



Stir-n-Up Hope

ANNUAL RIDER UPDATE FORM

Rider's Name

Name of Person bringing Rider to Therapy Sessions

CONTACT INFORMATION

Home Phone: _____

Work Phone: _____
if ok to contact during work hours

Cell Phone: _____

Text Message OK YES NO circle one

E-mail: _____

Earliest time I can get to the barn _____

Available days of the week _____

CONTACT INFORMATION *(If not the same)*

Home Phone: _____

Work Phone: _____
if ok to contact during work hours

Cell Phone: _____

Text Message OK YES NO circle one

E-mail: _____

Earliest time I can get to the barn _____

Available days of the week _____

Therapy goals for the coming riding season:

Ideas to help improve the program

Problems that need to be addressed

Stir-n-Up Hope

Rider Qualifications

- Riders must attend the first meeting of the year in February. This is our sign up meeting to complete all necessary paperwork for the year.
- Riders/representatives are to assist Stir-N-Up Hope Therapeutic Riding by participating in fundraisers or other activities to help raise money for the program.
- Riders weight limit is 220lbs due to restriction of what horse can carry and safety of volunteers
- If rider needs a back rider the 2 weights combined must not exceed 220lbs
- If the riders medical condition changes or new issues arise PLEASE notify your instructor to ensure they can continue to safely ride.

Rider Apparel

- All riders must wear closed toe shoes. We use safety stirrups, so a heeled shoe is not necessary.
- Shirt is required
- Long pants are recommended to protect the skin. The pants should be comfortable, loose, breathable material to allow the body to move.
- A helmet MUST be worn by all riders. If a rider has his/her own helmet, it must be an ASTM approved **helmet**. If rider cannot handle the weight of an ASTM helmet, a bicycle helmet can be worn but rider must have a side walker on each side at ALL time.
- Don't forget sunscreen or sunglasses!

Other Information

- Please arrive 10 minutes early, dressed ready to go. Be sure to use the restroom before class. A handicapped portajon is provided at the barn.
- Please notify the instructor the evening before if you need to cancel. We understand that may not be possible, so call ASAP so we can contact our volunteers.
- Be sure to inform the instructor of changes noted in rider, such as soreness, stiffness, or skin irritations. We need to know so we can make the appropriate changes to prevent further complications. And of course we definitely need to know the good changes also to let us know we are heading in the right direction and continue in that area.

Friends & Family Members

If you need to bring other family members with you, we ask that you do not allow them to do the following:

- Approach the horses
- Run in and out of the barn
- Climb onto the porch
- Climb on the arena panels, gates, or wheelchair ramp to prevent injuries
- Please keep them from screaming so it is not a distraction to the class
- If student is tacking the horse please stay 6ft back unless arranged by the instructor
- A hazardous awareness form is to be filled out the first day of riding. The form is not only for the rider but all who come out.
- While student is riding, please only assist when asked by instructor

We appreciate your help in making this a safe environment for all by following the program rules.



Stir-n-Up Hope

Stir-n-Up Hope Inc will not discriminate based on race, sex or religion. Stir-n-Up Hope Inc holds the right to determine **if** this type of therapeutic riding will or may increase harm to person/horse because of a medical issues or safety guidelines that this corporation is obligated to follow to receive insurance coverage. Also for the safety of instructors, volunteers, and horses Stir-n-Up Hope has the right to remove a rider from this program due to any behavior or conduct that is discriminating, inappropriate, sexual comments/contact or harmful to any and all involved.

I _____ on behalf of _____, who is participating
18yr rider or Guardian rider

in Stir-n-Up Hope's Riding Program. I do hereby acknowledge that I have read the above stated and will do my part to make this experience safe and understand the reasons for dismissal from the program.

18yr rider or Guardian

date

staff receiving form



Stir-n-Up Hope

RELEASE AND WAIVER OF LIABILITY, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY

I, _____ (Adult rider or volunteer, or parent or guardian of minor child rider or volunteer) fully understand that horseback riding and any horse-related activities are very dangerous activities. I wish to allow my child to participate, and/or participate myself in these activities knowing that they are dangerous. I accept and assume all risks of injury or death to myself, my child or my property and I represent and warrant that I have the authority to provide this Release and certify as follows:

To the fullest extent allowed by law, I HEREBY FOREVER RELEASE AND DISCHARGE Stir-N-Up Hope, Inc, its members, directors, officers, employees, and anyone providing land for their use, their agents, heirs or spouses (Releasees) FROM ANY LIABILITY to the undersigned, my personal representatives, assigns, heirs, spouses, and next of kin (Releasers) for any loss or damage and any claim of demands therefore on account of injury to me or my child/ward or property of the undersigned or resulting in the death of myself or my child/ward, WHETHER CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES OR ANYONE while myself or my child/ward is present at or participating in any activity arranged or sponsored by the releases. I understand and acknowledge that horse riding and horse related activities, as described above, have inherent dangers which no amount or care, caution, instruction nor expertise can eliminate. I ON BEHALF OF MYSELF AND MY CHILD/WARD, VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL RISKS OF PERSONAL INJURY, DEATH AND PROPERTY DAMAGE SUSTAINED WHILE PARTICIPATING IN HORSEBACK RIDING, INCLUDING THE RISK OR PASSIVE OR ACTIVE NEGLIGENCE ON THE PART OF THE RELEASED PARTIES OR HIDDEN, LATENT, OR OBVIOUS DEFECTS AT ANY PROPERTY MADE AVAILABLE TO OR BY THE RELEASEES FOR SAID ACTIVITIES.

To the fullest extent of the law, I, on behalf of myself and my child/ward, WAIVE ANY RIGHT TO PRESENT ANY LEGAL CLAIM OR SUIT against the Releasees, whether based on negligence, breach of contract, breach of warranty, strict product liability, dangerous condition of property, or any other legal theories.

To the fullest extent allowed by law, IT IS THE EXPRESS INTENT OF THE PARTIES THAT, I ON BEHALF OF MYSELF AND MY MINOR CHILD OR WARD, FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS Stir-N-Up Hope, Inc., its members, officers, directors, employees, or anyone providing land for their use, their agents, heirs, spouse, officers, directors from any and all claims, suits, costs or expenses of any kind including attorney fees and expert and consultant fees, incurred as a result made by any person for personal injury, including death or property damage, which claim in any way arises out of, or is in any way related to, my participation with any horse riding or any horse-related activity upon land made available for any horse-related activity, including patent or latent defects REGARDLESS OF FAULT AND WHETHER OR NOT CAUSED BY THE ACTIVE, PASSIVE, OR SOLE NEGLIGENCE OF THE INDEMNITEES. This obligation to defend, indemnify and hold harmless equally binds my heirs, assigns and personal representative in the event of my death or incapacity.

This document is a legally binding contract which supersedes any other agreement or representation by or between the parties and which is intended to provide a comprehensive Release of liability and agreement not to sue.

The undersigned further expressly agrees that the foregoing Release and Waiver of Liability, Covenant Not to Sue and Indemnity Agreement is intended to be as broad and inclusive as permitted by the law of the State of Indiana and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT and further agrees that no oral representation, statements or inducements apart from the foregoing written agreement have been made. The undersigned further agrees that should any dispute arise between the parties arising from or relating to the Release and Waiver of Liability, Covenant Not to Sue and Indemnity Agreement, which the undersigned agrees to have the matter submitted to arbitration and waives any right of trial by jury.

WARNING

UNDER INDIANA 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.

Name of Rider/Volunteer

Date

Signature of Rider, Parent/Agent for the
Parental Unit/Legal Guardian, Volunteer

Date



Stir-n-Up Hope

Hazard Awareness Information

Below is a list of potential hazard areas. To prevent injury is to be aware of the following hazards here at "Brownie Place" where Stir-n-Up Hope will be operating.

It is your responsibility and those who accompany you, to avoid these areas:

- Horse Barn
- Porch of Tack Trailer
- FENCING is electric, and will SHOCK you
- NO swimming, fishing or playing around the lake to prevent drowning
- NO climbing or playing around the wood pile

I have read and am aware of the above areas of hazards. I will not hold Stir-n-Up Hope, Inc., it's staff, or land owner responsible or liable for any injury sustained on the premises.

Initials indicate the above has been read and understood: _____

Photo Release

I DO / DO NOT (*circle one*) consent to and authorize the use and reproduction by Stir-N-Up Hope Therapeutic Riding, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Initials indicate the above has been read and understood: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Initials indicate the above has been read and understood: _____

Additional Information

All volunteers must wear closed toe shoes. Shirts are required and long pants are recommended to protect the skin. If the volunteer is a horse exerciser a helmet MUST be worn. If an exerciser has his/her own helmet, it must be an ASTM approved helmet. Please arrive 10 minutes early, dressed ready to go. Please notify the instructor the evening before if you need to cancel. We understand that may not be possible, so call ASAP so we can contact other volunteers. If you need to bring other family members with you, we ask that you do not allow them to do the following: (Approach the horses; Run in and out of the barn ; Climb onto the porch; Climb on the arena panels, gates, or wheelchair ramp to prevent injuries; Please keep them from screaming so it is not a distraction to the class)

Initials indicate the above has been read and understood: _____

(Name)

(Date)

(Witness)



Stir-n-Up Hope

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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

(Center's Name)

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.

Consent Plan

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

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Signed in presence of center staff

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.

Parent or legal guardian will remain on site at all times during equine assisted activities

In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Signed in presence of center staff



Stir-n-Up Hope

Date: _____

Dear Health Care Provider:

This is an update form for your participant's physician.

Your patient, _____ (*participant's name*) has been participating in equine activities program at Stir-N-Up Hope Therapeutic Riding, Inc. and is due for an update of their medical status. Please review their previous medical history and provide an update of the information in the space below. Address occurrences over the past year including surgeries, illnesses, hospitalizations, changes in medications, treatment, weight, or behavior. Please indicate current height/weight. For your reference, potential precautions/contraindications are listed on the reverse of this form.

Diagnosis: _____

Height: _____ Weight: _____

Update

Status: _____

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the NARHA 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, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: () _____ License/UPIN Number: _____



Stir-n-Up Hope

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 Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Neurologic

Hydrocephalus/Shunt
Sensory Deficit
Seizure
Spina Bifida/Chiari II malformation/Tethered
Cord/Hydromyelia

Other

Age - under 4 years
Indwelling Catheters/Medical Equipment
Medications - i.e. photosensitivity
Poor Endurance
Skin Breakdown