

Freedom Horse Farm

Therapeutic Riding Lesson Policy

May 13, 2014

Open communication is essential for the success of Freedom Horse Farm's Therapeutic Riding Lessons. Therefore, all riders/parent(s) or guardian(s) are required to provide immediate notification in the event that the scheduled lesson will not be attended. Call or text (including your name) to 908-797-4547.

DDD (Easter Seals) clients' services are paid thru the DDD. Please note that the DDD will be responsible for the full session payment, regardless of the reason for the cancellation. You will have the ability to make up ONE missed lesson at the end of the session, at no charge. Your one make up lesson will be scheduled on the same day and time slot.

If a rider needs to miss several lessons in a row or has to cancel the rest of the session due to a medical emergency, supporting documentation from a medical professional will be required prior to resuming lessons. Freedom Horse Farm will either credit the remaining lessons or refund the remaining lessons, at the sole discretion of the client.

All sessions have one makeup lesson per rider; to give the rider the opportunity to make up a missed lesson.

Freedom Horse Farm makes every effort to stay on schedule, but due to the amount of people and equipment involved in each lesson, there are times when we will run behind schedule. We thank you in advance for your patience and understanding and we ask that you arrive 10 minutes prior to your scheduled lesson. If you arrive late for your lesson, you will receive only the time that remains in your allotted lesson. In the event that the lateness is due to the riding instructor, the time will be made up during that lesson.

There will be no "switching of days/times".

By signing below, I acknowledge that I have been made aware of the updated cancellation and attendance policy of Freedom Horse Farm.

Rider's Name

Date: _____

Parent/Guardian Signature



www.freedomhorsefarmllc.com

FREEDOM HORSE FARM

908.852.4547

"Where Freedom is just a hoof beat away"

Confidentiality Agreement

As a volunteer who works with Freedom Horse Farm riders, you will be given enough background information so you may be informed as to the rider's needs.

The circumstances of a rider's life, condition, disability, actions or behavior are considered confidential. Under NO circumstances are you to divulge this information to anyone other than Freedom Horse Farm personnel.

If you have any questions, please ask the Freedom Horse Farm director.

I understand that all information (written and verbal) about participants at this PATH International center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature _____ Date _____
(parent or guardian, only if applicant is under 18 years of age)



FREEDOM HORSE

908.852.4547

Authorization for Emergency Medical Treatment Form

☐

Participant

☐

Staff

☐

Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Medical Facility: _____

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: _____

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 the property of the agency, I authorize _____ to:

(Center's Name)

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" by the physician. This provision will only be invoked if the person(s) above is unable to be reached

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff.

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 the agency.

_____ 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 take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff.



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Participant's Medical History & Physician's Statement

Participant's Name: _____

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

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 Precatutions/Needs _____

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

Braces/Assistive Devices: _____

For those with Downs Syndrome: AtlantoDens Interval X-rays, Date: _____ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: _____

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

	Y	N	Comments		Y	N	Comments
Auditory				Neurologic			
Visual				Muscular			
Tactile Sensation				Balance			
Speech				Orthopedic			
Cardiac				Allergies			
Circulatory				Learning Disability			
Integumentary/Skin				Cognitive			
Immunity				Emotional/Psychological			
Pulmonary				Pain			
Other							

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that the NARHA center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the NARHA center for ongoing evaluation to determine eligibility for participation.

Name/Title _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone () _____ License/UPIN Number: _____



FREEDOM HORSE FARM LLC

908.797.4547

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WITNESS THIS RELEASE dated this _____ day of _____, 20____, "The Release" by and between

- Freedom Horse Inc.
- Tara Mahoney, Social Worker
- Freedom Horse Farm LLC;
- Renee Marski -TRI
- Elizabeth Duskotz
- Susan Radcliffe;
- Judith Schaffer-Benoit, LCSW;

Freedom Horse Farm LLC instructors, therapists, volunteers, agents, employees, representatives and anyone acting on their behalf, Collectively the "Releasees";

and _____, hereinafter referred to as "User", and, if User is a minor, User's parent or guardian _____, which are referred to herein collectively with the minor as the "User". For consideration received, and in exchange for the use, today and on all future dates of the property, facilities and services of Freedom Horse Farm, LLC, User's heirs, assigns, and representatives, hereby agree as follows:

1. Inherent Risks and Assumption of Risk. The User acknowledges there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equines reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the User or others, such as failing to maintain control over the animal or not acting within such User's ability.

User acknowledges that horses, by their very nature are unpredictable and subject to animal whim. User assumes all risks in connection therewith, and expressly waives any claims against any or all of the Releasee's for any injury or loss arising therefrom. User agrees to abide by and follow Freedom Horse Farm, LLC's, rules and regulations which shall be posted and/or available from time to time. User further acknowledges that the behavior of any animal is contingent to some extent upon the ability of User. User assumes all risks therefore and warrants a full and fair disclosure of User's abilities has been made to Releasees and anyone responsible for the lesson or session.

User expressly releases Releasees and anyone acting on their behalf from any and all claims for personal injury or property damage, even if caused by negligence (if allowed by the laws of this State) by Releasee's and anyone acting on their behalf. User agrees that this agreement shall be interpreted in accordance with the laws of the State of New Jersey and that any dispute arising hereunder shall be submitted to binding arbitration.

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 RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L., CHAPTER 287.

2. User agrees to assume any and all risks involved in or arising out of User's use of any equipment, equine or livestock pertaining to taking of riding lessons, the use of any arena on the premises of Freedom Horse Farm, LLC, and for purposes of taking riding lessons either on the premises or lessons given off the premises by any Releasee.

3. USER (OR USER'S PARENT OR GUARDIAN IF USER IS A MINOR) AGREES TO HOLD HARMLESS, INDEMNIFY AND DEFEND FREEDOM HORSE FARM, LLC, RELEASEES AND THE OWNER AND THE LESSOR OF ANY PROPERTY FREEDOM HORSE FARM, LLC, MAY LEASE, RENT OR OTHERWISE OCCUPY, AND ANY OF FREEDOM HORSE FARM, LLC'S INSTRUCTORS AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, JUDGMENTS, ORDERS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH MAY IN ANY WAY ARISE FROM OR BE IN ANY WAY CONNECTED WITH USER'S USE OF OR PRESENCE UPON THE PROPERTY OF FREEDOM HORSE FARM, LLC AND THE FACILITIES LOCATED THEREON.

4. USER (OR USER'S PARENT OR GUARDIAN IF USER IS A MINOR) AGREES TO HOLD HARMLESS, INDEMNIFY AND DEFEND RELEASEES AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, JUDGMENTS, ORDERS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH MAY IN ANY WAY ARISE FROM OR BE IN ANY WAY CONNECTED WITH EQUINE OR OTHER ACTIVITIES NOT CONDUCTED ON PROPERTY OWNED, RENTED, LEASED OR OTHERWISE OCCUPIED BY FREEDOM HORSE, INC.

5. In the event User is a minor, the parent or guardian shall further indemnify, defend and hold Releasees and the owner and the lessor of any property Freedom Horse Farm, LLC, may lease, rent or otherwise occupy, harmless from any such claims by said User.

6. In the event User is using User's own horse, or a horse(s) not owned by Freedom Horse Farm, LLC, User warrants said horse(s) shall be free from infection, contagious or transmittable diseases. Freedom Horse Farm, LLC, reserves the right to refuse access or use of any horse upon the premises that does not appear to any representative of Freedom Horse Farm, LLC, to be in good health, or is deemed dangerous or undesirable.

7. Any action brought under this Release shall be brought within one (1) year of the incident or accident giving rise to said claim. User agrees that damages shall be limited to \$250 for property damage, actual expenses incurred, and a maximum of \$10,000 for non-consequential damages such as pain and suffering or such other limits as prescribed by law.

8. User agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

Users Signature

Print Name

Age (or "over 18")

If User is a minor, parent or guardian must sign and acknowledge having read the Release:
By signing below, I acknowledge that I am the parent or guardian of the User named in this release
and that I have read and understood this Release: Yes:_____ No:_____

Signature

Print Name

Relation to User

Address_____

Phone_____Cell_____

Email Address_____

All riders will be required to wear a ASTM-SEI helmet when riding. If you do not own a riding helmet, one will be provided to you.