Tailored Rides Equine Assisted Therapy, Inc
(TREAT)
384 CR 42520
Paris TX 75462
Email: Weybapfarm@yahoo.com

Dear Prospective Riders:

Thank you so much for your interest in our Therapeutic Riding program. We are excited to have you join us!

To enroll at Tailored Rides Equine Assisted Therapy, Inc (TREAT), please take the following steps:

- Read carefully through the entire packet.
- Complete the Rider Application, Release and Consent Forms,
- Mail or deliver the completed forms to:

  Tailored Rides
  384 CR 42520,
  Paris Texas 75462

Or email them to: *WeybapFarm@yahoo.com*

Once your application has been processed, you will be contacted to schedule an assessment. The assessment will take 20-45 minutes and is conducted on location at TREAT. An initial assessment lesson is required for each new participant before placement in lessons. The cost of the assessment lesson is $20.00. Your paper work will need to be completed and delivered to us PRIOR to your assessment.

Session cost is $150 for each 4 week session, due on the 1st of each month. Participants must sign up for an entire 4 week session. Sessions can be joined at any time (as long as there is space available) and the session cost will be pro-rated to reflect the number of lessons left in the session. It is TREAT's philosophy to accept riders into the program regardless of financial means. Financial assistance is available for those who feel they cannot pay the full fee. Please contact us by email or phone to discuss financial assistance.

Please do not hesitate to call if you have any questions or need clarification.

All of us at Tailored Rides are looking so forward to having you as part of our TREAT family.

Taylor Sandoval
Program Director

903-401-9644

TREAT
Tailored Rides Equine Assisted Therapy

Eligibility Guidelines

Tailored Rides Equine Assisted Therapy (TREAT) programs are based on an individual's ability to participate safely, provided the necessary resources are available, including: an appropriate horse, volunteers and class availability which meet the individual's needs.

Tailored Rides follows the Precautions and Contraindications as recommended by the Medical Committee of PATH, Int'l, as well as Professional Standards. Our professional staff will provide initial and ongoing evaluations for all prospective and active participants.

Tailored Rides reserves the right to decide we are unable to serve an applicant due to unavailable resource(s) and/or safety concerns including PATH, Int'l guidelines relating to contraindications for participation.

Minimum Age: Therapeutic Riding – 4 years, unless recommended to begin sooner by a medical professional (recommendation letter from a physician is required).

There is no maximum age limit.

Weight maximums: TREAT has the following weight guidelines for riders:

Under 5' tall 150 lbs maximum
5'0" – 5'6" 200 lbs maximum
5'7" – 6'0" 250 lbs maximum
6'1" – 6'5" 300 lbs maximum

These maximums are guidelines only and depending on the safety issues involved for both horse and rider the applicant may be unable to ride even when weight is within these guidelines.

Postural Control: -Riders over 80 pounds must be able to maintain a sitting position; at least by holding on with one hand.

Riders must have adequate head and neck strength to prevent hyperextension.

New Rider Assessments: All riders new to TREAT must have an assessment before being scheduled in a lesson spot. Once your application has been processed, and an appropriate spot on the schedule has been identified, you will be called to schedule an assessment.

Scheduling: Students will be scheduled as appropriate lesson spots become available. Those currently riding at TREAT will be given first priority when scheduling. Others will be scheduled on a first come-first served basis. If we are unable to schedule your rider, he/she will be put on a waiting list. As a suitable spot opens up, you will be contacted.

PARTICIPANT'S APPLICATION & HEALTH HISTORY

please print

GENERAL INFORMATION

Participant's Name_____Birthday_____

Address_____

City_____ State_____Zip_____

Cell Phone_____Alternative Phone_____

Work Phone_____ Email_____

Gender_____ Height_____ Weight_____

Employer/School & level_____

Parent/Legal Guardian:_____

Caregivers:_____

Address (if different from above):_____

If under 18, please complete the following:

Father_____Phone_____

Email_____

Mother_____Phone_____

Email_____

_____Mother_____Father Address if different from the participant:_____

_____

Name, Address & Phone Number of _____Legal Guardian Or _____Caregiver (if not parent)

_____

HEALTH HISTORY

Diagnosis:_____ Date of Onset:_____

I am/My Child is: Ambulatory_____ Non-Ambulatory_____

I am/My Child is: Verbal_____ Non-Verbal_____

I use/My Child uses: Wheelchair_____ Crutches_____ Braces_____ Other_____

I can/My Child: can sit independently_____ CANNOT sit independently_____

Please indicate current or past special needs in any of the following areas:

	Y	*N*	*Comments*
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Congnition			
Allergies			
Other			

MEDCATIONS (Include prescription, over the counter: name, dose and frequency)

Describe abilities/difficulties in the following areas (include assistance required or equipment needed):
PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving)

PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interest, relationships-family structure, support systems, companion animals, fear/concerns, etc.)

GOALS (i.e. Whare are you seeking participation in Tailored Rides programs? What would you like to accomplish?)

Previous riding experience:

_____Yes _____No If yes, how long and what type?_____

_____

Signature of Adult Participant or Parent/Guardian of Minor

Participant:_____

Date_____

Tailored Rides Equine Assisted Therapy, Inc
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Email: Weybapfarm@yahoo.com

Participant's Consent for Release of Information

I herby Authorize: Tailored Rides Equine Assisted Therapy, Inc (TREAT) to release information from the records of:

_____ **Date of Birth:**_____
(Participant's name)

The information is to be released to: Tailored Rides Equine Assisted Therapy, Inc
For the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

____ Medical history

____ Physical therapy evaluation, assessment and program plan

____ Speech therapy evaluation, assessement and program plan

____ Mental health diagnosis and treatment plan

____ Individual Habilitation Plan (IHP)

____ Classroom Individual Education Plan (IEP)

____ Psychosocial evaluation, assessment and program plan

____ Cognitive-behavioral management plan

____ Other:_____

This release is valid for one year and can be revoked, in writing, at my request.

Signature:_____ Date:_____

Print name:_____ Relationship to Participant:_____

Please send materials to: Tailored Rides Equine Assisted Therapy Inc at the above address.

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EMERGENCY CONTACT INFORMATION for (student's name):

_____

In case of Emergency, NOTIFY:

Name/Relationship_____

PHONE: C_____W_____Home_____

Physician_____Phone _____

Health Insurance Company_____ Policy or ID #_____

Allergies to Medications:_____

In Case of Emergency, I give permission to Tailored Rides Equine Assisted Therapy, Inc (TREAT) to secure medical treatment including x-ray, surgery, hospitalization and medication.

Signature of student (or guardian if under age of 18) :

_____Date_____

Tailored Rides Equine Assisted Therapy, Inc
(TREAT)
384 CR 42520
Paris TX 75460

GENERAL RELEASE OF LIABILITY

This General Release of Liability is a release, assumption of risk, and indemnity contract made between the undersigned and the owners of the land located at 384 CR 42520 and 472 CR 42530, Paris, Lamar County, Texas (collectively called the "Premises"), which is operating, or permitting to be operated, **Tailored Rides Equine Assisted Therapy, Inc.**, (aka T.R.E.A.T.) a Texas not for profit corporation (the "Charity"), for good and valuable consideration, including but not limited to the right to visit the Premises.

1. Horseback Riding and Equine Activities. In consideration of the fact that horseback riding and other equine activities are a recreational land non-essential activity, I agree to the following:

I fully understand that horseback riding and equine activities are an active sport requiring basic skill and that both the experienced and occasional rider takes on a risk of accident and injury every time he or she approaches, mounts, rides or interacts with a horse. I know that horse related accidents can result in broken bones, disfigurement, disability and death. I have been advised and understand the nature of the risk is such that I cannot be insured except at excessive cost by anyone other than the rider. **Neither the owners of the Premises nor your hosts for your visit to the Premises carry liability insurance to cover riding accidents**.

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

I understand and agree that I will assume every risk of injury – including death – and I promise and agree to fully release the owners of the Premises, Weybap Farm and the Charity, and their principals, agents, directors, servants and employees from any other cause.

2. Premises Conditions and Activities as Inherently Dangerous. The undersigned acknowledges that (a) horseback riding, handling horses, being in close proximity to horses, and all related activities are all inherently dangerous; (b) dangerous natural or man-made conditions may exist or occur on the Premises, including, without limitations, presence of snakes, animals or insects that bite, poison ivy/oak/sumac, water bays, ponds, and streams with currents and water that may be deep or flood, hazardous driving and walking conditions, uneven terrain, the presence of wild, domestic, poisonous, or diseased animals, and all related conditions, are all inherently dangerous; and (c) the presence and use of vehicles, whether conventional trucks, jeeps, golf carts, 4-wheelers, mule-type vehicles, motorcycles, trailers, and/or other vehicles which may or may not be registered to travel on public roads, are inherently dangerous. All of the above are referred to collectively as "Premises Conditions and Activities".

3. Assumption of Risk. The undersigned assumes all damages and risks relating to the Premises Conditions and Activities.

4. Indemnity. The undersigned will indemnify, defend, and hold harmless the owners of the Premises and Charity, and their respective principals, directors, servants, agents, employees, contractors, representatives, invitees, licensees, or visitors (collectively, "Owners and Related Parties")

harmless against all claims, damages, and costs (collectively, "Claims") incurred by or alleged against Owners and Related Parties and arising out of or relating to any act or omission of the undersigned or any of the undersigned's agents, representatives, employees, invitees, contractors, licensees, or visitors (collectively, "Visitor and/or Related Parties") while at the Premises, including any Claims based on any (a) injury to or death of any person(s), (b) damage to or loss of property, or(c) failure to comply with any applicable laws.

5. Release. The undersigned waives all Claims against the Owners and Related Parties, and releases the Owners and Related Parties from any liability, based on any (a) injury to or death of the Visitor and/or Related Parties or (b) damage to or loss of any property.

6. NEGLIGENCE OF OWNERS AND RELATED PARTIES. THE ASSUMPTION OF RISKS, INDEMNITIES, WAIVERS, AND RELEASES CONTAINED IN THIS CONTRACT WILL APPLY EVEN IF THE INCIDENT GIVING RISE TO THE CLAIM IS CAUSED IN WHOLE OR IN PART BY THE CONDITION OF THE PREMISES OR BY THE SOLE OR CONCURRENT ORDINARY NEGLIGENCE OR BY THE SOLE OR CONCURRENT GROSS NEGLIGENCE OF THE OWNER AND RELATED PARTIES.

7. Costs of Enforcement. Should the Owner and Related Parties, or anyone acting on its behalf, be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

8. Acknowledgment of Agreement. I have read, understood and am in full agreement with all statements in this contract, and I agree that this contract is a full agreement and complete release of liability that will be binding on me, my heirs, executors, administrators and assigns.

Your Signature (over 18)_____ Date _____

Print your Name: _____

Home Contact Information:
Address:_____ Phone #_____

City_____ State_____ Zip_____

I am qualified as a parent or guardian of the following minors:

Name(s) of Minor(s):_____ Age:_____

Name(s) of Minor(s):_____ Age:_____

I accept all responsibilities and liabilities related to his, her or their visit to the Premises and agree on their behalf to the above terms.

Parent or Guardian Signature*_____Date _____

Print Your Name: _____

Parent or Guardian Signature*_____Date _____

Your Print Your Name_____
**If participant is a minor, we require signatures from both custodial and non-custodial parents.*
Fax and Email copies of the above signatures are valid as originals.

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Photo Release: (please check appropriate line)

_____ **I do consent** to and authorize the use and reproduction by Tailored Rides Equine Assisted Therapy, Inc (T.R.E.A.T.) and Weybap Farm of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

_____**I do not consent** to nor do I authorize the use and reproduction by Tailored Rides Equine Assisted Therapy, Inc (T.R.E.A.T.) and Weybap Farm of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature_____Date_____

Signature of Parent/Guardian _____
(if volunteer/participant is under 18 years of age, both signatures are required)

Policy of Confidentiality:

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Tailored Rides Equine Assisted Therapy, Inc (TREAT) and Weybap Farm and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: _____Date_____

Signature of Parent/Guardian_____
(if volunteer/participant is under 18 years of age, both signatures are required)

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TO BE COMPLETED BY PHYSICIAN

Student's Name_____ Date of Birth_____ Age_____

Address_____City_____State_____ Height_____ Weight_____

Diagnosis_____ Date of Onset_____

Medications_____

Shunt Present? _____Yes _____No Date of Last Revision_____

Tetanus Shot? _____Yes _____No Date of Shot_____

Seizure Type_____ Controlled_____ Date of last Seizure_____

** For Persons with Down Syndrom:

Cervical X-ray for Atlantoazial Instability: Positive_____ Negative_____ Date of X-Ray_____

Before being accepted as a student, it is essential that the questions are thoroughly and completely answered so that each student's abilities and limitations are given due consideration by Tailored Rides Equine Assisted Therapy, Inc's trained Instructors.

Special Precautions_____

Specific body movements or positions NOT to be attempted_____

_____

Specific body movements or positions desired_____

Continued on next page

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

Areas	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Paui			
Other			

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. 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 any effective equestrian/hippotherapy program. THIS FORM MUST BE SIGNED BY ATTENDING PHYSICAN. WE CANNOT ACCEPT A SIGNATURE STAMP OR THE SIGNATURE OF ANY THERAPIST, PHYSICIAN ASSITANT OR NURSE PRACTITIONER. THIS SIGNATURE MUST BE ORIGINAL, A FAX CANNOT BE ACCEPTED.

Physicians Name Printed and
Signature_____Date_____

TREAT
Tailored Rides Equine Assisted Therapy

Information for Physician

Please note that the following conditions may suggest precautions and/or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present and to what degree.

Orthopedic

Atlantoaxial Instability- includeneurologic symptoms

CoxaArthrosis

Cranial Deficits

Heterotopic Ossification/Myositis Ossificans

Joint Subluxation/Dislocation

Kyphosis

Lordosis

Osteogenesis Imperfecta

Osteoporosis

Pathologic Factures

Scoliosis

Spinal Fusion/Fixation

Spinal Instability/Abnormalities

Spinal Orthoses

Spinal Stabilization Devices - internal

Neurologic

Hydrocephalus/Shunt

Paralysis due to Spinal Cord Injury

Seizure

SpinaBifida/ChiarinMalforniation/TetheredCord/

Hydromyelia Stroke

Medical/Psychological

Allergies

Animal Abuse

Behavior Problems

Blood Pressure

Control Cancer

Dangerous to self or others

Diabetes

Emotional Abuse

Exacerbations of medical conditions

Fire Settings

Heart Conditions

Hemophilia

Medical Instability

Migraines

Peripheral Vascular Disease

Physical Abuse

Poor Endurance

Respiratory Compromise

Recent Surgeries

Sexual Abuse

Substance Abuse

Thought Control Disorders

Varicose Veins

Weight Control Disorder

Other

Age - under 4 years

Indwelling Catheters

Medications

Skin Breakdown

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Please complete and return the entire application package to:

Taylor Sandoval

384 CR 42520

Paris TX 75462

Or email to:

Weybapfarm@yahoo.com

We will be in touch with you within 48 hours after receiving the completed application.

TREAT
Tailored Rides Equine Assisted Therapy