

**HORSES & HEROES APPLICATION**

Welcome! Strides Therapeutic Horsemanship Center is a 501(c)(3) non-profit organization and Center member of PATH, Int’l. (*Professional Association of Therapeutic Horsemanship, International*). We provide equine-assisted healing for law enforcement, fire, EMS & veterans. Our programs are conducted by PATH Int’l Certified Instructors, licensed medical professionals, and highly trained volunteers.

**New Participant Process:**

1. Upon receipt of completed forms, the applicant will be contacted.
2. The Horses & Heroes program is funded fully by the generosity of donors within our community.

**Please mark the 2022 Session(s) Desired** (*sessions are 8 weeks in length*):

1st choice: \_\_\_\_\_\_\_\_\_\_

2nd choice: \_\_\_\_\_\_\_\_\_\_

3rd choice: \_\_\_\_\_\_\_\_\_\_

Spring Session: Apr 18 - Jun 10

Summer Session: Jun 27 - Aug 19

Fall Session: Sep 5 - Oct 28

⬜ *I’d prefer to participate in more than one (1) session.*

To be considered for one of our programs, your application must be filled out to completion and mailed back to Strides. We will contact you for scheduling upon receipt.

Strides Therapeutic Horsemanship Center

ATTN: Executive Director

5426 N Rd 68 Ste D #204

Pasco, WA 99301

If you have any questions or concerns regarding the application process, please contact our office at (509) 492-8000 extension 0 or email Hello@StridesTC.org.

Sincerely,

Strides Board of Directors, Staff, Volunteers, and Horses!

**GENERAL INFORMATION**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*first last*

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

*Street City State Zip*

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell phone home phone

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Street City State Zip*

Marital status Single Married Divorced

Do you have children Yes No

How did you hear about Strides?

Friend / Family Physician Therapist

Social Media Web Search other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked in any of the following fields?

Military Medical field / EMS / ED Law enforcement

Dispatcher Fire other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Military History

Army Air Force Reserves Marines

Coast Guard Navy National Guard n/a

List or describe: MOS, AFSC, or NEC (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide VA rating and describe injuries (if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list or describe combat service OEF, OIF, or other (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide type of discharge and rank: E / O / W (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note if you have any of the following:

Combat infantry badge Combat medical ribbon Combat action badge

Purple heart Combat action ribbon other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any of the following?

I experience nightmares or daytime flashbacks of a traumatic experience.

I have panic attacks.

I avoid things / people / places / activities that remind me of a traumatic experience.

I have irrational, angry outbursts.

I have difficulty focusing.

At times I feel hopeless, numb, or bad about myself or others.

I have had thoughts of suicide.

I have had intense feelings of guilt and / or shame.

I don't feel enjoyment and / or have no interest in maintaining relationships with close friends and family.

I feel anxious.

I'm scanning my environment all the time; I feel like I'm on high alert.

I have chronic pain and / or headaches.

I feel depressed.

other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Additional Information**

List interests & activities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are these activities limited by your physical or mental state?  If so, how?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What stress relieving outlets do you have and how often do you engage in them?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list physical, mental, or allergic concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about your family:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What challenges do you find in connecting with your family or your support network?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your biggest obstacles that you struggle to overcome:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope to gain from Horses & Heroes?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What ways have you tried to achieve these goals before looking into Horses & Heroes?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other Veterans programs or trips you have participated in:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the benefits you have gained from any prior treatment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Many applicants have used or are still using alcohol, prescription medicines, or street drugs.  Admitting that you use substances WILL NOT disqualify you.  Revealing your pattern of use will help us greatly better appreciate where you are right now in your journey home.  It will help us factor that into your experience.  With that in mind, please answer the following questions.

Please describe your current pattern of using alcohol, prescription medicine and / or street drugs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much of a role does your pattern of use play in your daily life right now?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special requests:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please add anything additional that you would like to share:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE TO PARTICIPANT’S PRIMARY CARE PROVIDER**

Dear Healthcare Provider:

Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is interested in participating in equine-assisted activities at the Strides Therapeutic Horsemanship Center in Pasco, WA. In order to safely provide this service, Strides requests that you complete the attached **Medical History** and **Physician's Statement form**. Please indicate if your patient presents with any of the following conditions as they may represent **precautions** or **contraindications** to equine-assisted activities.

**Orthopedic:**

Atlantoaxial Instability

Contractures Coxa Arthrosis

Heterotopic Ossification/Myositis Ossificans

Joint subluxation/dislocation

Osteoporosis Pathologic Fractures

Spinal Instability/Abnormalities

Spinal Fusion/Fixation

Scoliosis 30 degrees or greater

**Neurologic:**

Hydrocephalus/Shunt

Uncontrolled Seizures

Tethered Cord Symptoms

Chiari II Malformations

Hydromyelia Symptoms

Spinal Cord Injury (*if injury is above T6*)

Neuromuscular Disorders (*if pain or fatigue increases with the activity*)

**Medical/ Psychological:**

Allergies

Animal Abuse

Physical/Sexual/Emotional Abuse

Blood Pressure Control

Dangerous to self or others

Exacerbations of medical conditions

Respiratory Compromise

Hemophilia

Medical instability

PVD

**Other:**

Indwelling Catheters

Medications with photosensitivity side effect

Skin Breakdown

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please contact Strides Therapeutic Horsemanship Center at the address and phone number listed below.

Sincerely,

Melissa Rojas

*Executive Director*

(509) 492-8000, ext 0

**MEDICAL HISTORY**

*(To be completed by Licensed Health Care Provider)*

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_ Height: \_\_\_\_\_\_ Weight: \_\_\_\_\_\_

*first last*

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Onset: \_\_\_\_\_\_\_\_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does participant have seizures? \_\_ Yes \_\_No If yes, please note seizure type: \_\_\_\_\_\_\_\_\_\_\_\_

Are seizures controlled? \_\_ Yes \_\_ No Date of last seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does participant have a shunt? \_\_ Yes \_\_ No If yes, date of last revision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobility: \_\_\_ independent ambulation \_\_\_ assisted ambulation \_\_\_ wheelchair

Braces/Assisted Devices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate current / past considerations in the following (*attach a separate sheet as needed*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Example** | **Yes** | **No** | **Comments** |
| Vision | *Glasses/contacts* |  |  |  |
| Hearing | *Hearing aids, implants* |  |  |  |
| Sensation | *Over- or under- sensitive* |  |  |  |
| Communication | *ASL, speech delays, gesture* |  |  |  |
| Cardiac | *Surgeries, implants* |  |  |  |
| Breathing | *Asthma, oxygen* |  |  |  |
| Digestion | *Gastronomy tube* |  |  |  |
| Elimination | *Catheters, colostomy, incontinence* |  |  |  |
| Circulation | *Varicose veins, hemophilia, reduced circulation* |  |  |  |
| Emotional/Mental Health | *Depression, anxiety* |  |  |  |
| Behavioral | *Aggression* |  |  |  |
| Pain | *Headaches, joint pain* |  |  |  |
| Orthopedic | *Spinal surgeries, fusions, implants, osteoporosis, arthritis* |  |  |  |
| Muscular | *Weakness, high tone, low tone* |  |  |  |
| Neurological | *Seizures, ataxias, tremors* |  |  |  |
| Allergies | *Hay, dust, dander* |  |  |  |

**PHYSICIAN RELEASE**

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities. I understand that Strides Therapeutic Horsemanship Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Strides Therapeutic Horsemanship Center for ongoing evaluation to determine eligibility for participation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician's Signature Date

**Physician’s Contact Information**

Clinic / Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Street City State Zip*

Work Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT RELEASE**

Participant’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*first last*

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

*Street City State Zip*

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone or home phone? (*please indicate one*)

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

**Consent Plan:**

In the event of a medical emergency, I authorize Strides Therapeutic Horsemanship Center and / or its designated agent to authorize medical assistance as it deems necessary. I further authorize any licensed physician and / or medical facility to provide any medical or surgical care and / or hospitalization for the participant deemed necessary or advisable until I am available or able to provide more specific authorization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (*Participant or Legal Guardian*) Date

**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. **NOTE: The participant’s legal guardian MUST remain on site at all times during equine-assisted activities.**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (*Participant or Legal Guardian*) Date

**MEDIA RELEASE**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*first last*

**Consent:**

I hereby consent to and authorize the use and reproduction by Strides Therapeutic Horsemanship Center of any and all photographs, digital reproductions, and any other audio / visual material taken of me / my son / my daughter / my ward for promotional material, whether electronic, print, digital or electronic publishing via the Internet, education activities, exhibits or for any other use for the benefit of Strides Therapeutic Horsemanship Center for an unlimited period of time and without monetary compensation or other remuneration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (*Participant or Legal Guardian*) Date

**Non-Consent:**

I do not consent to and authorize the use of any and all photographs and any other audio / visual materials taken of me for promotional material, education activities, exhibits, or for any other use for the benefit of the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (*Participant or Legal Guardian*) Date

**LIABILITY RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT**

I fully understand and recognize the existence of each of the following risks and hazards associated with being around horses and horseback riding (these risks and hazards shall hereinafter collectively be referred to as the “*Inherent Risks*”):

*a) The activities of horseback riding and/or being near a horse involve numerous inherent dangers and risks, both foreseen and unforeseen, of injury and death to me (and/or my child);*

*b) Horses, like all other animals, irrespective of their training and usual past behavior and characteristics, may act and react in unpredictable and dangerous ways, including, but not limited to, rearing, bucking, and running away;*

*c) Horseback riding on any type of terrain can be dangerous to both me (and/or my child) and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop;*

*d) While horseback riding, even at slower paces, my (and/or my child’s) horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me; and*

*e) While horseback riding, I (and/or my child) may, at any time, lose control or fall off of my (and/or my child’s) horse or have a collision.*

In light of these understandings and recognitions and in consideration of me (and/or my child) being permitted to participate in and/or serve as a volunteer for horseback riding and horse-related activities (“*Subject Activities*”) provided and/or coordinated by Strides Therapeutic Horsemanship Center, do for myself (and/or my child) and my (and/or my child’s) heirs, personal and legal representatives, administrators, and assigns, hereby:

1. Recognize the *Subject Activities* are inherently dangerous and personally assume all risks, including, but not limited to, the above-stated *Inherent Risks*, whether foreseen or unforeseen, associated with my (or my child’s) participation in the *Subject Activities*; and

2. Forever

(i) RELEASE any and all liability of Strides Therapeutic Horsemanship Center and its successors, assigns, members, directors, officers, employees, volunteers, instructors, therapists, agents, sponsors, and affiliates (hereinafter collectively referred to as “Releasee”),

(ii) DISCHARGE and COVENANT NOT TO SUE the Releasee, and

(iii) hold and save HARMLESS and INDEMNIFY Releasee from and against any and every liability, claim, injury, loss, damage, expense, demand, action, and cause of action, of whatsoever kind or nature, arising out of or related to any such loss, damage, or injury, including death, that may be sustained by me (or my child), for whatever reason, while participating in the Subject Activities, whether such damages are the result of Releasee’s negligence or any other cause.

3. I further state that

(i) I am of lawful age and legally competent to sign this Agreement,

(ii) I understand the terms of this Agreement are contractual and not a mere recital;

(iii) this Agreement contains the entire agreement between myself and *Releasee*; and

(iv) if I am executing this Agreement on behalf of a child, that I am the legal guardian of said child and authorized to execute this Agreement in said capacity. In addition, I agree that nothing about this Agreement limits the protections afforded to *Releasee* by Washington State’s Equine Liability Law, as such is currently codified at RCW 4.24.530 - .540 and hereafter amended.

IN SIGNING THIS AGREEMENT, I HEREBY ACKNOWLEDGE AND REPRESENT, THAT I HAVE READ THIS AGREEMENT, UNDERSTAND AND ACCEPT THE AGREEMENT’S TERMS, AND AM VOLUNTARILY ENTERING INTO THIS AGREEMENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (*Participant or Legal Guardian*) Date

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*first last*

**COVID-19 INFECTION CONTROL POLICIES**

1. No one will be allowed on property for 14 days since the date that they returned from traveling as designated by the CDC policies, or if they live with someone who has traveled. Everyone will be screened for travel.

2. If any person who comes on property tests positive for COVID 19, they must inform Strides and the program will be shut down immediately for 14 days, possibly longer. Anyone who was on site at the time of possible exposure will be contacted immediately.

3. If any person who comes on property is exposed to someone who has tested positive for COVID-19 the program will be shut down immediately for 14 days and possibly longer. Anyone who was on site at the time of possible indirect exposure will be contacted immediately.

4. No one with signs or symptoms should come to the facility. Instructors will do a verbal health check with riders and volunteers in their sessions at the beginning of every session screening for: signs, symptoms, travel, and exposure. Documentation will be recorded on the Health Check Form. Temperature checks may be taken.

5. Upon arrival and when leaving Strides, everyone will wash their hands at a hand washing and/or hand sanitizing station following CDC guidelines.

6. All persons will be required to wear a face mask while on property and maintain 6 feet social distancing as much as possible.

7. Numbers of volunteers, participants, and guests will be limited at any one time.

8. Horses will not be receiving treats from participants at this time and we ask that

everyone please refrain from petting the cats.

Participant Screening and Stages of Return

1. A customized Risk Benefit Assessment will be completed for each rider prior to acceptance into a session. This form will be signed by the family and the Executive Director.

2. Stage 1: During this stage, no rider requiring a side walker in any form, rider who needs assistance mounting or dismounting, other than a safety spotter, will be able to participate in riding due to the close proximity of the participant to volunteers for an extended period. The reasoning for this policy is that volunteers would be at an angle in front, below and very near the riders for an extended period of time. Other unmounted programs that need minimal volunteer support may be started with following hand washing, social distancing guidelines and wearing masks by participants.

3. Stage 2: Based on CDC and County Guidelines on when Stage 2 can occur, riders that need minimal assistance mounting/dismounting and only need a spotter or side walker and horse leader with no more than an ankle or calf hold involved may return. Riders requiring thigh hold and more than one side walker will not be able to participate at that time. Horses & Heroes may return with participants wearing masks and minimal volunteer interaction.

4. Stage 3: Based on CDC and County Guidelines on when Stage 3 can occur, riders that require full assistance to mount/dismount and need thigh holds and/or greater assistance, along with wheelchair mounts may return.

5. Stage occurrence will be based on CDC and County Guidelines and at the discretion of the Strides Board of Directors with a minimum of two weeks. Family members of the same household of a rider that choose to volunteer for said riders’ lessons may request to be re-evaluated by the Executive Director for acceptance to begin lessons prior to their determined stage.

Family/Participant Procedures

1. Families should bring only one person needed to care for the participant to help limit the number of people on site.

2. All family members and participants must wear masks while on property and wash and/or sanitize hands before entering and when leaving the property. Additional hand washing and/or sanitizing and limiting touching of surfaces is recommended.

3. Riders will be encouraged to have their own helmets. Must be ASTM/SEI Riding helmets, no bike helmets allowed. If purchase is not possible, riders must bring 2 bandanas to cover their head and chin while wearing our helmets.

4. Families can go to the family waiting area for seating which will be designated into 2 separate areas to help in maintaining social distancing. The rest of the property will be off limits at this time. Strides is trying to limit contact points throughout the property.

5. Riders must return immediately to their families upon dismount. Riders will be dismounted and exited one at a time.

6. Families will be asked to leave promptly after class to allow for disinfecting and to limit the number of people on site. Session times may be changed to prevent overlapping students. No feeding horses treats currently.

Programming Procedures

1. In Stage 1: There will be a maximum of 2 riders, and 2 horse handlers per class.

2. There will be set activity bins using easily washed objects.

3. Changes of tack will be kept to the minimum.

4. The tack room will be restricted access to staff and horse handlers only.

5. Horses that are used in class will be bathed after classes.

6. Tack: All cleaning will follow to our best ability CDC Guidelines.

7. Grooming items: Will be sprayed with disinfectant solution at the end of each day.

8. Reins: Rubber reins will be sprayed with disinfectant between riders and wiped dry. Leather will be sanitized with leather saddles.

9. Saddles and leather girths: Will be washed with a warm towel heated to 140F degrees and allowed to dry between riders.

10. Saddle pads and fabric girths: Will be sprayed with disinfectant and then allowed to dry at the end of the day.

11. Lead ropes and halters: Will be sprayed with disinfectant and then allowed to dry at the end of the day.

12. Horse leaders will be responsible for cleaning tack for assigned horse(s). Tack will not be

placed back into the tack room until cleaned.

13. Contact points such as door lock, ramp rail, and any seating will be cleaned and/or disinfected as often as possible, a minimum of twice per day.

14. There will be signs throughout the property reminding about hand washing, social distancing,etc.

15. Disinfectants will follow the CDC recommendations.

16. Hand Washing or Hand Sanitizer stations will also be available throughout the property.

I understand and will adhere to these policies to prevent disease contamination in partnership with Strides.

Parent / Participant Name:

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

Parent / Participant Signature:

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

**PARTICIPANT TERMS AND CONDITIONS CONTRACT**

***To be signed after reading the following Participant Handbook (pgs. 14-22). This Handbook is for your reference and should remain with you.***

I (Participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have contracted with Strides Therapeutic Horsemanship Center to give (Participant’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ equine-assisted activities including, but not exclusive to the current program Horses & Heroes. I, the undersigned, have read and understand the participant terms and conditions, in addition to all Strides Therapeutic Horsemanship Center’s policies and rules, which I agree to abide by in total and I have received a copy of this contract which includes Strides Therapeutic Horsemanship Center’s policies and rules. I further understand that if any of Strides Therapeutic Horsemanship Center’s policies or rules are not followed, Strides Therapeutic Horsemanship Center has the right to cancel this contract in full.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (*Participant or Legal Guardian*) Date

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*first last*

**PARTICIPANT HANDBOOK**

Strides Therapeutic Horsemanship Center’s goal is to provide safe and productive equine-assisted activities for all its participants. If Strides cannot accommodate the participant's needs or if the act of riding or the environment will aggravate his/her condition, equine-activities may not be appropriate.

As a PATH Center Member, Strides adheres to PATH guidelines and standards. In conjunction with PATH guidelines, we have established the following as eligibility requirements.

**Weight Policy**

The first priority of Strides is to ensure the safety of our riders, volunteers, and horses. To maintain this safety goal, Strides horses are not allowed to carry more than 20% of their body weight including tack. Strides reserves the right to impose a weight limit if no horse is available to safely carry a participant weighing over 180 pounds. The weight limit may be adjusted based on the rider’s physical abilities, the available horse, and the ability of staff and volunteers to safely support the participant. Participants within that limit will be evaluated by staff to determine if riding is a safe and appropriate activity. Areas evaluated may include, but are not exclusive to, ambulatory status, range of motion, and balance. The Executive Director has the discretion to make exceptions to this policy.

**Precautions/Contraindications**

If the movement associated with riding will cause a decrease in the participant's function, an increase in pain or generally aggravate the participant's medical condition, it is not the activity of choice. If the equine-assisted activities are detrimental to the participant or the horse, equine-assisted activities may be contraindicated, according to PATH guidelines.

All participants are evaluated on an individual basis with regard to precautions and contraindications, as outlined by PATH guidelines. All team members (participant, parent/guardian, PATH Instructor, therapist, educator, physician, etc) must be comfortable with the final decision to approve participation.

Please be sure your physician is aware of the participant’s particular diagnoses for precautions and contraindications. The following is a partial list of diagnoses of conditions, syndromes, disorders and problems as assessed by PATH Int’l to be precautions and contraindications for riding activities. If you have any questions regarding this, please ask your physician:

* Degenerative Joint Conditions
* Heart/Cardiac Conditions
* Atlantoaxial Instability (AAI)
* Indwelling Catheters
* Skin Integrity
* Spinal Stenosis

Participants are assessed by Strides’s professional staff, contracted therapists, or recommendations by professionals in the health and educational fields.

**Further Considerations**

These may include the experience and expertise of the PATH instructor to address the needs of the participant, possessing a suitable horse for the participant, proper equipment, and availability of the appropriate number of volunteers for the participant. In addition, consideration may also be given to whether staff and volunteers are able to **safely manage the participant in any situation, including an emergency dismount.**

**Attendance Policy**

⬜ If a participant is a “no show” three times within a calendar year, the participant will be dismissed from Strides program.

⬜ A minimum of two hours advance notice to Strides is required otherwise it will be considered a “no show”.

⬜ In the event you are unable to attend your lesson last minute due to illness or family emergency, call Strides at (509) 492-8000, extension 1 to notify the instructor and volunteers.

⬜ If you are unsure about the weather, please check your voicemail, text messages, or email for a message from Strides and / or call Strides at (509) 492-8000, extension 1 to confirm lesson.

**Participant Dismissal / Discharge**

Discharge of participants would follow the PATH Accreditation Standards A-11. Participants or their families, who do not adhere to the rules, policies and procedures, or fail to meet the guidelines for eligibility are subject to dismissal. Possible grounds for dismissal may include, but are not limited to:

⬜ Conduct endangering another participant, staff, volunteer, horse, themselves or other.

⬜ Repeated failure to follow established guidelines or policies.

⬜ A gain in weight above the maximum capacity of the program horses available at the time.

⬜ Repeated absences without notification (also known as “no shows”).

⬜ A change in medical condition in which it is no longer safe or beneficial for a participant to continue.

**Proper Attire**

⬜ Proper attire must be always worn. We recommend long pants, an appropriate top, and boots with at least a half inch heel, or alternate close-toed shoes.

⬜ All participants are required to wear an ASTM-SEI approved riding helmet which fits properly with an attached harness. A safety helmet will be provided by Strides Therapeutic Horsemanship Center unless the rider has his / her own approved safety helmet. ***No bicycle helmets will be allowed****.* A rider must wear a helmet whenever horses are present without a barrier.

**Participant Goal Setting Policy**

Each participant will have a set of goals, which will be documented and evaluated throughout the eight-week session. For a continuing participant, goals will be set before each session and progress towards those goals will be documented in a similar manner as the aforementioned process. Goals will be set and documented for every participant, using:

⬜Initial Assessment Form

⬜ Weekly Progress Note

⬜ End of Session Eval

**Lesson Policy Standard**

A typical lesson is 60 minutes in length. It may consist of groundwork, learning equine body language, getting on / off the horse, tack adjustments, a new skill taught / reviewed, and cool down time.

**Important areas used during lesson times**

⬜ Visitor viewing area is located near the arena; please quietly wait in this area until given permission by instructor or therapist.

⬜ If you need to talk to the instructor or therapist about medical or physical problems which may have a safety implication for the current lesson, please do so before the lesson begins.

⬜ While a lesson is in progress, all visitors must quietly wait in the Visitor Area or their vehicle.

This policy is for the safety of all. During a scheduled lesson our instructors, therapists, and volunteers must maintain lesson focus at all times for the safety of our participants.

**ATTENDANCE POLICY**

If a participant will be absent for a lesson, it is the family’s responsibility to notify the Strides Therapeutic Horsemanship Center’s office at **509-492-8000 extension 1** *as soon as possible at least 24-hours before lesson was intended to begin*. Late notifications negatively impact the volunteers and staff at Strides. Giving early notice helps keep the program running smoothly. If a participant fails to give notice of an absence, they will have to follow the Disciplinary Policy.

Please note, we will be ready to start weekly lessons at the agreed upon time. If participants arrive late, their lesson time will still end at the agreed upon time regardless of the circumstances. If they are more than 15 minutes late without notice, their lesson time will be forfeited for the day. There are **NO** make-up day’s offered for missed lessons.

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**Please note:** *If the participant cannot attend school or work because of an illness, they will not be allowed to attend their scheduled lesson either. Our hope is to limit the spread of contagious pathogens or infections. Please call us to cancel if this scenario occurs.*

**Lesson Cancellations**

The instructor / therapist is the only person with the authority to cancel any lesson. *Absences for participant illness, vacation, etc. will not be made-up*. With the amount of participant absences during the session, it is not within the capability of the center to make up all missed lessons.

**Weather Cancellation Guidelines**

Lessons are cancelled if unsafe weather conditions are present. These guidelines are:

1 - heat that exceeds 90 degrees

2 - sustained wind over 15mph or gusts over 20mph

3 - rainy conditions that make the arena footing unsafe.

Instructors / therapists assess conditions prior to lessons daily and try to inform participants in time to prevent needless travel. They may make a call to cancel classes only for the weather to change or improve unexpectedly. While that is regrettable, we will always err on the side caution.

​**Discharge of Participants**

Participants may, during the course of equine-assisted activities, become no longer suitable for riding activities. The center's goal is to meet the individual needs of each participant; however, some circumstances may not allow for the center to safely meet the needs of a participant. The following are some reasons, which may warrant discharge from program activities:

1. If a participant’s medical condition or behavior becomes a threat to safety of his / herself and / or others including the horses.
2. If a participant exceeds the 180 lb weight limit the riding portion of the program may be individually modified to that participant. For example, they may only be allowed to participate in the ground portion of the program.

The process in which a participant is discharged from program activities will be a team-based approach and decision, involving input from the Instructor, Therapist, Equine Director, and Executive Director. Prior to discharge (depending on the immediacy of the circumstance) the participant will be given adequate notice of possible need for discharge.

Efforts will be made to accommodate a participant’s needs, if they can be met in an alternative way. For example, a participant might be better and more safely served in un-mounted activities.

If the reason for discharge involves behavior that compromises the safety of the lesson, the following disciplinary policy would be followed:

**Disciplinary Policy**

Strides Therapeutic Horsemanship Center’s disciplinary policy has been developed to ensure a safe and conducive environment for all involved in our programs. Our instructors / Executive Director reserve the right to discipline a participant, participant guest, and / or volunteer.

1. **First offense** is a documented verbal warning. If this is a participant, he / she will be removed from the horse and will sit in a holding area until lessons end.
2. **Second offense** is a written warning. If it is a participant, he / she will be dismissed from the lesson for that day.
3. **Third offense is the final warning**. If it is a participant, he / she will be removed from the horse and dropped from the Strides Therapeutic Horsemanship Center’s program.

Likewise, if the offender is a guest, they will follow the same disciplinary policy. (A documented verbal warning, a written warning, and a final warning.)

**Examples**: disruption to class, unacceptable or unsafe behaviors, disrespect to instructor / therapist / volunteers / other participants, failure to follow adhere to the Strides Policies.

**Immediate Termination Policy**

Any individual will be immediately removed from the Strides Therapeutic Horsemanship Center’s program for sexual comments or behavioral misconduct.

**PARTICIPANT TERMS AND CONDITIONS CONTRACT**

Strides Therapeutic Horsemanship Center

Mail: 5426 N Rd 68 Suite D #204, Pasco, WA 99301

Physical: 180 Honeysuckle Road, Pasco, WA

STATE OF WASHINGTON

COUNTY OF FRANKLIN

​**Washington State Equine Liability Act**

I am aware of the inherent risks of horseback riding. I further understand that I must be careful while on the property of Strides Therapeutic Horsemanship Center particularly while horses are being handled. Strides Therapeutic Horsemanship Center cannot and does not assume any liability for accidents, injury, or death to person or persons. I further have reviewed and understand the content of the Washington State Liability Law which is posted at the property entrance and riding arenas. Likewise, I accept full responsibility for friends and visitors accompanying myself on Strides Therapeutic Horsemanship Center property.

**Medical Update**

I understand that it is my responsibility prior to entering the lesson area to inform the Instructor and / or therapist of any new medical or physical problems which may impact a rider's safety or ability to perform correctly during my scheduled lesson time. I further agree to handle all other questions or suggestions according to Strides Therapeutic Horsemanship Center’s Participant’s Policy.

**Confidentiality Policy**

Participant information files will be held in confidentiality and only shared when necessary to ensure the safety of a participant in the lesson or during an official incident review.

​**Program Enrollment Policy**

⬜ All individuals present on the property must have a signed Liability Waiver on file.

⬜ Participants must have the entire Participation Application completed and on file.

The participant may not be allowed to participate in lessons until the forms are completed in entirety. Official acceptance into the program is still pending upon a client successfully going through the initial on-site evaluation with an Instructor, and completion of the Participant Terms and Conditions Contract.

A returning participant will need to be reassessed by the instructor if more than 12 months has passed or his / her condition has changed.

**SAFETY AND BARN RULES**

1. Speed limit on Strides property is **5 MPH**!
2. Speed limit on Honeysuckle Road is **15 MPH**. Please be respectful of our neighbors.
3. Park vehicles in designated areas.
4. All participants are to be directly supervised at all times, including accompanying participants to the bathroom.
5. You are responsible for your guests / visitors’ conduct and safety while on Strides property. Infractions will follow the Strides disciplinary policy.
6. Observing visitors must wait in Visitor area or their car unless otherwise directed by program staff.
7. **Please do not disturb the resident of the home that is located on the Strides property.**
8. All gates must be kept closed unless otherwise directed.
9. No entry into feed shed without volunteer / instructor present.
10. No entry into tack room or horse pens without volunteer / instructor present.
11. No entry into the gated arena without volunteer / instructor present.
12. No climbing, sitting, or standing on fences or gates.
13. No running at any time or anywhere on the property.
14. No yelling or raised voices; this may spook the horses and distract the volunteers and participant.
15. Smoking, e-cigarettes/vaping, alcohol, and drugs are strictly prohibited on any part of Strides property.
16. No personal dogs or other animals are allowed on Strides property. Service animals are the only exception, call Strides before you arrive.
17. All trash to be disposed of in trash barrels.
18. No horses to be handled in or out of the pens without program staff’s permission and / or supervision.
19. Always respect others when speaking or socializing.