



Sundance

Equine Assisted Therapies

*A child on a horse is spiritually as well as physically bigger
than any man on foot.*

~ John Steinbeck

Complete Rider Packet

At Sundance Equine Therapeutic Center, children and adults with disabilities will move beyond their boundaries through the healing power of the horse and the dedication of a professional, caring community.

Dear Riders and Prospective Riders:

Thank you so much for your interest in our Equine Assisted Therapeutic Riding Program. Lessons will be scheduled Tuesday - Friday in the mornings, afternoons, and evenings. The fee for the ten lesson session is **\$450 for once a week group lessons** and **\$600 for once a week private lessons**. Should you need financial assistance, we encourage you to apply for assistance through our Financial Assistance Program. The information and application are attached.

To enroll in the Equine Assisted Therapy Program please take the following steps:

New Riders:

- Read carefully the attached information.
- Complete the attached Registration, Application, Release Forms, and, if applicable, the Financial Assistance form. Please note that a physician must complete the Physician Assessment Form.
- Mail, fax, email or deliver the completed forms to Sundance Equine Assisted Therapies. If you are a first time rider, a \$25 Registration Fee must accompany your completed forms.
- After processing your application, we will call to schedule an assessment. The assessment will take 20-30 minutes and is conducted at the Navasota Office (1905 Dove Crossing, STE. AB)
Your paperwork will need to be completed and delivered to Sundance Equine Assisted Therapies office PRIOR to your assessment.

Returning Riders:

- Complete and return the one page Registration Form and include the session payments.
- Returning riders must complete a new physician assessment form each new year.

Please do not hesitate to call if you have any questions or need clarification.

All of us at Sundance Equine Assisted Therapies Therapeutic Equine Center are looking so forward to having you as part of our family.

Yours truly, Laura Allen

EXPLANATION OF SERVICES

Therapeutic Riding:

Therapeutic Riding lessons are equestrian skill based lessons for people with disabilities. The focus of the lessons is skill development and progression while improving the rider's physical, cognitive, emotional and/or social skills. Taught by a Professional Association of Therapeutic Horsemanship (PATH) Certified Therapeutic Riding Instructor, and assisted by volunteer aids, helping the rider reach their full potential is of paramount importance. Often times the riders participate in pre-mounted and post-mounted horse care. Riders that have physical, intellectual, cognitive, developmental, and/or learning differences can benefit from Therapeutic Riding.

Group Classes: Group classes are 45 minutes long and have a maximum of 4 riders per class. Group classes are beneficial due to the opportunity to interact with other riders and families. The riders can also learn from the other students in the class and enjoy group activities. All riders new to the equine program and therapeutic riding are strongly encouraged to register for group lessons. Riders are scheduled by age, skill level and availability. Financial assistance is available and based on the family's financial need.

Private Classes: Private classes are 30 minutes long and recommended for riders who desire the one on one attention to improve their skills. Private lessons are especially beneficial for students who are honing their skills for competition. Financial Assistance is **NOT** available for private lessons. In the event that a student signs up for a group lesson and due to enrollment is the only person in a time slot, they will pay the group rate with the understanding that available spots will be subject to filling.

Hippotherapy*:

Hippotherapy is a form of therapy that uses the movement of the horse as a means to achieve therapy goals. The horse's movement promotes active responses in the client and facilitates activation of postural control, balance, motor and sensory systems. The sessions are conducted by licensed Physical, Occupational or Speech therapists and assisted by a certified riding instructor and volunteer aids. Although the focus is not on skill development, the client develops balance and feel of the horse and often times will participate in therapeutic riding as well.

Clients who have movement, speech and/or motor deficits can benefit from hippotherapy. Some of the issues that may be addressed in a session are:

- Abnormal Muscle tone
- Impaired Balance
- Abnormal Reflexes
- Decreased Coordination
- Impaired Sensorimotor function
- Postural Asymmetry
- Decreased trunk mobility
- Abnormal limb function

****A physician's prescription for physical therapy and/or occupational therapy with hippotherapy is required.***

ELIGIBILITY GUIDELINES

Minimum Age:

Therapeutic Riding: 4 years old unless recommended to begin sooner by a medical professional.

Hippotherapy: 2 years old unless recommended to begin sooner by a medical professional.

There is no maximum age limit.

Weight Maximums: Due to the recommendations from our veterinarian we have the following weight restrictions for riders:

- under 5' tall 150 lbs maximum
- 5'0" – 5'6" 180 lbs maximum
- 5'7" – 6'0" 210 lbs maximum
- 6'1" – 6'5" 250 lbs maximum

Postural Control: Riders over 80 pounds must be able to maintain a sitting position; at least by holding on with one hand.

Fee Schedule and Policies:

There are three Sessions (blocks of lessons) per year: fall, winter and spring. Sessions are ten weeks long with an additional week of make-up for classes that are cancelled due to inclement weather. Classes are held in the mornings, afternoons and evenings with one week of makeup lessons.

Therapeutic Riding- Group lessons:	\$450.00 per session
Therapeutic Riding- Private Lessons:	\$600.00 per session
Hippotherapy (insurance billed; but \$45 due if not paid by insurance)	TBA
Initial Registration Fee for First Time Riders:	\$25.00

If riders are added to the schedule after the session has begun, the fee will be pro-rated.

Financial Assistance:

It is Sundance Equine Assisted Therapies philosophy to accept riders in the program regardless of financial means. Financial assistance up to 50% of the session fee is available for those who feel they can not pay the full fee. Please download a Financial Assistance Application Form or call the office at 936-870-3475 and request one.

New Rider Assessments:

All riders new to Sundance must have an assessment before being scheduled in a lesson spot. Once your application has been processed, you will be called to schedule an assessment which will be held at the Navasota Office (1905 Dove Crossing Lane)

Scheduling: Students will be scheduled as appropriate lesson spots become available. If we are unable to schedule your rider, he/she will be put on a waiting list. As a suitable spot opens up, you will be contacted. **Payment balances must be received in full prior to your rider's first lesson.**

Absences:

- If your rider has to miss class, please contact Sundance Equine Assisted Therapies at 936-661-6075 so we can avoid having the horse tacked up unnecessarily.
- For **group** classes there are **NO** make-ups or refunds for non weather related absences.
- For **private** lessons missed, make-ups may be scheduled depending on volunteer, arena, horse and instructor availability.

Class Cancellations:

- Since we don't have a covered arena and are weather dependent, classes may be cancelled due to inclement weather. When uncertain if your class will be held, call Sundance Equine Assisted Therapies **no earlier than two hours prior to class at 936-870-3475.**
- Classes that are cancelled by Sundance Equine Assisted Therapies due to weather will be tracked and at the end of each session, Sundance will hold 1-2 weeks of make-up classes for classes that are missed due to cancellation.
- In the event that Sundance Equine Assisted Therapies has to cancel more than two classes during a session, the student has the following options for their remaining fees:
 - Credit toward the following session
 - Donating the amount to the Rider Financial Assistance Fund
- Financial assistance will automatically be credited back to the Rider Financial Assistance Fund.

Classes that students miss for reasons other than weather will not be credited back nor refunded.

Attire and Equipment:

- Appropriate clothes for riding are long pants and hard soled boots with a low heel. Since we use safety stirrups on all of the English and most of the western saddles, sneakers are permissible. Dress for comfort and according to the weather. Undergarments that provide adequate support and comfort are necessary. Wear close-fitting clothing for safety as well as comfort. Loose or baggy clothing can get caught and tangled in equipment.
- No dangling jewelry is permitted.
- **All** riders are required to wear an ASTM/SEI approved Equestrian Helmet. If you don't have your own helmet, Sundance Equine Assisted Therapies will provide you with one.
- Riders may also bring their own English stirrups and stirrup leathers providing the stirrups are safety stirrups and in good condition. Having your own stirrups helps save time in the adjustment of stirrups.

Volunteers: Sundance Equine Assisted Therapies instructors are assisted by an incredible team of volunteers. They groom and tack the horses, assist with mounting and dismounting and, when needed, help the riders during class. Many volunteers help in other aspects of the organization, from facility maintenance, to office work, to fund-raising. If you or someone you know is interested in volunteering, please have them contact the Volunteer Coordinator at 936-870-3475. Volunteer registration forms are available on our website at www.sundancetherapies.org All potential volunteers must attend a one day volunteer training.

Rider Application

Please Print

Participant's Name: _____ Date of Birth: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

Gender: Female Male Height: _____ Weight: _____

School Level: _____

If under 18, please complete the following:

Father: _____ Phone: _____

E-mail: _____

Employer: _____ Phone: _____

Mother: _____ Phone: _____

E-mail: _____

Employer: _____ Phone: _____

Mother Father Address if different from the Student's: _____

Name, Address & Phone numbers of Legal Guardian or Caregiver (if not parent): _____

Email: _____

Emergency Contact Information: Name/Relationship: _____

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

No Yes; please publish my name, address, home telephone number and email address in the Equine Assisted Therapy Rider Directory which will be made available to the Equine Assisted Therapy personnel, families and students.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____

*(If volunteer/participant is under 18 years of age, **both** signatures are required)*

Disability: Primary _____ Date of Onset: _____
Secondary: _____ Date of Onset: _____

Ambulatory? No Yes; Crutches Cane Braces Walker Wheelchair

Able to sit independently? Yes No **Verbal?** Yes No

Describe your abilities/difficulties in the following areas including assistance required or equipment needed:
Function (i.e. Mobility skills: transfers, walking, wheelchair use, driving / bus riding) _____

Social (leisure interests, support systems, companion animals, fears / concerns, etc.) _____

Goals (Why are you applying for participation? What would you like to accomplish?) _____

Previous Riding Experience: No Yes, how long? _____ Style of riding: English Western
Name of stables: _____ Location _____

Does the Sundance Therapies have permission to contact the previous center? No Yes; contact
previous instructor, name: _____ Phone: _____

Participant Signature: _____ Date _____

Signature of Parent Guardian _____
(If volunteer/participant is under 18 years of age, both signatures are required)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR PARTICIPANTS

Participants Name: _____

Please Print

In case of an Emergency Information: Name/Relationship: _____

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

Preferred Medical Facility: _____

Health Insurance Carrier: _____ Policy # _____

Please indicate any allergies: _____

Please indicate any medical issues that may affect you / your child's participation in the Equine Program: _____

_____ Date of last Tetanus Shot: _____

CONSENT PLAN: I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician). In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Sundance Equine Assisted Therapies, or while being on the property of Brad and Laura Allen, I authorize Sundance Equine Assisted Therapies to:

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

Participant Consent Signature: _____ Date: _____

Signature of Parent/Guardian: _____

*(If participant is under 18 years of age, **both** signatures are required)*

~~~ OR ~~~

**NON-CONSENT PLAN (Only for Persons 18 or Older)**

I do not give consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at Sundance Equine Assisted Therapies, or while being on the property of Brad and Laura Allen. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

*Please Print*

**PHOTO RELEASE:**

I consent to and authorize  I do not consent to nor do I authorize the use and reproduction by Sundance Equine Assisted Therapies of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent Guardian \_\_\_\_\_  
*(If volunteer/participant is under 18 years of age, both signatures are required)*

**POLICY OF CONFIDENTIALITY:**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Sundance Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent Guardian \_\_\_\_\_  
*(If volunteer/participant is under 18 years of age, both signatures are required)*

**ADULT LIABILITY RELEASE (For persons 18 Years and Older ONLY)**

I, \_\_\_\_\_, acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at Sundance Equine Assisted Therapies are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against Sundance Equine Assisted Therapies, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by Sundance Equine Assisted Therapies or while on Brad and Laura Allen's property, from whatever cause, including but not limited to the negligence of The Released Parties.

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Participant Name: \_\_\_\_\_

*Please Print*

**RELEASE FOR A MINOR OR WARD**

*(For Persons Under 18 Years of Age or for Adults Who Have a Legal Guardian)*

That I, \_\_\_\_\_, the undersigned, a parent/legal guardian of \_\_\_\_\_, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by Sundance Equine Assisted Therapies and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by Sundance Equine Assisted Therapies are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against Sundance Equine Assisted Therapies Equine Assisted Therapy, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at Sundance Equine Assisted Therapies or while on Brad and Laura Allen's property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

**I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY SUNDANCE EQUINE ASSISTED THERAPIES. IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT SUNDANCE EQUINE ASSISTED THERAPIES FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Parent/Legal Guardian #1*

\_\_\_\_\_  
*Parent/Legal Guardian #2\**

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

***\*Our legal advisors have advised us that if participant is under 18 years of age, Sundance Equine Assisted Therapies requires signatures of both custodial and non-custodial parent.***

## **FINANCIAL ASSISTANCE OPPORTUNITIES**

Sundance Equine Assisted Therapies strives to make its services available to all participants whose application for registration is accepted. Sundance Equine Assisted Therapies is able to fulfill this mission through the generosity of our supporters, the building of our endowment fund and the administration of a scholarship program based strictly on financial need.

## **APPLICATION FOR FINANCIAL ASSISTANCE**

**New Participants** - Individuals applying for services at Sundance Equine Assisted Therapies must submit the Financial Assistance Application with their Registration Form. Awards will be made only after the individual has been admitted into a Sundance Equine Assisted Therapies program.

**Current Participants** – Financial Assistance is generally awarded for the entire riding year (fall through Summer Semesters). All scholarship requests must be renewed on an annual basis each fall by submitting a newly completed Scholarship Application.

## **AWARDING OF FINANCIAL ASSISTANCE**

All information provided on the *Financial Assistance Application* is kept in strict confidence. The Scholarship Committee reviews the applications and may find it necessary to request additional information; this is arranged by the Business Office on a confidential basis.

Financial Assistance **up to 50%** of the riding session fee is awarded in the form of credit toward the tuition for scheduled services; the participant is notified of this award in writing.

## **FINANCIAL ASSISTANCE APPLICATION**

This application is for financial assistance at Sundance Equine Assisted Therapies. The information will be kept confidential and will be made available only to the Sundance Equine Assisted Therapies Scholarship Committee.

Financial Assistance awards are based solely upon need. Due to limited funds we ask all applicants for financial assistance to make a careful assessment of their financial needs. Final determination of financial assistance awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship.

It is important that an application be filed as early as possible prior to the start of the semester. All requested information must be provided. We cannot consider this application until all material has been submitted. **Please note that the 'Applicant' is the individual who will be riding or receiving the lessons.**

**Financial Assistance Application**

**A) Information about Applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has Applicant earned any income in the last 2 years?  No  Yes, state all sources of Applicant's income for the last 2 years: \_\_\_\_\_

\_\_\_\_\_

(If minor or incapacitated person) Parent or Legal Guardian Name(s): \_\_\_\_\_

Please list all persons who regularly provide financial support to Applicant:

| Name | Type of Support |
|------|-----------------|
|      |                 |
|      |                 |
|      |                 |
|      |                 |
|      |                 |

**B) Information about the Person filling out this Application:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Best Way and time to Reach You about this Application: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**C) Information about Persons Providing Financial Support to Applicant**

**The following Information must be answered by each person who provides regular financial assistance to Applicant. Please make or request additional copies of this sheet for each person. If Applicant earns any income, this information must also be answered by or for Applicant.**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

List all persons dependent upon your income:

| Name | Age | Relationship | Reside with you? |
|------|-----|--------------|------------------|
|      |     |              |                  |
|      |     |              |                  |
|      |     |              |                  |

Please identify below any other information you wish the Scholarship Committee to consider with this application: \_\_\_\_\_

\_\_\_\_\_

Please complete the attached worksheet. Upon request by the Scholarship Committee, you may be asked to provide additional documentation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Sundance Equine Assisted Therapies Financial Assistance Worksheet**

| <b>Monthly Household Income</b>   | <b>Amount</b> |
|-----------------------------------|---------------|
| Wages                             |               |
| Applicant Benefits                |               |
| Applicant Child Support           |               |
| Other:                            |               |
|                                   |               |
|                                   |               |
| Total                             |               |
|                                   |               |
| <b>Monthly Household Expenses</b> |               |
| Rent/Mortgage                     |               |
| Car(s)                            |               |
| Fuel/Transportation Cost          |               |
| Insurance                         |               |
| Food                              |               |
| Childcare                         |               |
| Uninsured Medical                 |               |
| Utilities                         |               |
| Educational                       |               |
| Child Support/Alimony             |               |
| Other:                            |               |
|                                   |               |
|                                   |               |
| Total                             |               |

# Rider Profile

## Tell Us about Yourself

Please fill out this for our rider notebook. The rider notebook is for the volunteers to get to know a little about the riders with whom they will be working.

Date: \_\_\_\_\_

My full name is: \_\_\_\_\_

Please call me: \_\_\_\_\_

My birth date is: \_\_\_\_\_

I started Riding at Sundance Therapies: \_\_\_\_\_

I have \_\_\_\_\_ brothers, \_\_\_\_\_ sisters.

My pets are: \_\_\_\_\_

My interest / hobbies are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My goals for Equine Assisted Therapy are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Picture

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**Optional:** Please supply any details about the rider you think may be helpful to the volunteers who will be working them.

Speech: \_\_\_\_\_ Comprehension: \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

Ambulatory Status: \_\_\_\_\_

Other: \_\_\_\_\_

Particular Methods that this rider responds to: \_\_\_\_\_



**PHYSICIAN ASSESSMENT & HEALTH HISTORY:**

**~Must be completed by physician~**

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: Primary: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Secondary: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Other: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries (include dates and reasons): \_\_\_\_\_

Seizures:  No  Yes, Type: \_\_\_\_\_ Controlled:  No  Yes, Date of last seizure: \_\_\_\_\_

Medications: \_\_\_\_\_

Shunts Present:  No  Yes, Date of last shunt: \_\_\_\_\_

Implants: \_\_\_\_\_

Mobility: Independent Ambulation:  No  Yes, Assisting Devices: \_\_\_\_\_

***In order to safely provide this service, Sundance Equine Assisted Therapies requests that you please note that the following conditions may suggest precautions and contraindications to equestrian activities. Therefore, when completing this form, please indicate whether these conditions are present, and to what degree.***

**Orthopedic**

- Atlantoaxial Instability - include neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

**Neurologic**

- Hydrocephalus/Shunt
- Seizures
- Spina Bifida / Chiari / malformation /Tethered Cord / Hydromyelia

**Other**

- Indwelling Catheters/Medical Equipment
- Medications - i.e. 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 (i.e. RA, MS)
- Incidents of Fire Settings
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Client's name: \_\_\_\_\_  
**As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply; including surgeries.**

**For those with Down Syndrome:**  
 An Atlantoaxial x-ray and annual exam to exclude Atlantoaxial instability is required for clients with Down Syndrome over the age of 3. Date of X-Ray: \_\_\_\_\_  
 Results: \_\_\_\_\_  
 Neurologic Symptoms of Atlantoaxial instability: \_\_\_\_\_

| Area                    | No | Yes | Degree/ Comments |
|-------------------------|----|-----|------------------|
| Auditory                |    |     |                  |
| Visual                  |    |     |                  |
| Speech                  |    |     |                  |
| Tactile / Sensory       |    |     |                  |
| Cardiac                 |    |     |                  |
| Circulatory             |    |     |                  |
| Pulmonary               |    |     |                  |
| Integumentary / Skin    |    |     |                  |
| Immunity                |    |     |                  |
| Neurologic              |    |     |                  |
| Muscular                |    |     |                  |
| Orthopedic              |    |     |                  |
| Bowel/Bladder           |    |     |                  |
| Learning Disabilities   |    |     |                  |
| Cognitive               |    |     |                  |
| Emotional/Psychological |    |     |                  |
| Behavior                |    |     |                  |
| Other:                  |    |     |                  |

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equestrian activities. I understand that Sundance Equine Assisted Therapies will weigh the medical information indicated above against any existing precautions and/or contraindication before accepting this person for therapeutic horseback riding lessons. Therefore, I refer this person to Sundance Equine Assisted Therapies for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD, DO, NP, PA Other: \_\_\_\_\_  
 License/NPI Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**All client records and information are considered confidential and can only be accessed at a staff member's request.**

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, contact Laura Allen, Program Director.

Complete packet and return it to:

Navasota office (1905 Dove Crossing Lane STE. AB Navasota, TX 77868

or you can mail it to Sundance Equine Assisted Therapies PO BOX 11287, College Station, TX 77842

or you can email it to [info@sundancetherapies.org](mailto:info@sundancetherapies.org)

To be completed and returned for first time riders:

- Session Registration Form (page 3)
- Riders Application (page 7 – page 8)
- Authorization for Emergency Medical Treatment (page 9)
- Photo Release / Policy of Confidentiality / Adult Liability Release (page 10)
- Release for a minor or ward (page 11)
- Financial Assistance Application (page 13 – page 15)
- Rider Profile (page 16)
- Rider Goals (page 17)
- Physician Assessment and Health History (page 18 – page 19)
- \$25 Registration Fee

To be complete and returned for returning riders:

- Session Registration Form
- Rider Profile
- Rider Goals
- Physician Assessment and Health History
- Session Payment

Your paperwork will need to be completed and delivered to Sundance Equine Assisted Therapies office PRIOR to your assessment.

*No hour of life is wasted that is spent in  
the saddle. ~Winston Churchill*