



P.O. Box 56, Bridgeville, PA 15017
www.horseswithhope.org

Application Checklist

Before mailing forms, please confirm your tentative schedule by emailing kculphwh@gmail.com. All forms must be completed, signed, and returned to Horses with Hope, with full payment, by the registration deadline or earlier. Failure to do so will forfeit your tentative schedule and will be filled by others on the waitlist. We will confirm your schedule once the forms **and** payment are received.

- Participant Registration Form
- Release and Hold Harmless
- Emergency Medical Treatment
- Participant Health History
- Confidentiality
- Covid-19 Liability Waiver

2024 Sessions: One 40-Minute Lesson Each Week

Monday, Tuesday, Thursday schedules	5pm, 6pm, and 7pm
Saturday schedules	9am, 10am, 11am, and 12pm

\$15.00 Annual Application Fee AND Full Payment Due by Registration Deadlines Listed Below

<u>Session I:</u>	April 6 - May 16	6 weeks	Mon, Tues, Thurs, Sat schedules	\$240
	@ 6235 Brush Run Road, Bethel Park			
	Registration & Payment Due March 1			

<u>Session II:</u>	May 28 - June 29	4 weeks	Mon schedules	\$160
		5 weeks	Tues, Thurs schedules	\$200
		4 weeks	Sat schedules (OFF 6/8)	\$160

@ Gilfillan Farm, Upper St. Clair
Registration & Payment Due April 1

All-Abilities Summer Camps:

Week 1: July 8-11 | Week 2: July 15-18 | Week 3: July 22-25 | Week 4: July 29-August 1

@ Gilfillan Farm, Upper St. Clair, **\$375 per camper, \$350 per sibling camper**

All abilities are welcome. If self-care and/or mobility assistance is needed, the camper **must** attend with an aide or support person. **Minimum Age 5. Maximum Riding Weight 160 lbs.**



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Horses with Hope programs focus on improving the lives of children, youth, and adults assisting them to reach beyond their abilities, allowing daily success and milestones to be accomplished by the partnership developed by horse and rider.

Therapeutic Riding

Physically, the horse in motion moves a rider rhythmically and 3 dimensionally developing core muscle strength, balance, and posture. Riding also develops gross and fine motor skills and promotes coordination.

Emotionally, riding helps to develop trust and a bond with the horse, the instructors, and the volunteers as well as promote appropriate behaviors.

Mentally, riding increases concentration and spatial awareness and improves sequential thought processing.

Socially, riding builds self-confidence as well as a positive self-image and independence.

Our sessions are taught by PATH Intl. Certified Instructors and trained volunteers lead the horse, utilizing side-walkers on each side of the rider. Each rider is instructed on horsemanship, grooming, and mounted riding skills during a 40-minute session that may have up to three participants. We are committed to providing safe, quality programs for all our children and adults.

Clothing attire is long pants and heeled shoes or boots. Closed-toe shoes are required. We supply helmets for the riders. Therapeutic riding is available to anyone who has a need for our therapeutic environment. **There is a riding weight limit of 170 lbs.**

January - May sessions are offered at -
6235 Brush Run Rd, Bethel Park, PA 15102

Please park in front of the brown building, then walk to the rear.

June - October sessions are offered at -
Gilfillan Farm, 130 Orr Rd, Upper St Clair, PA 15241

Participant parking is the 2nd entrance on the right, after the garden.
Follow the long driveway to the parking pad.

PLEASE...DO NOT mail forms to Brush Run or Gilfillan Farm

Please mail completed forms and payment to:

**Horses with Hope
PO Box 56
Bridgeville, PA 15017**



_____	New Participant
_____	Returning Participant
_____	# of Years with HWH _____

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Participant Registration

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____

Date of Birth _____ Ethnicity _____ (optional information for grant reporting)

Age _____ Weight _____ (170 lb. weight limit)

Diagnosis _____

Parent/Guardian _____

Address/Phone (if different) _____

Phone: Home _____ Cell _____

Best Number(s) to Text/Call for Weather Cancellations _____

Email _____

Do you have an interest in helping HWH with: Fundraising Committees _____ Community Events _____

Photo Release (Optional)

I hereby consent to and authorize the use and reproduction by Horses with Hope, Inc. of any and all photographs and any other audio/visual materials taken of my son/daughter for promotional printed material, educational activities, or any other use for the benefit of the program.

Date: _____ Signature: _____ (Parent/Guardian)



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RELEASE AND HOLD HARMLESS AGREEMENT

Participant Name: _____ Age: _____
Address: _____
City/State: _____ Zip: _____
Home Phone: _____ Business Phone: _____ Other: _____

Inherent Risks of Equine Activities

Anyone who participate in any kind of activities on or about horses, including riding, training, assisting in medical treatment of horses, driving or being a passenger on a horse, or assisting a participant in a horse show or assisting show management, but does not include merely being a spectator to an equine activity, is considered to be engaged in an equine activity.

(1) the propensity of horses to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other horses or objects; (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

Acknowledgement of Risk

I, _____, acknowledge that I have read the above statements and definitions, and hereby indemnify and hold harmless, Horses with Hope, and their employees or owners from any liability arising from accident, injury, theft, or damages to myself, my representatives, and helpers, all equipment and property, and all animals under my jurisdiction. I understand that I must wear a helmet, secured with a harness, at all times when participating in an Equine Assisted Activity offered by Horses with Hope, Inc. I have been informed of Horses with Hope Barn Rules and Policies and Procedures and will adhere to them strictly. This agreement shall continue for each and every visit to participate in an Equine Assisted Activity offered by Horses with Hope, Inc.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ Signed: _____
(participant)
Date: _____ Signed: _____
(parent/guardian if minor)

Grant of Permission

I/we the undersigned, (participant above named for, if minor, parents/guardians) hereby grant permission and authority to Horses with Hope, its officers and authorized representatives to act for us in executing verbal instructions of if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Horses with Hope, their officers, agents, and employee, and owners of any property concerned, and hold harmless from liability for any injury or damage which the rider may sustain while at _____, or participating in any activity sponsored by Horses with Hope and from any liability connected with obtaining prompt medical attention for the participant named above.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ Signed: _____
(Participant)

Date: _____ Signed: _____
(Parent/Guardian; if minor)



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Authorization for Emergency Medical Treatment

Participant _____ Volunteer _____ Staff _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____

Parent/Guardian _____

Physicians Name _____

Hospital Preference _____

Health Insurance Co _____ Policy # _____

Allergies to Medications _____

Current Medications _____

In the event of an emergency contact;

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

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

Secure and retain medical treatment and transportation if needed.

Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan: Authorization includes x-ray, surgery, hospitalization, medication, and any treatment deemed “lifesaving” by the physician. This provision will only be invoked if the persons above are unable to be reached.

Date: _____ Consent Signature: _____

Non-Consent Plan: I do not give consent for emergency medical treatment/aid in case of injury or illness while on the property of the agents. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Signature: _____

Horses with Hope
Discovery, Growth and Learning Programs

Participant's Application and Health History
To be completed annually

General Information

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

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

Phone: _____ Alternative # _____ Email: _____

Employer/School: _____

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

Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

Health History

Diagnosis: _____ Date of Onset: _____

Mobility

Independent Ambulation Y N Crutches Y N Braces Y N Wheelchair Y N

Please indicate any special precautions _____

Prosthetics/Orthodontics

Type: _____ Purpose: _____

Type: _____ Purpose: _____

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

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Muscular			
Thinking/Cognition			
Allergies			
Spinal Column Injury			

Subluxing Joints			
Dislocating Joints			
Laminectomy/Fusion			
Scoliosis – Degree, Type, Brace, Last X-ray			
Kyphosis/Lordosis – Degree, Type			
Spondylolisthesis			
Spinal Abnormality			
Osteoporosis			
Heterotrophis Ossification			
Joint Disease			
Cranial Defects			
Fractures			Location? Healed?
Other			

**** For persons with Down Syndrome:**

___ Negative Cervical X-ray for Atlantoaxial Instability. Date of X-ray _____

___ Negative for clinical symptoms of Atlantoaxial Instability.

Tetanus shot: Yes No Date _____ **Height** _____ **Weight** _____

Seizure type _____ **Controlled** _____ **Date of last seizure** _____

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

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)

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

Goals (i.e. Why are you applying for participation? What would you like to accomplish? Share what some long/short term goals you would like to address in the sessions. Do you want to incorporate anything they are currently working on in other therapies they attend?)

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that Horses with Hope will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. MD, PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equestrian program.

Physician Name (print) _____ MD DO NP PA Other _____

Physician Signature _____

Facility _____

Address _____ City _____ State ____ Zip _____

Phone (____) _____ Date _____

The applicant's weight and height as listed on page 1 of this form, are accurate according to my knowledge and/or most recent medical records: Physician Initials: _____



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Confidentiality Policy

It is the policy of Horses with Hope to keep confidential all medical, social, referral, personal, and financial information regarding participants, volunteers and staff and his/her family. This information will not be shared or disclosed to individuals outside the operation of this center without the express written permission given by the individual concerned.

It is understood by all the individuals working or volunteering at this center that this code of confidentiality will be maintained and adhered to in order to protect the privacy and personal dignity of all individuals associated with the day-to-day operations of this center.

Confidential information may be shared between this centers staff and volunteers in cases where it will assist in the planning and implementation for the equestrian lesson.

Violation of this policy by anyone involved at Horses with Hope can result in immediate expulsion from all activities at the center, as determined by the program director and the board of directors.

I understand and will observe the confidentiality policy of Horses with Hope, Inc.

Signature (parent/guardian signature if under 18 yrs) Date

HORSES WITH HOPE

ACKNOWLEDGMENT & ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

ACKNOWLEDGMENT OF RISKS:

I recognize that there are inherent risks of danger in engaging in the riding of a horse which may result in serious injury or death to me and to others. The Risks include but are not limited to 1) Falls; 2) Equipment failure, including saddle assembly and its associated ropes and other means by which is it secured. I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of riding a horse in close proximity to others including sidewalkers that could potentially expose myself to COVID-19.

EXPRESS ASSUMPTION OF RISKS AND RESPONSIBILITY:

In recognition of the inherent risks of my engaging in Equine therapy, I assume full responsibility for injuries (including death) and all other damages and losses to me and to others which arise out of, or are related to, my riding of a horse.

RELEASE OF LIABILITY:

In consideration of my engaging in Equine therapy, I, _____, for myself, my heirs, personal representatives and assigns, do hereby release and discharge: Horses With Hope, as well as each of their respective employees, attorneys, principals, directors, officers, agents, affiliates, insurers, successors, assigns, heirs, executors and administrators from all liability for all injuries (including death) and other losses and damages, demands, actions, causes of action or suits at law or in equity, of whatsoever kind or nature resulting from, or to result from my engaging in Equine therapy.

WAIVER:

As further consideration for my engaging in Equine therapy, I for myself, my heirs, personal representatives and assigns, do hereby waive all claims for injuries (including death) and all other claims for all other losses and damages, demands, actions, causes of action or suits at law or in equity, of whatsoever kind or nature against Horses With Hope and their respective employees, attorneys, principals, directors, officers, agents, affiliates, volunteers, insurers, successors, assigns, heirs, executors and administrators which claims and losses, result from, arise out of or relate to my engaging in Equine therapy.

I have read, understand and accept the terms of the foregoing Acknowledgment of Risks, Express Assumption of Risks and Responsibility, Release of Liability and Waiver.

Date: _____

Signature

Printed Name

Horses with Hope

Barn Rules

*These rules have been designed to keep both people and animals safe.

*While horses are loving animals, they are still very large and can be unpredictable. Stay alert when working around horses. Please be mindful of anything that may spook or scare a horse, such as sudden movements or loud noises.

1. Children must be supervised at all times.
2. Regular barn hours are 8:00 AM- 8:30 PM.
3. Watch for animals and people as you enter the arena area.
4. No running.
5. Absolutely no smoking or vapor while on the property (including the parking lot).
6. All people entering the property must have a signed release form, available on www.horseswithhope.org
7. Helmets must be worn at all times while working with horses in the arena.
8. All tack and grooming supplies must be put away neatly in designated areas.
9. Please remove all debris and manure from your horse. (anywhere on the property)
10. No open-toed shoes permitted.
11. Horse treats may not be given without permission from the owner.
12. Do not enter the arena without asking.
13. No pets are allowed on the premises.
14. Sessions may be observed from designated areas ONLY. Please do not enter the arena or sensory trail area pathways

*If you have any questions about anything, just ask!
We want you to have fun and be safe.