



Dear Potential Participant,

Thank you for your interest in 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. 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 joining us for lessons, 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 purchase 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.
- **Lesson Fees:** High & Mighty is committed to program inclusion regardless of financial situation. We offer a sliding scale based on an assessment of each individual request.

The following are our current program fees:

Private lesson: \$60-75/hour
Group lesson: \$55-60/hour
Unmounted lesson: \$50/hour
Driving lesson: \$75/hour

- **Additional Policies:** High & Mighty's Participant/Visitor Policies, Billing Policies, and Attendance Policies are detailed in the following pages of this application. Please read through them carefully and contact us with any questions.

If you haven't done so already, please contact us at rachel@high-n-mighty.org to set up a Meet and Greet. Attached you will find our required Participant Application and Healthcare Provider Forms. Once these are complete, please return them to us via email, mail, or in person. If you have any additional questions regarding the attached forms and their completion, please contact us. We look forward to seeing you on the farm!

Sincerely,
The Staff at High & Mighty

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.

Billing and Refund Policies

Please keep for your reference

Billing Policy:

- All participants will be billed for the entirety of the session prior to the start of the session. Payment in full is required at the time the bill is presented in order to reserve your slot.
 - If payment in full is not financially feasible, please email laurie@high-n-mighty.org to make other arrangements.
 - Billing exceptions will be made for those who are reimbursed through third- party programming (Self Direction, COARC, Yedei, etc.).
- Regardless of your billing structure, payment is expected prior to or at the time services are rendered.

Refund Policy:

- We are unable to refund payment for unexcused absences. Your payment is considered a reservation for your place in the session.
 - We understand that life can be unexpected, however, considerable time and effort is required to organize and schedule participants, instructors, volunteers, and horse availability.
 - Refunds may be considered for extenuating circumstances and are at the discretion of the Executive Director/Program Coordinator.

Attendance Policies

Makeup Policy:

- Each participant is allowed one excused absence per session. The makeup for this absence will be fulfilled during the built-in makeup week at the end of each session at the participant's regular day/time slot.
 - We are not able to offer additional makeup lessons.
- Participants who complete the session with perfect attendance are welcome to attend the makeup week as a bonus lesson free of charge.

Cancellation Policies:

- *Participant Cancellation Policy:*
 - High & Mighty instructors shall be notified 24 hours in advance if a participant is unable to attend a scheduled lesson. This allows us time to notify volunteers and make the appropriate adjustments to the schedule.
 - Each participant is allowed one excused absence per session, which will be made up during the makeup week. See our Makeup Policy for more information.
- *High & Mighty Cancellation Policy:*
 - High & Mighty may decide on short notice that it is unsafe to hold a scheduled program for participants, volunteers, and/or horses. If this occurs, an instructor will notify participants/parents/guardians as soon as the decision has been made to cancel the program.
 - There may be circumstances where mounted lessons would be unsafe, but unmounted lessons would be appropriate. We encourage all participants to take advantage of unmounted lessons in these instances.
 - If High & Mighty must cancel lessons for any reason, a credit will be applied to the affected participant's account for the canceled lesson. This will roll over into the following session.

Participant Application

Participant Name: _____ **Date:** _____

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

Address: _____

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

Email: _____

Participant's Employer/School: _____

Parent/Guardian: _____

Address: _____

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

Email: _____

Preferred method of contact: Phone call (H/W/C) _____ Text _____ Email _____

Occupation (Past and/or Present): _____

Employer: _____ Phone: _____

Parent/Guardian: _____

Address: _____

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

Email: _____

Preferred method of contact: Phone call (H/W/C) _____ Text _____ Email _____

Occupation (Past and/or Present): _____

Employer: _____ Phone: _____

Caregiver/Respite Worker: _____

Email: _____ Phone: _____

How did you hear about the program? _____

Who should we contact for billing? _____

Billing Address (if different than above): _____

Participant availability (please indicate when you/your participant would be able to attend lessons):

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time(s):						

HEALTH HISTORY
 (To be completed by the Participant/Parent/Guardian)

Diagnosis: _____ Date of Onset _____

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

	Y	N	<i>Comments</i>
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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

This page is to be filled out by the participant/parent/guardian. Please describe your/your child's abilities/challenges in the following areas (include assistance/equipment needed). This information will assist us in facilitating progress as well as provide the most successful experiences. **If not filled out and signed, this application is considered incomplete.**

GOALS FOR YOURSELF OR YOUR CHILD

MEDICATIONS (Include prescription, over-the-counter, name, dose and frequency):

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

SOCIAL AND PSYCHOLOGICAL FUNCTION (e.g., relationships/family dynamic, hobbies/interests, fears/concerns, etc.)

Signature: _____ Date: _____

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**

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 of 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.

Team Collaboration Form

Participant Name: _____

Name of Primary Care Physician: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Participant receives the following collaborative services:

<input type="checkbox"/> Physical Therapist (PT)	<input type="checkbox"/> Recreational Therapist (RT)
<input type="checkbox"/> Occupational Therapist (OT)	<input type="checkbox"/> Music Therapist (MT)
<input type="checkbox"/> Speech and Language Therapist (SLT)	<input type="checkbox"/> Art Therapist (AT)
<input type="checkbox"/> Psycho-therapist or counselor (Psy./Coun.)	<input type="checkbox"/> Other _____

For all services checked above, please complete contact information: (use reverse side if needed)

Service: _____ **Name of provider:** _____ **Email:** _____

Phone: _____ Address: _____

Service: _____ **Name of provider:** _____ **Email:** _____

Phone: _____ Address: _____

Service: _____ **Name of provider:** _____ **Email:** _____

Phone: _____ Address: _____

Service: _____ **Name of provider:** _____ **Email:** _____

Phone: _____ Address: _____

I give High & Mighty Therapeutic Riding and Driving Inc. permission to contact the collaborative service providers listed above to obtain information that could assist the therapeutic riding instructors in providing quality services to the participant. This includes obtaining a copy of the participant's IEP or ISP. High & Mighty will keep this information confidential.

**Signature or Signature of parent/legal guardian/conservator
of Participant in his/her/their name**

Date



Date: _____

Dear Health Care Provider:

In order to safely provide equine-assisted services, 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
Coxarthrititis
Cranial deficits
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- 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 High & Mighty Therapeutic Riding and Driving Center, Inc. at 518-672-4202 / info@high-n-mighty.org

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:

	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			

In my opinion, this person is not medically precluded from participating in supervised equine services. I understand that High & Mighty Therapeutic Riding and Driving Inc. will compare the above diagnosis and medical information to the current precautions and contraindications.

Name/Title: _____ MD DO NP PA Other: _____
 Signature: _____ Date: _____
 Address: _____
 Phone: _____ License UPIN Number _____