

## **Payment Policy**

Lessons will be \$140.00 plus \$20.00 for insurance per month based on a 4-week month. The total due per month will be \$160.00 Insurance payments are nonrefundable. Payment is due by the 10<sup>th</sup> of each month. A late fee of \$25 should be added if payment is made after the 10<sup>th</sup> of each month. There is no credit for missed lessons unless they are cancelled due to the weather or instructor not being available. When there is a 5<sup>th</sup> week in the month, that lesson will be free unless a make-up lesson is needed. Any free or make – up lesson will be given on the same day as the student’s regularly scheduled lesson.

If an instructor is unable to make up a lesson, reimbursements will be issued at the end of the year in one of three ways:

- 1) Credit applied to the student’s next year’s lessons
- 2) Check refund
- 3) A tax-deductible donation to the Hearts program.

## **Lesson Policy**

If you are going to miss a lesson, please call the instructor as soon as possible so the horse/pony will not be brought in. No make ups unless there is a fifth week in a month.

## **Riding Clothes**

All riders should dress appropriately; shoes with a heel (no work boots please!) riding pants or jeans (baggy pants are a hazard....no shorts or capris) shirt with at least a short sleeve (no sleeveless tee-shirts). An approved safety helmet will be provided for the first month of lessons, and then each rider **MUST** purchase their own helmet.

## **Instructions**

Your mounted riding lesson begins at the time of mounting and ends at the time of dismounting. The private and semi private (2 in a class) lesson is 30 minutes. A group mounted lesson (3 to 4 in a lesson) is an hour in length.

Learning Horsemanship: to groom, tack, bathe, do ground work and about the general care of your horse/pony is also part of becoming a good equestrian. During the year, these lessons may be scheduled in place of a mounted lesson when weather is bad.

## **Concerns, Comments, Suggestion**

Heart TRC, LLC look forward to your comments and suggestions. If there are any concerns or problems please call us immediately so we may address them.



## **PARTICIPANT INFORMATION SHEET**

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

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

**Address** \_\_\_\_\_ **Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Alternative#** \_\_\_\_\_

**E-Mail address** \_\_\_\_\_

**Employer/School** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Parent/Legal Guardian** \_\_\_\_\_ **Caregivers** \_\_\_\_\_ **Phone** \_\_\_\_\_

**How did you hear about Hearts?** \_\_\_\_\_

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

**PHYSICAL FUNCTION** (e.g. mobility skills such as transfers, walking, wheelchair use):

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**PSYCHOSOCIAL FUNCTION** (e.g., 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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**PARTICIPANTS HEALTH AND MEDICAL HISTORY**

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

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

**Auditory Y/N Comments** \_\_\_\_\_

**Visual Y/N** \_\_\_\_\_

**Tactile Sensation Y/N** \_\_\_\_\_

**Speech Y/N** \_\_\_\_\_

**Cardiac Y/N** \_\_\_\_\_

**Circulatory Y/N** \_\_\_\_\_

**Integumentary/Skin Y/N** \_\_\_\_\_

**Immunity Y/N** \_\_\_\_\_

**Pulmonary Y/N** \_\_\_\_\_

**Neurologic Y/N** \_\_\_\_\_

**Muscular Y/N** \_\_\_\_\_

**Balance Y/N** \_\_\_\_\_

**Orthopedic Y/N** \_\_\_\_\_

**Allergies Y/N** \_\_\_\_\_

**Learning Disability Y/N** \_\_\_\_\_

**Cognitive Y/N** \_\_\_\_\_

**Emotional Y/N** \_\_\_\_\_

**Psychological Y/N** \_\_\_\_\_

**Pain Y/N** \_\_\_\_\_

**Other Y/N** \_\_\_\_\_

**\*\*\*If the participant has Down Syndrome, a physician's letter stating results from a neurological exam for ATL are negative, MUST be received prior to an initial evaluation and admission to Hearts TRC, LLC.**

**PARENT/LEGAL GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

**Participant    Staff    Volunteer**

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

**Allergies to medications** \_\_\_\_\_

**Current medication(s)** \_\_\_\_\_

**In the event of an emergency contact:**

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Sign one or the other (not BOTH)**

**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 property, I authorize Hearts TRC, LLC 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 medical emergency treatment.*

*This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed 'life saving'.*

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

Client, parent or legal guardian

**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 property.*

*Parent or legal guardian will remain on site AT ALL TIMES during equine assisted activities. In the event of emergency treatment/aid is required, I wish the following procedure to take place:*

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

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

Client, Parent or Legal Guardian



### ***Rider Liability Release***

*I, the undersigned, as an adult rider 18 or older, or as the parent and/or guardian of named minor, (please print name) \_\_\_\_\_, for and in consideration of the agreement of Rolling Seas Farm to provide riding instruction, do hereby forever release, acquit, discharge and hold harmless, Hearts TRC, LLC, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now, or in the future, have against Hearts TRC, LLC on account of any personal injuries, physical or mental condition, known or unknown, to the person of said myself or said minor and the treatment therefore as a result of, or in anyway growing out of, the acts of Hearts TRC, LLC, including, but not limited to, their negligence or gross negligence, in rendering the services above described or in anyway incidental thereto.*

### **WARNING**

***UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ANIMAL ACTIVITIES, PERSUANT TO P.L., CHAPTER 287.***

DATE \_\_\_\_\_

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

\_\_\_\_\_  
AGE

\_\_\_\_\_  
SIGNATURE OF ADULT RIDER or PARENT/ GUARDIAN OF MINOR

\_\_\_\_\_  
PRINT NAME OF ADULT RIDER or PARENT/ GUARDIAN OF MINOR

### **PHOTO RELEASE**

**Please Check one:**

I DO  I DO NOT

**Give Hearts TRC, LLC permission to use my/my child's photograph or video for promotional and educational purposes.**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
**Parent or Legal Guardian**



### Hearts TRC Inc. COVID-19 Liability Release

COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. Hearts TRC Inc. has put in place preventative measures to reduce the spread of COVID-19. However, Hearts TRC Inc. cannot guarantee that I or anyone else will not become infected with COVID-19, including my spouse, guests, unborn child, or relatives. Participation in a Hearts TRC Inc. program(s), related event, or activity, could increase the risk of contracting COVID-19. By signing this agreement, I ACKNOWLEDGE the contagious nature of COVID-19 and VOLUNTARILY ASSUME THE RISK that I may be exposed to or infected by COVID-19 by participating in a Hearts TRC Inc. program(s), related event, or activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself, my spouse, guests, unborn child, or relatives. I understand that the risk of becoming exposed to or infected by COVID-19 at a Hearts TRC Inc. program(s), related event, or activity may result from the actions, omissions, or negligence of myself or others, including, but not limited to, Hearts TRC Inc. employees, volunteers, and program participants. I UNDERSTAND

AND VOLUNTARILY ACCEPT AND ASSUME ALL the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further, I UNDERSTAND AND AGREE that this release includes any Claims based on the actions, omissions, or negligence of Hearts TRC Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Hearts TRC Inc. program(s), related event, or activity.

PARTICIPANT/RELEASOR: \_\_\_\_\_

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

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

\_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

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

**IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR  
GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.**

## **Risk/Benefit Assessment of equine movement and therapeutic activities specifically for:**

\_\_\_\_\_

*Rider's Name*

### **Risk to Rider**

1. Possibility of contracting COVID-19 despite infection control measures taken by Hearts TRC.
2. Potential to fall from horse despite safety measures and equine training taken by Hearts TRC.

### **Risk Potential**

- \_\_\_\_\_ is at higher risk due to having an underlying medical condition.
- \_\_\_\_\_ is at higher risk because he/she struggles to maintain social distancing.
- \_\_\_\_\_ is at higher risk because he/she is unable to comply with wearing a mask.
- \_\_\_\_\_ is at higher risk because he/she touches his face/mouth frequently, drools, ....

**Risk to Others** (ex. allergies, drooling, touching face)

### **Benefits to Rider**

1. Provides general exercise and gentle cardio workout.
2. Provides sensory stimulation in a rhythmic way which modulates the sensory system that helps to calm the overactive areas and stimulate the underactive areas.
3. Requires rider to maintain midline and balance in response to each unique step of the horse, with the added balance challenges provided by games and/or riding skill challenges.
4. Works on social interaction, engagement and command following.
5. Provides rider with a place to be normal and have fun.
7. Provides an activity that can customized based on abilities on that day.
8. Provides an opportunity to use both hands equally in activities.
9. During COVID-19 pandemic, rider has fewer opportunities for social interaction, exercise, and cognitive challenge.

After assessing the risk/benefit specifically for \_\_\_\_\_ and considering the attached infection control plan the rider and/or their parents/guardian agree that the benefits outweigh the risks and that riding is appropriate at this time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **COVID-19 Infection Control Plan**

#### **All**

1. No one will be allowed on property for 14 days since the date that they returned from travelling to a location on the state travel advisory list.
2. If any person, who comes on property, tests positive for COVID-19, they must inform us.
  - 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, they must inform us.
4. No one with signs or symptoms should come to the facility. Posters will be displayed with signs and symptoms.
5. Upon arrival, everyone will wash their hands at a hand washing station following CDC guidelines.

#### **Rider Screening**

1. A customized Risk Benefit Assessment will be completed for each rider prior to readmittance into the program. This assessment will also include a copy of the COVID-19 Infection Control Plan and Covid-19 Liability Release.
  - a. A risk/benefit assessment may indicate specific considerations; this will be a case by case basis.
  - b. A risk/benefit assessment that the rider would be at greater potential of exposing others, albeit inadvertently, will be performed. For instance, a person who sneezes a lot – the rider would be required to wear a mask.

#### **Family/Rider Procedures**

1. Families should try to bring only one person other than the rider to help limit the number of people on site.
2. Riders will be required to have their own helmets.
3. Riders can bring their own clean reins with input from instructors for rein selection.
4. Families will bring their own chairs. They can bring a simple folding chair - without a bag. – Hearts TRC reserves the right to refuse a chair due to safety concerned of horses. – Hearts TRC Picnic tables, chairs, and benches will be removed and the gazebo will be closed.
5. Riders will wait in cars until 5 minutes before the start time of their lesson.
6. Observers are asked to refrain from touching any fences or gates and remain in the assigned viewing areas.
7. Families will be asked to leave promptly after class to allow for disinfecting and to limit the number of people on site.



### **Volunteers**

1. Volunteers will wear face masks when social distancing is not possible.
2. Volunteers will be encouraged to bring their own masks however a small supply will be available on site.
3. Volunteers will be trained in proper face mask use, hand washing techniques and signs/symptoms of COVID 19.
4. No hand jewelry will be worn. Only easily washable watches with minimal grooves may be worn such as a fitbit etc.
5. Volunteers on arrival will wash hands.

### **Staff**

1. Instructors will wear their masks during mounting and whenever within proximity of others, but will remove and store mask according to CDC infection control guidelines when further away for clear communication.
2. Instructors will provide assistance to riders from the side or back as much as possible- avoiding standing directly in front of them as much as able.
3. Staff will manage all for proper social distancing- not normal in our environment- so many will need reminders initially.

### **Programming**

1. Lesson plans will be limited to activities that do not require the rider to share props. If props are used they will be cleaned immediately after each lesson.
2. The tack room will have restricted access for authorized personnel only.

### **Tack**

*Reins* – a different set of reins will be used for each rider and immediately put in disinfecting solution when done.

We will use rope, nylon or cotton reins that can be more easily cleaned. Reins will be dipped in a disinfectant solution following, and then dried. There will be a designated place for dirty tack. All areas will be clearly signposted.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability:  Present  Absent

**Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.**

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
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 and/or therapies. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

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

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

Address \_\_\_\_\_

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

Dear Health Care Provider:

Your patient:

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(Participant's name)

is interested in participating in supervised equine activities.

In order to safely provide this service, our center 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  
(e.g., RA, MS)  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

**Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/  
Tethered Coed/Hydromyelia

**Other**

Age - under 4 years  
Indwelling Catheters/Medical Equipment  
Medications - e.g., 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  
  
Fire Setting  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

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 the center at the address/phone indicated above.

Sincerely,

Hearts TRC

(609)703-9130