



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 selection of helmets that are available for participant 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.
- **Program Fees:** High & Mighty is committed to program inclusion regardless of financial situation. We offer partial and full scholarships, so please reach out to [programs@high-n-mighty.org](mailto:programs@high-n-mighty.org) if this is something that you/your participant are in need of.

The following are our current program fees:

Private lesson: \$75/hour  
Group lesson: \$65/hour  
Unmounted lesson: \$55/hour  
Driving lesson: \$90/hour

- **Additional Policies:** High & Mighty's Participant/Visitor Policies, Attendance Policies, and Billing 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 [programs@high-n-mighty.org](mailto:programs@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 8 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 at or prior to the start of the session. Payment in full is required at the time the invoice is presented to reserve/maintain your lesson slot.
  - If payment in full is not financially feasible, please email [laurie@high-n-mighty.org](mailto:laurie@high-n-mighty.org) to make other arrangements.
  - Billing exceptions may 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 program payments. 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:**

- Due to the nature of our scheduling needs, we are not able to provide makeup lessons.
  - Any exceptions to this policy are at discretion of the Executive Director/Program Coordinator.

### **Cancellation Policies:**

- *Participant Cancellation Policy:*
  - High & Mighty asks that instructors 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.
- *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 alter/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 unexpectedly 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.

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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

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

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

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

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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  
Coxarthrosis  
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](mailto: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
<b>Auditory</b>			
<b>Visual</b>			
<b>Tactile Sensation</b>			
<b>Speech</b>			
<b>Cardiac</b>			
<b>Circulatory</b>			
<b>Integumentary/Skin</b>			
<b>Immunity</b>			
<b>Pulmonary</b>			
<b>Neurologic</b>			
<b>Muscular</b>			
<b>Balance</b>			
<b>Orthopedic</b>			
<b>Allergies</b>			
<b>Learning Disability</b>			
<b>Cognitive</b>			
<b>Emotional/Psychological</b>			
<b>Pain</b>			
<b>Other</b>			

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 \_\_\_\_\_