

## Welcome to Field of Dreams

We are very glad that you are interested in getting involved with the Field of Dreams Equine Education programs. We look forward to working with you to accomplish your goals and to enjoy the experience of horsemanship in a fun and successful environment. Field of Dreams offers so many ways to explore your interest in horses, through riding lessons, summer camps, showing, and working with our sister non-profit organization, Dreams on Horseback.

In order to provide the best benefit and safest environment to our participants, Field of Dreams (FOD) has established some guidelines for acceptance into our programs:

- Participants must be at least 7 years of age.
- To protect our participants and horses, weight guidelines have been established. Participants in mounted activities may not exceed 200 lbs.
- Participants must complete the attached “Field of Dreams Participant Packet” before they begin working with our horses.

New participants first complete a Lesson Orientation allowing our staff to assess the knowledge of the participant and recommend appropriate class placement. Once your eligibility is determined, we will work closely with you to define a lesson day and time that best meets your needs.

Additional information about Field of Dreams is provided in the attached pages. Since communication is critical, please be sure to share your email address and phone (for texting and voice) on the Participant Registration form.

We look forward to welcoming you to our Field of Dreams family. As your Lesson Coordinator, please be in touch if you have any questions. I can be reached through email at [beckyk@dreamsonhorseback.org](mailto:beckyk@dreamsonhorseback.org) or by calling 614-864-9500.

Please bring your completed forms along with your \$25 Registration Fee and \$45 Lesson Orientation payment with you to your Orientation. Once you begin your regular lesson schedule, the cost per lesson is \$40. I will work with you on the payment process. Please see the enclosed Financial Agreement.

Sincerely,  
Becky King, Lesson Coordinator  
Field of Dreams (providing programs at the Stepping Stone Stables)  
1841 Unbridled Way  
Blacklick, OH 43004  
[beckyk@dreamsonhorseback.org](mailto:beckyk@dreamsonhorseback.org)

## Participant Guidelines

The following contains important information about the policies and procedures of Dreams on Horseback and Field of Dreams. Please keep it handy to refer to when needed.

**Locations** – Dreams on Horseback (DOH) and Field of Dreams (FOD) may have activities at one of the following locations. Please check to be sure you are attending the proper location for your lesson, event or activity:

**Dreams on Horseback** – 1416 Reynoldsburg-New Albany Road, Blacklick, 43004

**Field of Dreams at Stepping Stone Stables** – 1841 Unbridled Way, Blacklick, 43004

**Sessions** – DOH/FOD are open year round with the exception of closing for most national holidays, Thanksgiving weekend and between Christmas and New Years. However, activities may be canceled based on weather issues.

**New Participant Registration** – All new participants must complete all forms required for their activity prior to starting. Acceptance into the program is always dependent upon the availability of instructors, volunteers, appropriate horses, safety precautions and contraindications.

**Class Cancellations** – Dreams on Horseback and Field of Dreams will make every attempt to provide services, even in inclement weather. Sometimes, if riding is not possible, un-mounted lessons may be given. Classes will only be canceled in the event of dangerous or threatening weather. Your instructor will call (or text) the number you have designated to inform you of class cancellations. You will be credited for classes canceled by DOH/FOD.

**Cold Weather** – If it is 15 degrees for Traditional Riding Lessons or 20 degrees for Therapeutic Riding Lessons (true temperature, not wind chill) at the barn, or there is a Level 2 Emergency and too dangerous to drive, the instructor will notify you to cancel the lesson.

**Hot Weather** – If it is 95 degrees or warmer (actual temperature) at the barn, your instructor will contact you to cancel your lesson. To ensure the safety and comfort of our riders and horses, instructors will conduct lessons on the wooded trails as necessary to minimize sun exposure when temperatures are above 92 degrees. Lessons will be walk/trot only when the temperature is above 88 degrees.

**Fees** – All clients will be assessed a \$25 Registration Fee. This will be assessed yearly to cover administrative costs. In addition, all new participants will participate in a Lesson Orientation at a one time cost of \$45 which is due at the time of the Orientation. Please refer to your Welcome Letter for weekly lesson costs. The attached Financial Agreement explains payment schedule and process.

**Paperwork** – The following paperwork is required for all participants and must be renewed annually during March and April regardless of when you enter the program:

1. Updated Participant Registration
2. Liability Release
3. Emergency Medical Release
4. Participant Health History (and other required health documents if applicable)
5. Barn Regulations
6. Financial Agreement

In addition, participant goals will be established for each participant.

**Therapeutic Lesson Rider Attendance** – When you register and are accepted into a program, volunteers, horses and staff are assigned and look forward to working with you each week. If you are unable to make your class time, please give your instructor at least 24 hours notice. If you know of last minute cancellations, call your instructor. When a participant does not show up for his/her session many are affected. Our volunteers especially give of their time and energy to help you and look forward to their time with you.

**Traditional Lesson Rider Attendance** - When you register and are accepted into a program, horses and staff are assigned and look forward to working with you each week. If you must miss a lesson, please let the lesson coordinator know prior to the time you will miss your lesson. If you would like to do a make up lesson, we will attempt to accommodate you, however, space is limited and not guaranteed. Any make-up lesson must be made during the current lesson month.

**Illness** – We want to keep everyone healthy, therefore, the participant should not attend unless he/she has been fever-free with no vomiting or diarrhea for 24 hours.

**Clothing Requirements for Participants** - If you choose to have your own helmet, it needs to be an ASTM/SEI approved and cannot exceed more than 5 years past the manufactures date: Please see your instructor with any questions.

- Long pants or appropriate clothes for your class or the weather (Shorts may be worn when it is hot). Please do not wear jeans with bling on the pockets – the bling tears up our leather saddles. Jeans should be comfortable to ride in – not too loose or too tight.
- Closed toed shoes or boots (with heals preferred)
- Sunscreen, gloves, or jacket as needed

**Weight Guidelines** – Maximum weight for riders is 200 lbs. to provide for the safety and comfort of our participants, volunteers and especially our horses. All riders will be weighed by their instructor at their Lesson Orientation and twice a year there after.

**Punctuality** – It is important for a participant to arrive approximately 10 minutes prior to the scheduled class time in order to put on your helmet, greet everyone and check for any announcements.

**Late Rider Policy** – If a participant is late for their scheduled lesson time, DOH/FOD cannot guarantee he/she will be able to ride. Once a session has begun, the instructor may not be able to leave the other riders to mount late arriving participants. Horses will be untacked and volunteers released 15 minutes after the scheduled start time of the class.

**Siblings/Guests** - If siblings or guests are in attendance with parents of participants in a participating class, parents are responsible for the direct supervision of these children at all times. Noise and lots of activity can distract riders and horses. Designated viewing areas at DOH are upstairs for the indoor arena and outside by the lounge area for the outdoor arena. The viewing area at FOD at Stepping Stone Stables is adjacent to the indoor arena.

**Conduct at the Center** – It is mandatory that everyone complies with all posted safety rules and abides by all posted off-limit areas. DOH/FOD is a No Smoking facility and the use of drugs or alcohol on the property is strictly forbidden. No mistreatment, abuse or suggested abuse of any person or animal will be tolerated. For the safety and respect of others, NO weapons of any kind are permitted on the premises. We reserve the right to ask anyone to leave the premises.

Thank you for helping to make Dreams on Horseback and Field of Dreams a special, safe, caring place. We are all part of the Dreams family and will strive to provide the best experience we can by sharing our amazing horses and talented staff with you.

## FINANCIAL AGREEMENT

### Registration Fee

A \$25 registration fee is due with all required paperwork before the participant begins a riding program. All participant paperwork will be required to be resubmitted on an annual basis at which time a re-registration fee of \$25 will be assessed.

### Lesson Orientation

All new riders are required to first attend a Lesson Orientation to review mandatory paperwork, helmet requirements, and be introduced to the horses. The Lesson Orientation cost is \$45. Payment is expected at the time of the Orientation.

### Riding Lessons

Riding Lesson packages are provided once each week on a monthly basis. In order to provide a safe, quality experience, the number of riders in each lesson is limited. Your registration of a riding time reserves one of those limited riding spots for the entire month. As a result, all participants are responsible for paying for a month at a time, regardless of whether the participant attends each session.

### Payment Schedule

Riding Lessons are provided throughout the year and are billed on a monthly basis. Payment is expected prior to the start of the program each month. If payment is not received by the 10<sup>th</sup> of each month, a \$10 late fee will be assessed. During the third week of each month you will receive an inquiry as to whether you would like to renew your lesson package. Upon confirmation, you will receive an invoice for the total amount due for lessons for the upcoming month.

### Missed Lessons

By registering for a lesson, you are securing a limited riding time slot each week. As a result, if you are unable to attend a lesson you will still be responsible to pay for the lesson. A lesson may be canceled due to dangerous weather conditions, but this will only happen if an instructor contacts you in regards to the cancellation. If a lesson is cancelled due to weather conditions, you will be credited the amount for the cancelled lesson on your next invoice.

### Returned Checks

A fee of \$25 will be charged for any returned checks.

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

I would prefer to pay by credit card online. (You will be invoiced by email)

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### DOH/FOD Use:

Payment received: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Barn Regulations

1. All participants must have a signed “Liability Release” form to enter the proximity of a horse or horse areas.
2. Unless attending with a “Group” activity, participants must also have a signed an “Emergency Medical Release” form and a completed “Participant Health History”.
3. Suitable riding footwear (i.e. Boot or shoe with a heel) are recommended at while riding in a saddle with stirrups. No open toed shoes are permitted in the proximity of a horse. It is the riders’ responsibility to dress appropriately for weather. Jackets that zip or button are suggested for rider comfort.
4. ASTM certified riding helmets with chin straps in place are required at all times for all underage participants while riding and are recommended for all participants. (Participants age eighteen or older may sign a waiver to not wear a helmet while riding at Field of Dreams Stepping Stone Stables Only)
5. Underage riders must be supervised by an adult at all times while present at Field of Dreams and Dreams on Horseback.
6. Cell phones must be silenced as they disrupt lessons.
7. The consumption of alcohol prior to and/or while at Field of Dreams or Dreams on Horseback is prohibited.
8. The use of illegal substances prior to and/or while at FOD is strictly prohibited.
9. Please refrain from offering food or other gifts to participants or horses without permission as they may have a medical condition such as food allergies, diabetes, etc.
10. Excessive noise or commotion in or around the stable or riding arena is not permitted.
11. All accidents or incidents must be reported to the supervisor on duty immediately.
12. Emergency procedures: Call the Franklin County Police Department immediately – 911 – to report all injuries and accidents. A first aid kit is located in the tack room at each facility.

I have read the above and agree to abide by all regulations while at Dreams on Horseback or Field of Dreams.

\_\_\_\_\_  
Participant Signature (if 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if under 18)

\_\_\_\_\_  
Date

**PARTICIPANT REGISTRATION**

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

Primary Telephone– Cell/Home \_\_\_\_\_ Cellular Number for Texts \_\_\_\_\_ Primary Email \_\_\_\_\_

Participant is a (circle one): Minor    Adult with legal guardian    Independent adult

Male/Female    Height \_\_\_\_\_    Weight \_\_\_\_\_    Contact Lenses? Y / N

Parent/Legal Guardian's #1 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
(participant under age of 18) (Cell/Home/Work)

Parent/Legal Guardian's #2 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
(participant under age of 18) (Cell/Home/Work)

Caregiver Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
(if present during program participation) (Cell/Home/Work)

Please (\*) the phone number above that we should call to inform you of class cancellations.

School/Employer of Participant \_\_\_\_\_

Referral Source: How did you hear about us? \_\_\_\_\_

**PHOTO/VIDEO RELEASE**

We love to share the many wonderful programs at our facility, and photographs and/or videos help convey that message better than words. If permitted, we pledge to present the materials in a professional manner.

**I hereby (Circle One)    Consent    Do Not Consent**

to the use by Dreams on Horseback or Field of Dreams of photographs or audio/visual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibits, or for any other use for the benefit of the program.

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





**EQUINE LIABILITY RELEASE AND ASSUMPTION OF RISK**

I, or the parents or legal guardians of the listed individual is a minor, do hereby voluntarily agree to participate in an equine activity sponsored by Dreams on Horseback or Field of Dreams, "Sponsor." The terms "I", "We", "Me", or "My" shall herein refer to the participant listed below and the parents or legal guardians thereof if a minor.

PARTICIPANT NAME \_\_\_\_\_

**INSURANCE.** If medical treatment is required, I and/or my medical insurance company shall pay for ALL such expenses.  
**CONTRACT.** This agreement is legally binding upon me, my heirs, estate, assigns, including all minor children and personal representatives, and it shall be interpreted according to the laws of the State of Ohio. This agreement is intended to be binding now and in the future when SPONSOR permits me (directly or indirectly) to be near any horse, receive riding, training, instruction, or guidance from SPONSOR'S employees or agents, either on or off of SPONSOR'S property. Any disputes shall be litigated in Franklin County, Ohio. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void.

**RISKS.** Risks, conditions, and dangers are inherent in an equine activity, regardless of all feasible safety measures that can be taken, and I agree to assume them. The inherent risks include, but are not limited to, the propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the equine; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; hazards including, but not limited to, surface or subsurface conditions; a collision, encounter, or confrontation with another equine, animal, person, or object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons including, but not limited to, failing to maintain control of an equine or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horse activities involve situations in which a smaller, weaker predator animal (the human) tries to impose its will on another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts that may include but are not limited to stopping short; changing directions and speed; shifting its weight; bucking; rearing; kicking; biting; and running from danger.

**CONDITIONS OF NATURE.** SPONSOR is NOT responsible for occurrences of nature or sudden, unfamiliar sights, sounds, or movements that can scare a horse, cause it to fall, or react in some other unsafe way. Examples include but are not limited to thunder, lightening, rain, wind, sliding snow from rooftops, wild and domestic animals, insects, or reptiles that may walk, run, fly near, or bite or sting a horse or person, and irregular footing on out-of-door groomed or wild land that is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I am not relying on Sponsor to list all possible conditions for me.

**GIRTHS.** Saddle girths (fastener straps around horse's belly) may loosen while riding. Students must alert Sponsor's staff of any girth looseness so action can be taken to avoid slippage of saddle and potential for the rider to fall from the horse.

**HELMET.** I have been advised by SPONSOR that protective headgear meeting or exceeding ASTM/SEI quality standards should be worn while I am involved in any equine activity. I understand that wearing headgear during any equine activity may reduce the severity of head injuries and possibly prevent death as the result of a fall or other occurrences. I am not relying on SPONSOR or its associates to guarantee my personal helmet protects me in this manner.

Participants over the age of 18 may waive the requirement to wear a helmet by signing below. All children must wear a riding helmet in order to ride a horse. I understand the unpredictable nature of an equine outlined below and have been advised that I should wear a helmet for my safety. I waive the requirement to wear a helmet and assume all responsibility for any injuries I suffer as a result of any accident occurring.

\_\_\_\_\_  
Signature of participant over 18 years of age waiving helmet requirement

\_\_\_\_\_  
Date

**PHOTO AND VIDEO RELEASE.** Pictures and video may be taken during this equine activity. By signing this waiver, I agree that pictures of participant may be used by SPONSOR only for marketing purposes.

**LIABILITY RELEASE.** In consideration of SPONSOR allowing my participation in this activity, under the above terms, I agree to release, hold harmless, and discharge SPONSOR, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf ("Associates"), from all claims, demands, causes of action and legal liability, due to SPONSORS' or ITS ASSOCIATES' negligence, and I do further agree that except in the event of SPONSOR'S gross negligence or willful or wanton misconduct, I shall not bring any claims, demands, or legal actions against SPONSOR or ITS ASSOCIATES for any economic and non-economic losses due to bodily injury or death or property damage sustained in relation to the premises or equine activities of SPONSOR, to include riding, training, handling, or otherwise being near horses owned by me or SPONSOR, or in the care, custody, or control of SPONSOR, whether on or off the premises of SPONSOR. I, THE UNDERSIGNED, REPRESENT THAT I HAVE READ AND UNDERSTAND THE FOREGOING LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

\_\_\_\_\_  
Signature of participant, parent or legal guardian if participant younger than 18

\_\_\_\_\_  
Date



**EMERGENCY MEDICAL RELEASE**

Participant name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant is a/n (circle one): Minor Adult with legal guardian Independent adult \_\_\_\_\_  
Telephone \_\_\_\_\_

Parent/Legal Guardian's #1 Name Telephone Number  
(participant under age of 18) (Cell/Home/Work)

Parent/Legal Guardian's #2 Name Telephone Number  
(participant under age of 18) (Cell/Home/Work)

**PERSON TO CONTACT IN CASE OF AN EMERGENCY AND PARENTS/GUARDIANS NOT AVAILABLE**

Name of Emergency Contact Telephone Number (Cell/Home/Work) Secondary Phone  
Number

Medical Insurance Company Policy Number Preferred Medical Facility

Name of Medical Doctor Doctor Telephone Date of Last Tetanus Shot

**RELEASE FOR AN ADULT PARTICIPANT**

If emergency medical care is required for me and if I am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. This provision will only be invoked if the emergency contacts are unable to be reached.

Signature of Adult Participant \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE FOR A MINOR**

If emergency medical care is required for (child's name) \_\_\_\_\_ and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it:

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PARTICIPANT HEALTH HISTORY**

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Allergies – Check all that apply. If checked please explain.

Food \_\_\_\_\_  Insect Bites \_\_\_\_\_  Plants \_\_\_\_\_

Animals \_\_\_\_\_  Other Allergies \_\_\_\_\_

History of Asthma \_\_\_\_\_  Carry an EpiPen  Carry an Inhaler

**Check here if yes Provide details and age presented**

Behavioral issues		
Emotional and psychological issues		
Skin breakdown or pressure sores		
Diabetes		
Fatigue or limited endurance		
Immune deficiency		
Bleeding or clotting disorders		

**If any of the following conditions apply, you must also complete a Physician’s Statement in order to ride.**

**Check here if yes Provide details and age presented**

Activities have been restricted due to medical reasons in past 12 months		
Hospitalized for any serious injury, condition or surgery in past 12 months		
Experienced loss of consciousness in past 12 months		
Experienced seizure activity in past 12 months (Seizure Evaluation Form also required)		
Currently uses crutches, braces, wheelchair, walker for mobility		
Poor head/neck/trunk support		
Treated for conditions of the spine, including, but not limited to spinal cord injury, curvature, fusion, instability, abnormalities or Spina Bifida		
Joint contractures, cerebral palsy, or hip dysplasia		
Pathologic fractures		
Neuromuscular Disorders/Multiple Sclerosis (MS)/ ALS		
Myopathy/Muscular Dystrophy (MD)/Spinal Muscular Atrophy (SMA)		
Brain injury (including stroke), Cranial Defect		
Down Syndrome		

List any other medical conditions or equipment of which we should be aware (ie. shunts, feeding tubes, catheters)

I hereby affirm that, to the best of my knowledge, the medical history information is complete and correct.

Signature of Participant or Parent/Legal Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_

We reserve the right to restrict activity for any reason for any participant in order to ensure the safety of all participants.

### SEIZURE EVALUATION FORM (If required by Health History)

The following contraindication would exclude the participant from the program:

- Recent seizure activity, accompanied by strong, uncontrolled motor activity or atonic or drop attack seizures due to their sudden and complete loss of postural muscle tone.
- A change of frequency or type of seizure until the condition is controlled.
- Inability to manage a participant during an emergency dismount should a seizure occur.

**Instructions:** Participants/parent/guardians/treating physicians – please complete this form including as much information as possible. Since riding and working around horses is a risky activity, conditions that increase that risk are carefully analyzed. The safety of all participants, volunteers, and horses is considered.

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_ Physician Treating Seizures \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

**Type of Seizure** (if more than one, please list all types)

\_\_\_\_\_

Dates of last 2 seizures: \_\_\_\_\_ Frequency of seizures: \_\_\_\_\_

Duration of each seizure: \_\_\_\_\_

Typical causes of seizure activity: \_\_\_\_\_

Seizure activity indicators (aura, behaviors or manifestations of oncoming seizure activity):

\_\_\_\_\_

After Affect:

\_\_\_\_\_

During a seizure, I / my child/patient:

- May stare briefly (How long? \_\_\_\_\_)
- May walk around
- May perform aimless activities
- May suddenly cry / fall / become rigid, followed by muscle jerks / saliva on lips / bluish skin color
- May experience loss of bladder or bowel control
- May be confused, have a headache, be fatigued; followed by full return of consciousness
- Other. Please explain: \_\_\_\_\_

Are you / is your child/patient able to know and express when a seizure may occur? Yes/No

What are the signs?

\_\_\_\_\_

\_\_\_\_\_

Should you / your child, experience a seizure while at Dreams on Horseback, beyond employing general first aid, what actions do you suggest we take?

- Do nothing
- Report observations to parents/guardians immediately
- Dismount from horse
- Send note home to parent/guardian
- Allow minutes to rest and reorient

Other. Please specify: \_\_\_\_\_



**PHYSICIAN'S STATEMENT (If required by Health History)**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Patient's Last Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Medications \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_

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

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

For those with Down Syndrome: Annual medical clearance from licensed physician includes Neurological Exam that specifically denies symptoms consistent with Atlantoaxial Instability (AAI)

Atlanto-Dens Interval x-ray: Date: \_\_\_\_\_ Result- Positive \_\_\_\_\_ Negative \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

Please indicate current or past difficulties in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Special Precautions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following conditions may suggest precautions and/or contraindications to equine assisted therapy. Therefore, when completing this form, please check whether any of these conditions are present and to what degree.

	Present/ Degree		Present/ Degree
<b>Orthopedic</b>		<b>Medical/Psychological</b>	
Amputation		Medications – i.e., photosensitivity/Allergies	
Atlanto-Axial Instability – Includes neurologic symptoms		Animal Abuse	
Coxa Arthrosis		Physical/Sexual/Emotional Abuse	
Cranial Deficits		Blood Pressure Control	
Heterotopic Ossification/Myositis Ossificans		Dangerous to self or others	
Joint subluxation/dislocation		Exacerbations of medical conditions	
Osteoporosis		Fire Settings	
Pathologic Fractures		Heart Conditions	
Spinal Fusion/Fixation		Hemophilia	
Spinal Instability Abnormalities		Medical Instability	
		Migranes	
<b>Neurologic</b>		Post Traumatic Stress Disorder	
Hydrocephalus/Shunt		PVD	
Seizure		Respiratory Compromise	
Spina Bifida: Chiari II Malfomation Tethered Cord Hydromyelia		Recent Surgeries	
		Substance Abuse	
		Thought Control Disorders	
		Indwelling Catheters	
		Poor Endurance	
		Skin Breakdown	

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

**Physician's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

(Please print, type or stamp):

Physician's Name \_\_\_\_\_

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

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