the incident. At the third incident, the student will be dismissed from program.

Student Discharge, con't:

- In accordance with ADA laws and PATH Int'l. precautions and contraindication standards, a student may be asked to leave the therapeutic riding program if deemed inappropriate for therapeutic riding.
- A student will be discharged from the program if it is determined that the risk for injury exceeds the potential for benefits.
- Reasons for dismissal include but are not limited to: recommendation from consulting doctor or therapist, incidence of aggression and/or violence, behavior that endangers self or others, disregard for Center or PATH Intl. policies, disrespect to others, inability to provide an equine appropriate for said participant, recommendation from instructor that participant is appropriate for a mainstream riding facility.

INITIALS

By signing below I acknowledge that I have read and understand the above policies.

Print Name

Signature

Date

Participant Name (if different from signor)

Relationship to Participant (if signed by someone other than participant)