# Welcome to Exceptional Equestrians

Thank you for your interest in our program. Please complete the following forms and submit to:

Exceptional Equestrians
1130 Orlando Drive
De Pere, WI 54115

Upon receipt of completed forms, new clients will be contacted to set up an initial in-person screening assessment. Services through Exceptional Equestrians can begin as early as age 2.

Assessment areas may include:

- Head control
- Sitting balance/postural control
- Range of Motion/mobility
- Strength
- Sensory systems
- Functional abilities (transfer/ambulation)
- Emotional Readiness

Areas requiring precaution include:

- **Instability at the atlanto-axial joint**. Individuals with Down syndrome are required to have an annual neurological examination to rule out AAI with completed physician release.
- **Problems at the hip** including; displacement, instability, limited range, pain
- **Orthopedic issues of the spine** (scoliosis, spina bifida)
- **Height and weight restrictions**. Hippotherapy/therapeutic riding will be provided as long as staff can safely transfer rider onto horse and the rider's weight and height fall within accepted horse-to-weight ratios.
- **Behavior.** Safety for our clients and our staff is of primary concern. It is more difficult to control behavioral issues while on a horse. EE staff reserves the right to discontinue hippotherapy and/or therapeutic riding if behavior issues compromise safety at any time.
  - ❖ *Please review an extended list of precautions on the medical release included in this packet.*

All clients are unique and exhibit individual talents and challenges. Every client will be assessed based on his or her unique characteristics and goals.

If hippotherapy is recommended, an individualized treatment program will be implemented. Please remember that hippotherapy is a treatment strategy to be used in addition to traditional therapies. We will gladly work together with community therapists to help our clients meet their functional goals.

Today's date: _____

# Registration

**Please provide the following information to assist us in determining eligibility and creating an individualized therapy program. If a question is not applicable, please indicate with N/A.**

**Client:** _____
Name Date of Birth

**Parent/Caregiver:** _____

**Address:** _____

City: _____ State: ____ ZIP: _____ County: _____

**Phone:** _____ (H) _____ (C)

**Email:** _____

**Employer(s):** _____

_____

**Physician Information:**

Physician: _____

Clinic: _____

Address: _____

Phone: _____

**Medical Information:**

Diagnosis: _____

Medical History:

_____

_____

_____

Precautions/ Restrictions:

_____

_____

Weight: _____

Height: _____

Height and weight are important factors in determining type of equipment/horse required

Mobility (describe method(s) of mobility, i.e. power w/c, reverse walker, quad canes, independent ambulation, etc.):

**Transfer Ability:**

Able to complete a standing transfer: ☐ Yes ☐ No

Amount of assistance needed: ☐ Minimal ☐ Moderate ☐ Maximum

Able to manage steps: ☐ Yes ☐ No

**Flexibility:**

Can legs be easily separated, for example when dressing? ☐ Yes ☐ No

Transition assist needed to move from sitting to standing position ☐ Minimal ☐ Moderate ☐ Maximum

Please describe any specific range of motions issues:

**Describe method of communication (verbal/sign aumentation):**

**Tone/Stiffness:**

Indicate the most accurate description:

☐ Low tone (overly flexible, difficulty staying up against gravity)

☐ High tone (not very flexible, difficult to bend and move)

☐ Neither (tone is not an issue)

**Modulation/Behavior:**

How does the client handle novel situations?

What activities/stimuli cause agitation?

What activities are calming?

Do you have particular behavioral strategies you would like implemented during riding?

Please share any additional information we should know:

Any previous experience with horses? ☐ Yes ☐ No

Do you anticipate initial fearfulness? ☐ Yes ☐ No

**Therapies:**

Does the client receive therapies such as OT/PT/ST? ☐ Yes ☐ No

If yes, please describe type of service(s) and location:

Please provide copies of most recent therapy report. ☐

May we contact your therapist for additional information? ☐ Yes ☐ No

**Goals:**

What would you like to achieve through participation in hippotherapy or therapeutic riding? Please consider physical, sensory, language, and social/emotional goals.

Please include any additional information you feel is pertinent.

**** Please attach copies of pertinent reports such as**

- **Medical**
- **Rehabilitation**
- **Therapy**
- **IEP**

# Schedule, Fee, & Payment Options

**Schedule**
Upon your initial screening assessment to determine placement, you will be given scheduling options.

We will make every effort to accommodate you, however please be aware that the riding schedule is dependent upon therapist, volunteer, and horse availability.

**Fees**
Fees range from $40 to $50 per riding session depending upon program placement. Details will be provided after your intial screening assessment.

**Payment Options**
Initial screening fee of $50 due on date of screening.

Clients will be invoiced for program riding sessions.

Some County programs will cover the cost. For a list of funding resources for families and our scholarship application, visit exceptionalequestrians.org/download/ScholarshipInfo.pdf or request one from EE staff.

*We look forward to sharing exceptional experiences with you!*

# Client Liability Waiver

**Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.**

I understand and acknowledge that all aspects of working with equine industry include certain risks. Included among them, Wis. Stat. □895.481(1)(e) provides that "Inherent risk of equine activities" means a danger or condition that is an integral part of equine activities, including all of the following: 1. The propensity of an equine to behave in a way that may result in injury or death to a person on or near it; 2. The unpredictability of an equine's reaction to a sound, movement, or unfamiliar object, person or animal; 3. A collision with an object or another animal; 4. The potential for a person participating in an equine activity to act in a negligent manner, to fail to control the equine or to not act within his or her ability; and 5. Natural hazards, including surface and subsurface conditions. In addition, permitting a child, especially a disabled child, to work with equine activities includes proportionally increased inherent risk. I acknowledge that equines are inherently dangerous and may result in property damage, injury or death. Knowing and appreciating these dangers, I desire for myself and/or my child or legal ward (collectively "us", "we", or "our") to participate in riding lessons or other equine activities on the property of the Exceptional Equestrians Company and/or Country Kids, Inc.

I am aware that Exceptional Equestrians Company and Country Kids, Inc. require all riders to wear a helmet when mounted and proper footwear at all times for their own protection and safety. If we do not wear a helmet when mounted, we agree that we do so at our own risk.

In consideration for the privilege of participating in riding lessons, riding and working around horses, we release Exceptional Equestrians Company and/or Country Kids, Inc., the horse owner, the owner of the equipment, and all employees, volunteers or other agents of the company collectively (the "Releasee") from any liability or responsibility for any accident or injury to us, members of our family or our guests during or in connection with riding lessons or any other equine activities we engage in of the property Releasee. We agree that we will never sue Releasee for property damage, personal injury, or death arising out of equine activities, whether arising from the condition or actions of the horse, equipment, or riding facility at which the equine activities are conducted. We understand we are releasing Releasee from liability for its own negligence, including the selection of any equine or Releasee's assessment of our ability to handle or work with any equine.

I hereby indemnify the Releasee as a result of any accident, casualty or event that may result through the negligence of us, our family members or guests. I understand that if my family members, guests or I am negligent or alleged to have been negligent and because of this negligence, Releasee is sued, I will be responsible for any costs, attorneys' fees or damages incurred by Releasee.

I have read and understand the above, "Release from Liability" agreement.

Name of Child(ren): _____

Parent/Guardian Signature: _____ Date: _____

**Equine Assisted Therapy Medical Release**
Includes Hippotherapy, Therapeutic Riding, and Adaptive Equestrian Skills programs

**To Physician**: Your patient has requested to participate in one of our Equine Assisted Therapy Programs.

**Hippotherapy** involves the 1:1 treatment of a patient using the horse as the treatment surface. Hippotherapy is provided only by licensed occupational, physical, or speech therapists as part of a comprehensive treatment program.
**Therapeutic riding** is an alternative approach involving group equine assisted activities supervised by a certified riding instructor and a licensed occupational therapist.

Our **Adaptive Equestrian Skills** program teaches beginning horsemanship and equitation to riders with special needs. This program allows children and adults to work toward independent riding.

In addition to our therapists, we are staffed by a core of trained volunteers. All children riding are accompanied by side-walkers to promote the highest level of safety possible. Exceptional Equestrians is a PATH International Center Member. For more information, visit www.exceptionalequestrians.org.

I hereby state that my patient _____ exhibits no known medical or orthopedic complications which would prohibit participation in equine facilitated therapy. (Such complications could include severe scoliosis, vertebral instability, fragile bone, atypical joint structure or instability)

Please note that clients with **Down's syndrome** are required to have:
1): A yearly medical exam including a neurological exam that shows no evidence of AAI.
2): Certification by a physician that an examination did not reveal atlantoaxial instability or focal neurological disorder.

**Please attach examination results**. Also note on page 2 of this release additional conditions which may present AAI. Clients with these conditions must also undergo annual examination.

This form may be mailed to:
Exceptional Equestrians
1130 Orlando Drive
De Pere, WI 54115
or
Faxed to: (920) 347-3175

Thank you for your assistance. If you have any questions about our programs, please feel free to contact Lisa Kafka, OTR, HPCS at (920) 347-3174.

_____ _____
Physician Signature Date

**Exceptional Equestrians**

Equine Assisted Therapy Medical Release page 2

The following conditions may also present AAI and should undergo annual neurologic examination:

- ☐ Congenital scoliosis
- ☐ Achondroplasia
- ☐ Rheumatoid arthritis
- ☐ Neurofibromatosis
- ☐ Klippel-feil syndrome
- ☐ Morquio syndrome
- ☐ Larsen syndrome
- ☐ Spondyloepiphyseal dysplasia congenital
- ☐ Chondrodysplasia punctata
- ☐ Metatropic dysplasia
- ☐ Kneist syndrome
- ☐ Odontoid abnormalities
- ☐ Os odontoideum
- ☐ Ossiculum terminale
- ☐ Third condoyle
- ☐ Hypoplasia or absence of the dens
- ☐ Pseudoachondroplasia
- ☐ Cartilage-hair hyperplasia
- ☐ Ankylosing spondylitis
- ☐ Scott syndrome
- ☐ Infections of the head and neck
- ☐ Tumors
- ☐ Spinal trauma
- ☐ Steroid therapy

## Acknowledgement of Access to
## Notice of Privacy Practices

The Exceptional Equestrians Company Notice of Privacy Practices is available for review and/or download on our website at www.exceptionalequestrians.org. If you wish to receive a hard copy of this document, please advise your therapist.

By signing this form, you acknowledge that: (1) you have been provided with information on how to access the Exceptional Equestrians Notice of Privacy Practices policy online at www.exceptionalequestrians.org, and (2) you understand that you can also obtain a hard copy of the policy upon request.

Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully.

Our Notice of Privacy Practices is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at www.exceptionalequestrians.org or on request from your therapist.

I acknowledge I have been advised on how to access online the Notice of Privacy Practices of Exceptional Equestrians Company and understand that I also have the right to request a hard copy of the policy.

_____

(Signature of patient/parent/guardian) DATE

EXCEPTIONAL EQUESTRIANS

# Photography Release

I hereby authorize Exceptional Equestrians, hereafter referred to as "Company," to publish photographs and/or videos taken of myself and/or the minor child(ren) listed below, for use in the Exceptional Equestrians' print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Exceptional Equestrians from any reasonable expectation of privacy or confidentiality for myself and for the minor child(ren) listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Exceptional Equestrians to use their photograph.

I further acknowledge that participation is voluntary and that neither I nor the minor child(ren) will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Exceptional Equestrians, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

**Check one:** ☐ **Consent** ☐ **Non consent**

**Authorization:**

Signature: _____ Date: _____
(Volunteer, Parent or Guardian)

Printed Name: _____

Address: _____

City: _____ State: ___ ZIP: _____

Relationship to minor: _____

Names/Ages of minor:

Name: _____ Age: ___

1130 Orlando Drive • De Pere, WI 54115 • phone: 920.347.3174 • fax: 920.347.3175