



Dear Participant, Parent(s), Teacher(s) and/or Guardian(s),

We look forward to your visit High & Mighty Therapeutic Riding and Driving, Inc.!

At High & Mighty, we provide equine-assisted services to those of all abilities, with the goal of enhancing physical, emotional, and spiritual well-being. We are a Premier Accredited Center certified through PATH International and are powered by our dedicated volunteers, horses, and staff. We offer opportunities to experience our horses both on the ground, under saddle and in the carriage. The benefits of our programs include improved strength, balance, range of motion, and coordination, as well as promoting independence, communication, and the opportunity to build relationships. In addition, we focus heavily on *horsing* around—or having fun!

Prior to visiting us, we ask that you review the following policies, as they are important to participation in our programs:

- **Helmet Policy:** All participants are required to wear an ASTM/SEI-certified helmet while participating in our program. High & Mighty has a varied selection of helmets that are available for use. If you choose to use your own helmet, it must have a manufacture date within the last 5 years and meet national ASTM/SEI safety standards. Helmets older than 5 years cannot be worn. Please check with one of our instructors to ensure your helmet meets our safety standards.
- **Clothing Policy:** To protect you while participating in our programs, long pants and closed-toed shoes are required. Sturdy footwear with a low heel is recommended. High & Mighty does not allow tank tops or sleeveless shirts to be worn while performing program activities.
- **Weight Policy:** For the well-being and safety of our horses, staff, and volunteers, the maximum weight to participate in our riding programs is 180 pounds. If a participant exceeds our weight limit for riding, they may be a candidate for our driving, unmounted, and/or barn programs.

Additionally, safety is always our number one priority. For that reason, we ask you to review our participant and visitor policies as well as fill out the attached medical history forms, emergency contact form, liability and photo/name release form.

If you have any questions, feel free to call us at 518-672-4202 or email us at rachel@high-n-mighty.org. Please also visit our web site at www.high-n-mighty.org to learn more about our organization. Thank you and see you at the farm.

Happy Trails,
Laura Corsun
Founder/Executive Director

High & Mighty Participant and Visitor Policies

Please keep for your reference

- The speed limit on High & Mighty property is 10 mph and under, both up and down the driveway.
- Smoking and use of drugs and alcohol are not permitted.
- Before a lesson, instructors must be informed of any changes in the participant's medical condition, medication regimen, hospitalizations, and experiences that might affect the participant's behavior, safety, or function while at the barn/on the premises.
- Leaving the property during your participant's lesson may not be possible; please discuss with the instructor if you would like to leave the farm premises.
- Please walk, use appropriate voices, and avoid sudden movements when on the farm premises, particularly when in the barn and near the horses.
- Do not approach or feed any animals unless accompanied by a High & Mighty instructor or a representative who has been given explicit permission from a High & Mighty staff member.
- Visitors wearing open-toed shoes may not be allowed into the barn when program activities are occurring.
- Visitors are required to remain outside the activity areas (arena, trails, barn, etc.) at all times unless given explicit permission. Please wait in the designated viewing and observation areas during program activities.
- Ask permission from the instructor before taking photographs during program activities or while on the farm premises.
- In the event of an emergency, please follow the directions of the High & Mighty instructor or other High & Mighty staff members.
- All persons on High & Mighty property are required to abide by our anti-harassment and discrimination policy. A copy of this policy is on our website or can be provided in print upon request.
- Demonstration of inappropriate behavior and/or abusive behavior toward others, human and animal, will not be tolerated. Failure to adhere to this or any of the above High & Mighty Participant and Visitor policies may result in dismissal from the program.

The safety of our participants, staff, volunteers, horses, and all others who visit the farm is our number one priority. Thank you so much for following these policies and assisting us in keeping High & Mighty safe.

Day Trip Release and Medical History Form

(To be completed by participant/parent/guardian)

Participant Name: _____ Date: _____

DOB: _____ Height: _____ Weight: _____ Gender: _____

Home Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Employer/School: _____

Health History:

Diagnosis: _____ Date of onset: _____

Past/Prospective Surgeries: _____

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

Please indicate current or past special needs in the following areas:

| | Yes | No | Comments |
|---|-----|----|-------------------------------|
| Vision | | | |
| Hearing | | | |
| Sensation | | | |
| Communication | | | |
| Heart | | | |
| Breathing | | | |
| Digestion | | | |
| Elimination | | | |
| Circulation | | | |
| Emotional/Mental Health | | | |
| Behavioral | | | |
| Pain | | | |
| Bone/Joint | | | |
| Muscular | | | |
| Allergies | | | |
| Shunt Present | | | Date of last revision: |
| Seizure Type | | | Date of last seizure: |
| Mobility: Independent/Assisted | | | Assistive Devices: |
| Current Medication(s): | | | List: |

Please read the following list of precautions/contraindications to equine assisted activities carefully. They are provided by PATH International (Professional Association of Therapeutic Riding and Horsemanship), the organization through which we operate, and may limit you/your child/ward's ability to participate in program. These may include, but are not limited to:

| | |
|--|---|
| <p>Orthopedic: Atlantoaxial Instability Coxa Arthrosis Cranial Deficits Heterotopic Ossification/Myositis Ossificans Joint subluxation/dislocation Osteoporosis Pathologic Fractures Spinal Joint Fusion/Fixation Spinal Joint Instability/Abnormalities</p> | <p>Medical/Psychological: Allergies Animal Abuse Cardiac Condition Physical/Secual/Emotional Abuse Blood Pressure Control Dangerous to self or others Exacerbations of medical conditions Fire Settings Hemophilia</p> <p>Recent Surgeries Eating Disorder Substance Abuse Psychosis</p> |
| <p>Neurologic: Hydrocephalus/Shunt Spina Bifida/Chiari II Malformation/Tethered Seizure</p> | <p>Medical Instability: Migraines PVD Cord/Hydromyelia Respiratory Compromise</p> |
| <p>Other: Age - under 4 years Indwelling Catheters/Medical Equipment Medication - i.e. photosensitivity Poor Endurance Skin Breakdown</p> | |

Please list if yourself/your child/ward has any medical/psychological conditions (past or present) that may be a precaution/contraindication. If you have any questions or concerns, please contact you/your child/ward's health care provider.

Please share with us any additional information (i.e. physical and/or psychosocial development, etc.) that would assist us in better serving yourself/your child/ward.

I _____ (participant/parent/guardian name) consent for _____ (child/ward's name/self) to participate in equine assisted activities at High & Mighty Therapeutic Riding and Driving Center, Inc. I understand the precautions/contraindications for the equine assisted activities and have consulted my/ my child/ward's physician if I have any concerns regarding my/their participation.

Signature: _____ Date: _____

Authorization For Emergency Medical Treatment

Participant Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 High & Mighty Therapeutic Riding and Driving Center, Inc., I authorize High and Mighty Therapeutic Riding and Driving Center, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

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: _____

Signature of parent/legal guardian/conservator of Participant in his/her/their name. REQUIRED if participant is under 18.

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 High & Mighty Therapeutic Riding and Driving Center, Inc..

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: _____ Consent Signature: _____

Signature of parent/legal guardian/conservator of Participant in his/her/their name. REQUIRED if participant is under 18.

LIABILITY RELEASE — REQUIRED

_____ (Participant’s Name) would like to participate in the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., therapeutic riding program (“Program”). I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I believe that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and my assigns, executors, and administrators, waive and release forever all claims for damages against HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., its Managing Member, Members, Instructors, Therapists, Aides, Volunteers, Employees and/or any farms, stables, clubs and their respective officers, directors, employees, agents, landowners, and members for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause, including but not limited to, the negligence of these released parties. This hold harmless agreement shall extend to all activities engaged in, including but not limited to, equine-assisted services and horseback riding.

I have read and understood the foregoing and fully consent to the provisions contained herein:
_____ Dated: _____
Signature or Signature of parent/legal guardian/conservator of Participant in his/her/their name
REQUIRED if Participant is under 18 years of age
*Required witness signature _____ Dated: _____
Print Witness Name _____
***Witness must be a non-family member over 18 years of age**

PHOTO AND FIRST NAME RELEASE

I, _____, acknowledge and grant permission to take or have taken still and moving photographs and films including television pictures by HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., of myself/child/ward, _____, and consent and authorize HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., its advertising agencies, news media, and any other persons interested in HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., and its work, to use and reproduce the photographs, film, and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional material, books, clinical material and any other form of media, including High & Mighty’s website, Facebook, Instagram, and other social media.

Initials: _____

In addition, I give permission and consent to have myself/child’s/ward’s, first name, _____, listed with any photograph taken of myself/child/ward, and used by HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., its advertising agencies, news media, and any other persons interested in HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., and its work, to use and reproduce the photographs, film, and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional material, books, and clinical material and any other form of media, including High & Mighty’s website, Facebook, Instagram, and other social media.

Initials: _____

With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signatures(s) to this release other than the intention of HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., to use or cause to be used such photographs, films, pictures, and first name for the primary purpose of promoting and aiding HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., and its work.

_____ **I consent to and authorize use of photo.** _____ **I do not consent to, nor do I authorize use of photo.**
_____ **I consent to use of first name.** _____ **I do not consent to use of first name.**
_____ Dated: _____
Signature or Signature of parent/legal guardian/conservator of Participant in his/her/their name
REQUIRED if Participant is under 18 years of age
*Required witness signature _____ Dated: _____
Print Witness Name _____
***Witness must be a non-family member over 18 years of age**

