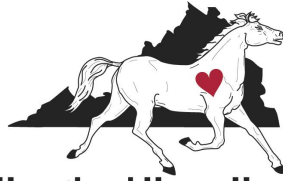


# **Heartland Horse Heroes**

## **Participant/Student Forms**

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6. Participant Medical History & Physician Statement
7. Release Agreement
8. Financial Assistance Application
9. Rider Goals & Expectations
10. Photo & Media Release



**Heartland Horse Heroes**

## **STUDENT SESSION REGISTRATION FORM**

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### **HEARTLAND HORSE HEROES,**

Please accept this registration for the Therapeutic Riding and Horsemanship Program which will be held during the following calendar dates \_\_\_\_\_

\_\_\_\_\_ during the time of \_\_\_\_\_. I agree to arrive 15-20 minutes before my lesson starts in order to sign in and get prepared. I understand this form, payment, and complete Application and Registration Packet must be on file at **HEARTLAND HORSE HEROES** at least 10 days prior to the first lesson of the above session and that my physician's statement must be current to this calendar year in order for the form and payment to be accepted. I also understand **HEARTLAND HORSE HEROES** fills openings on a first come-first serve basis. I understand that if I do not get a spot in this session, my payment will be returned to me and that I may re-apply for a future session.

Sincerely,

\_\_\_\_\_  
Signature of Student or Parent/Guardian if applicable

\_\_\_\_\_  
Name (print) of Student

\_\_\_\_\_  
Date

Please mail this SESSION REGISTRATION FORM to

the **HEARTLAND HORSE HEROES** office: P. O. Box 482  
Blackstone, VA 23924

Include check payable to Heartland Horse Heroes  
Session Fee: \$95.00

# HEARTLAND HORSE HEROES

P. O. Box 482  
Blackstone, VA 23824)

[info@heartlandhorseheroes.org](mailto:info@heartlandhorseheroes.org)

P. O. Box 482 • Blackstone, VA 23824

Amy Alliston, R.N., Executive Director Phone 434-390-5991

*Executive Director*

## STUDENT CHECKLIST

**\*\*This form is to be signed and returned with all paperwork\*\***

\_\_\_ Participant Application and Health History – to be completed front and back and signed by Rider/Parent/Guardian.

\_\_\_ Rider Goals/Expectations Form

\_\_\_ Participant's Physician's Referral Form - To be completed and signed by Physician.

\_\_\_ Photograph and Media Release Form

\_\_\_ Authorization for Emergency Medical Treatment – To be completed and signed by Rider/Parent/Guardian.

\_\_\_ Heartland Horse Heroes Waiver and Notice – To be completed and signed by Rider/Parent/Guardian.

\_\_\_ Session Registration: To be completed and returned.

\_\_\_ Payment as applicable (make check to Heartland Horse Heroes and mail to:  
P. O. Box 482  
Blackstone, VA 23824)

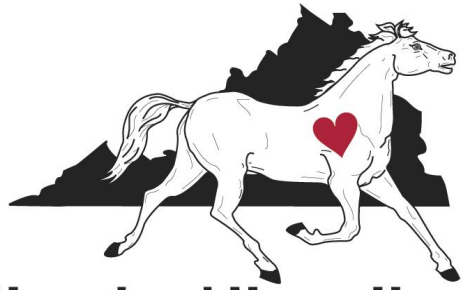
\_\_\_ I have read and understand the policies that are established for HEARTLAND HORSE HEROES. I am to keep the policies and refer to them as needed. I will contact the Head Instructor or Volunteer Coordinator should I have any questions regarding the policies stated.

I understand that all of the above information must be completed in full and returned to HEARTLAND HORSE HEROES before I can participate.

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Must be 18 or older or parent/guardian must sign) (Date)

Print Name as shown above: \_\_\_\_\_



## Heartland Horse Heroes

### FIRE SAFETY REGULATIONS

In the event of a fire emergency, your responsibility as a Volunteer is to R.A.C.E:

**R - RESCUE:** This means only HUMAN BEINGS who are in immediate danger of being injured by the fire as you are LEAVING for safety. **\*\*Absolutely no attempt should ever be made to ENTER into a burning building to rescue anyone or anything or any ANIMAL!** Volunteers and riders will assemble at grass area near driveway opposite the arena side. Or if in arena, all line up on house side, instructor will dismount riders. This ensures that fire personnel can access the buildings through the driveways.

**\*\*Only STAFF MEMBERS are authorized to rescue animals in the event of fire. Special procedures have been developed to ensure fire evacuations of the barn.**

**A - ALARM:** Yell loudly and continuously “**FIRE!!**” “**CALL 911!**” as you are exiting the building to safety. Continue to “sound the alarm” and alert everyone of the fire – activate all emergency response systems or make sure someone responsible has made the call (Team Leaders/Instructors etc). Familiarize yourself with the locations of all available telephones (cellular phone at registration table).

**C - CONTAIN:** If possible to safely smother the fire with water, sand, fire extinguishers, etc BEFORE IT BECOMES out of control, do so as you leave. NEVER continue to try to extinguish any fire that is rapidly developing – REMOVE yourself from the danger immediately! Remember – **HAY AND WOODEN STRUCTURES CAN IGNITE IN SECONDS – SAVE YOURSELF – BARN CAN BE REBUILT BUT YOU CANNOT BE REPLACED!** Familiarize yourself with the locations of all fire extinguishers on the property (inside barn on feed bin and side door in the office/tack room). Fire escape routes are clearly marked in the barn and the office/tack room. Review how to safely “operate” a fire extinguisher – point at base of fire, pull “lock”, aim and squeeze – gently move from side to side to cover base of fire. **\*\*Remember – STOP, DROP and ROLL** in the event that anyone actually catches on fire (clothes, etc.) Water hoses are also located in each barn and near each pasture.

**E - EVACUATE:** Again, as a Volunteer this means only PEOPLE (not the horses or other animals at the farm). Staff is responsible to implement animal fire evacuation only. Direct all people to meet at the grassy area along driveway near tree-line or, if in front arena –line up along house side, instructor will dismount riders. Team Leaders will take oral roll call to ensure the safety of all volunteers for that day. Evacuation routes are posted in barn and in the office/tack room. Remember to evacuate from either end barn doors.

## HEARTLAND HORSE HEROES

P. O. Box 482  
Blackstone, VA 23824)

[info@heartlandhorseheroes.org](mailto:info@heartlandhorseheroes.org)

<b>Participant Application and Registration</b>
---

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Onset: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell)

Employer/School: \_\_\_\_\_

Parent/Legal Guardian/Caretaker: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell)

Referral Source: \_\_\_\_\_

Telephone: \_\_\_\_\_ How did you hear about **HEARTLAND HORSE HEROES** ?

<b>Participant Health History</b>
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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			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
Fear/aversion to animals			

**Medications** (include prescription, over-the-counter; name, dose and frequency, side effects encountered): \_\_\_\_\_

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**Describe your abilities/difficulties in the following areas**

<b>(include assistance required or equipment needed)</b>
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**Physical Function** (mobility skills such as transfers, walking, wheelchair use, driving/bus riding):

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**Psycho/Social Function** (work/school including grade completed, leisure interests, relationship-family structure, support system, companion animals, fears/concerns, etc):

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**Goals** (Why are you applying to participate? What would you like to accomplish?):

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**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Participant**

\_\_\_\_\_  
**Parent/Legal Guardian/Caretaker**

**HEARTLAND HORSE HEROES**

P. O. Box 482

Blackstone, Virginia 23824

434-390-5991

Email: [alliston@moonstar.com](mailto:alliston@moonstar.com)

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Name: \_\_\_\_\_ Student \_\_\_\_\_ Volunteer \_\_\_\_\_ Instructor \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ (Cell) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current Medications (include over the Counter): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

In the event of emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, assisting the center, or while being on the property of the center, I authorize the HEARTLAND HORSE HEROES Therapeutic riding program to:

- 11. Secure and retain medical treatment and transportation if needed.
- 12. Release client 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. The provision will only be invoked if the person below is unable to be reached.

Date: \_\_\_\_\_ Consent signature: \_\_\_\_\_

Client (if over age 18), Parent or Guardian

**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 center. In the event emergency treatment/aid is required, I wish the following procedure to take place: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client (if over age 18), Parent or Guardian

# Participant's Medical History and Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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: \_\_\_\_\_

Tetanus Shot: Y N Date: \_\_\_\_\_

*For those with Down syndrome:* AtlantoDens Interval X-rays, Date: \_\_\_\_\_ Result: Pos. Neg.

**Please indicate current or past difficulties in the following systems/areas, including surgeries:**

Areas	Yes	No	Comments
Auditory			
Visual			
Tactile Sensations			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance/Coordination			
Orthopedic			
Allergies			
Learning Disabilities			
Cognitive			
Psychological/Emotional			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center 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. PT, OT, speech, Psychologist, etc.) in the implementation of an effective equestrian program, if deemed necessary by the center.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

# HEARTLAND HORSE HEROES

P. O. Box 482  
Blackstone, VA 23824)

[info@heartlandhorseheroes.org](mailto:info@heartlandhorseheroes.org)

## Participant Health History

### **General Information:**

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

Phone: \_\_\_\_\_ email address: \_\_\_\_\_

School/employer: \_\_\_\_\_

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

Parent/Legal Guardian Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

### **Health History:**

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

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

Area	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/cognitive			
Allergies			

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

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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)

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

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**Goals:** (i.e. What would you like to accomplish?)

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**Photo Release:**

I DO

DO NOT (RED DOT to be placed on record kept in administrative office to designate no photos) consent to and authorize the use and reproduction by HEARTLAND HORSE HEROES of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Rider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if rider is under 18)

**HEARTLAND HORSE HEROES**

P. O. Box 482

Blackstone, Virginia 23824

434-390-5991

Email: [alliston@moonstar.com](mailto:alliston@moonstar.com)

**HEARTLAND HORSE HEROES PARENT/GUARDIAN/CARETAKER RELEASE  
AGREEMENT  
(Minor)**

I/We, the undersigned, as Parent/Parents/Guardian/Guardians/Caretaker/Caretakers of:

\_\_\_\_\_, a minor, for and in consideration of the agreement of the **HEARTLAND HORSE HEROES**, to provide riding instruction to said minor, do/does hereby forever release, acquit, discharge, and hold harmless the **HEARTLAND HORSE HEROES**, Amy Alliston and Spot Holdings LLC, and The Wagmore, its officers, trustees, agents, employees, representatives, successors, and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now or in the future have against the **HEARTLAND HORSE HEROES**, Amy Alliston and Spot Holdings LLC, and The Wagmore, its officers, trustees, agents, employees, representatives, successors, or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person of said minor, and the treatment thereof, as a result of, or in any way growing out of the acts of the **HEARTLAND HORSE HEROES**, Amy Alliston and Spot Holdings LLC, and The Wagmore, its officers, trustees, agents, employees, representatives, successors, or assigns, including but not limited to their negligence or gross negligence, in rendering the services above described or in any way incidental thereto. In accordance with Act 3.1-796.132 of the Code of Virginia, notice is hereby given on the intrinsic dangers of equine activities, including (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (iii) hazards of surface or subsurface conditions.

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

\_\_\_\_\_  
Parent/Guardian/Caretaker Signature

\_\_\_\_\_  
[Print Name](#)

**HEARTLAND HORSE HEROES**

P. O. Box 482

Blackstone, Virginia 23824

434-390-5991

Email: [alliston@moonstar.com](mailto:alliston@moonstar.com)

APPLICATION FOR FINANCIAL ASSISTANCE

**HEARTLAND HORSE HEROES** offers financial assistance for riding lesson fees to those families needing reduced rates. Of course, this information is confidential. We ask that everyone pay something towards their lessons so that the funds will go further. The request will be made to the Board of Directors, as they will have the final say on funds awarded.

Session Applying for Funding \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Number of persons in household \_\_\_\_\_ Years in program \_\_\_\_\_  
Rider's Name \_\_\_\_\_  
Gross income for household \_\_\_\_\_

Have you contacted other organizations for assistance? (such as local Ruritan clubs, Kiwanis, Churches, etc.) \_\_\_\_\_ If so, have them send funds to HEARTLAND HORSE HEROES with your rider's name attached.

Please give a brief summary for your reason(s) for assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEARTLAND HORSE HEROES**

P. O. Box 482

Blackstone, Virginia 23824

434-390-5991

Email: [alliston@moonstar.com](mailto:alliston@moonstar.com)

**2008 Rider Goals/Expectations**

**Student Name** \_\_\_\_\_

**Parent's/Guardian Name** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

**# of years riding** \_\_\_\_\_

**Age of Rider** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**To better serve you, we would like to have your input regarding the HEARTLAND HORSE HEROES lesson program. Please take a few moments and let us know what you would like to see accomplished in the upcoming year, either for yourself or for your child.**

- 1. What specific goals would you/your child like to obtain this year?**
  
- 2. Do you/your child feel that he/she is riding at the proper skills level? If not, what do you feel would be more appropriate and how can we develop this?**
  
- 3. What changes, if any, in you/your child's medications could affect his/her abilities during the riding sessions? What behavior modifications are used with this rider? (time-outs/counting etc...)**
  
- 4. Would you participate in a Student Schooling Show if held on the property? Would you be willing to travel to horseshows? How far?**

[Additional comments/concerns:](#)

**HEARTLAND HORSE HEROES**

P. O. Box 482  
Blackstone, VA 23824)

[info@heartlandhorseheroes.org](mailto:info@heartlandhorseheroes.org)

**PHOTOGRAPH AND MEDIA RELEASE**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the **HEARTLAND HORSE HEROES**, permission to take or have taken still and/or moving photographs and films, including, but not limited to, television pictures of myself or my (son/daughter/ward)

\_\_\_\_\_, and consents and authorizes the **HEARTLAND HORSE HEROES**, and its advertising agencies, news media and any other persons interested in the **HEARTLAND HORSE HEROES**, and its work, to use and reproduce the photographs, films, 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, clinical and/or research materials and books.

With respect to the foregoing matters, no inducements or promises have been made to me/us to secure our/my signature(s) to this release other than the intention of the **HEARTLAND HORSE HEROES**, to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding the program and its mission.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
Individual/Parent/Guardian/Caretaker

**\*\*NON-CONSENT FOR PHOTOGRAPH\*\***

For reasons that I am not obligated to disclose, **IDO NOT GIVE CONSENT** for photographs, either still or moving, or any television or news media, to be taken of myself, or my son/daughter/ward, by the **HEARTLAND HORSE HEROES** or any persons working on behalf of said program. I understand that a **RED MARK** will be placed on the record kept in the administrative offices of the program, which will designate that photographs are not allowed of myself or said person.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Individual/Parent/Guardian/Caretaker**