

# Participant Information



## 1. Participant Intake

Please complete all paperwork included in this package. Mail completed paperwork to SETC: PO Box 651312, Vero Beach, FL 32965, email scanned forms to SpecialEquestriansTC@gmail.com or schedule a time with instructors to drop forms off at the barn.

For new participants, once paperwork has been received and processed, you will be contacted to set up a time for an evaluation with one of our instructors. At the time of the participant evaluation, an instructor will discuss each of SETC's programs. Instructors will assess the applicant, make a recommendation as to which program is most appropriate for participation and determine what current openings in the SETC schedule could suit the participant's needs.

## 2. Programs

SETC offers Adaptive Riding and other Equine Assisted Learning programs including ground work and stable management.

- Fees for Adaptive Riding and Equine Assisted Learning: \$30 per session, \$300 for one 10-week course
- Riding time: All riding sessions will be 30 minutes. This allows time for mounting and dismounting. It is up to the instructors' discretion to decrease the length of a session for any reason including the following: Participant fatigue, participant medical problems, participant complaining of discomfort, participant being unbalanced, participant behavior problems, horse fatigue or other horse related problems. If a horse problem occurs, we will attempt to complete your session time, if possible, on another horse. Instructors will attempt to evaluate each individual participant's needs and continue the session if possible.
- We highly encourage all parents/guardians to attend a volunteer training. Because our program relies heavily on volunteers, there is always a chance that we may have volunteer no-shows or cancellations. It is very helpful to the SETC staff to know that we have trained parents able to step in for absent volunteers and this will also enable your participant to continue with their mounted session as planned. If there are not enough volunteers or horses available to conduct a safe riding lesson, a ground/horsemanship lesson may be offered in place of the riding session. All mounted riding sessions and ground horsemanship sessions are conducted or directly supervised by a currently certified PATH Intl. Certified Therapeutic Riding Instructor.
  - ▶ Adaptive Riding Program: Participants are scheduled to ride once a week for 30 minutes. The minimum age for this program is 4 years old. All Adaptive Riding participants are instructed or supervised by PATH Intl. certified riding instructors. These are typically group sessions with one instructor teaching 2 to 3 participants. Participants are screened by an instructor and programs are periodically reviewed for changes.
  - ▶ Horsemanship: Participants will participate one time per week for 30 minutes working with horses from the ground. Participants will learn to groom and lead horses in addition to other horse care activities. These are typically group sessions led by a PATH Intl. certified instructor with assistance from volunteers.

#### **4. Participant Dismissal & Discharge Policy**

It is at the discretion of SETC's staff to accept or remove a participant from the program.

Possible grounds for dismissal may include, but are not limited to:

- Conduct endangering self, another participant, volunteers or horses
- Consistent failure to follow safety procedures with respect to the horses and facility
- Frequent cancellations or no shows
- The development of a contraindicated condition or the deterioration of a condition to the point that horseback riding is no longer beneficial, could be harmful to the participant or where safety for the participant or others has become a concern

No participant will be dismissed without an opportunity to discuss the reasons with supervisory staff. The participant may choose to discontinue services at any time. Please give notice of such a decision as soon as possible.

#### **5. Weight Limitations for All Participants**

Decisions regarding participation will be based on the availability of a suitable horse related to the height, weight, cognition and balance of the participant. The maximum weight for participants cannot exceed 180 pounds. The weight limit may be lower as determined by available equines and the ability of staff and volunteers to safely support the participant at the time services are requested. SETC staff will evaluate the participant's weight and physical abilities to determine if riding is a safe and appropriate activity based on available equine, staff and volunteers.

- Each horse has individual weight limitations based upon the horse's height, weight, age and physical and medical condition.
- Not all horses can manage the maximum weight listed above.
- Participant weights are checked once every 10 weeks using SETC scales with participants wearing the appropriate riding gear.

#### **6. Horseback Riding Attire**

No open toed shoes, sandals or clog type shoes. We prefer that your participant wear shoes or boots with a short heel, and pants instead of shorts as the saddle can get very uncomfortable with direct skin contact. No slick (jogging type) pants. All students must wear a helmet certified by the American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) when participating in mounted activities or in ground activities when directly in contact with equines.

#### **7. Safety**

- Dogs and other animals are not permitted on the property, with the exception of service animals. Please let your instructor know if you will be bringing a service animal on the property.
- Children must be under direct adult supervision while on the property.
- All individuals must be accompanied by an instructor or designated volunteer to enter the barn.

Thank you for your interest in our program! We look forward to working with you this year. If you have any questions or concerns, please direct them to your participant's instructor or contact the office at 772-562-7603 or [SpecialEquestriansTC@gmail.com](mailto:SpecialEquestriansTC@gmail.com).



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

Dear Health Care Provider:

Your patient, \_\_\_\_\_ is interested in participating in supervised equine activities.  
(participant's name)

In order to safely provide this service, our organization requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

**Orthopedic**

- Atlantoaxial Instability - include neurologic symptoms
- Coxarthrosis
- Cranial Defects
- Heterotopic Ossification/Myositis Ossificans
- Joint Subluxation/Dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

**Neurologic**

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida
- Chiari II Malformation
- Tethered Cord
- Hydromyelia

**Other**

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

**Medical/Psychological**

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

None of these conditions are present

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact Special Equestrians at (772) 562-7603 or PO Box 651312, Vero Beach, Florida 32965.

**Participant's Medical History & Physician's Statement**

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

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

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

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

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

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

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

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

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

Braces/Assistive Devices: \_\_\_\_\_

For those with Down Syndrome:  Negative cervical x-ray for atlantoaxial instability X-ray date: \_\_\_\_\_

Negative for clinical symptoms of atlantoaxial instability

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

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

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

Name/Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

# Participant's Application



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

## Participant Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender: M F Ethnicity: \_\_\_\_\_ Program Interest: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Referral Source (How did you hear about us?) \_\_\_\_\_

## Parent / Legal Guardian / Caregiver #1 Information (for minor or dependent adult):

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

Address (if different from above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Preferred method of communication (circle one):      Email      Text Message      Cell Phone      Other Phone

## Parent / Legal Guardian / Caregiver #2 Information (for minor or dependent adult):

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

Address (if different from above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Preferred method of communication (circle one):      Email      Text Message      Cell Phone      Other Phone

## Individual Responsible for Payment:

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

Address (if different from above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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

Participant or Legal Guardian

## Health History

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

**Significant Medical History** (i.e. surgeries, TBI, medical ports, etc.)

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**Allergies** (include medications, foods, insects, seasonal, etc.)

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**Medications** (include prescription, over-the-counter; name, dose and frequency)

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Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

**Physical Function** (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**Psycho/Social Function** (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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**Goals** (i.e. why are you applying for participation? What would you like to accomplish?)

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Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian / Caregiver Signature: \_\_\_\_\_

## Emergency Information

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

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

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

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

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

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

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

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

### **Medical Consent Plan - sign *EITHER* consent or non-consent plan**

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

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

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

Participant, Parent or Legal Guardian (circle one)

### **Medical Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in case of illness or injury while being on SETC property.

If under 18, parent or legal guardian will remain on site at all times during equine assisted activities.

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

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

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Participant, Parent or Legal Guardian (circle one)

## Confidentiality & Liability Release

The undersigned, for good and valuable consideration received from or on behalf of the Special Equestrians of the Treasure Coast, Inc. the receipt and sufficiency of which is hereby acknowledged, does hereby remise, release, acquit, satisfy and forever discharge and hold harmless the Special Equestrians of the Treasure Coast, Inc. its officers, directors, trustees, agents, employees, representatives, successors and assigns (collectively "SETC"), of and from any and all manner of action and actions, causes and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, claims, benefits, rights and demands whatsoever, in law or in equity, of whatever nature or kind, known or unknown, which the undersigned may now, or in the future, have against SETC on account of any personal injury, physical or mental condition or any other damage, known or unknown, to the undersigned and the treatment thereof, as a result of, or in any way growing out of the acts of SETC, including, but not limited to their negligence or gross negligence or as a result of any other action or activity engaged in by the undersigned in any way involving relationship with the Special Equestrians of the Treasure Coast.

Any information in regards to the participants at SETC must be held in strict confidentiality. Confidentiality is defined as "told in secret or private relations; trusted." Your signature below confirms that you will abide by this policy.

Warning: Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian if under 18)

## Photo Release

The undersigned hereby grants to Special Equestrians of the Treasure Coast, permission to take or have taken, still and moving photographs and films, including television pictures of myself / my son / my daughter / my ward. I consent and authorize SETC to use and reproduce the photographs, films, pictures, and to circulate and publicize the same by all means, including without limiting media, brochures, pamphlets, instructional material, books, clinical material, newspapers, magazines, and the internet.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure my signature(s) to this release other than the intention of SETC to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding SETC and its work.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian if under 18)



## Participant's Consent for Release of Information

I hereby authorize SETC to release information from the records of: \_\_\_\_\_  
(Participant's name)

The information is to be released to Special Equestrians of the Treasure Coast for the purpose of developing an equine activity program for the above-named participant. The information to be released is indicated below:

- Medical history
- Physical therapy evaluation, assessment and program plan
- Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-behavioral management plan
- Other: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Please send materials to: \_\_\_\_\_

Please send materials to: \_\_\_\_\_

Please send materials to: \_\_\_\_\_

Please send materials to: \_\_\_\_\_