



## Interested in Riding with Ridin' High?

If you or someone you know would like to participate in our program, there are a few helpful steps in determining if the program would be a good fit for the individual, and there is a process to go through to be accepted as a riding student.

There are some situations where therapeutic horse riding is contraindicated, that is, there may be medical reasons that horseback riding may not be advisable. Please discuss these with your medical professional. Ridin' High reserves the right to refuse services if contraindications or staffing considerations exist which do not allow Ridin' High to safely service all parties involved. For the health and safety of our horses and volunteers, we do have a 200-pound weight limit.

\_\_\_\_\_ **(Int. and Date) Registration Process:** All riders must submit a completed rider Registration Form, including a Medical Release signed by a Physician. Please try to be as thorough as possible when completing forms because the information provided helps us establish goals for riders and lets us know what you would like us to do in the event of an emergency. Ridin' High must have the completed forms before making a decision about whether a rider will be accepted. After your forms have been received, you will be scheduled for a short assessment. At that time, we will also review our program guidelines and services to determine if we can meet the needs of your rider and if our program services meet your expectations. There will be no riding the first visit in order to evaluate the student to provide the best horse/rider combination.

**Information About Lessons:** Therapeutic riding sessions are scheduled once a week. Lessons are 45 minutes, including mounting and dismounting time. Lessons may include grooming activities, unmounted lesson time, and/or actual riding time on the horse. It is important to understand and explain to your rider that therapeutic activities do not always include riding.

\_\_\_\_\_ **(Int. and Date) Fees:** Riding students reserve a SLOT – that is, a student reserves a riding spot each session. If classes are cancelled by Ridin' High for reasons of weather, etc., a make-up lesson MAY be given to the rider or a credit issued toward future lessons. If the rider cancels, there will NOT be a make-up lesson or credit issued. Lessons are **\$30.00** per lesson (semi-private) or \$50 per lesson (private). Tuition must be paid for the entire month by the first lesson of each month, prior to the beginning of lessons.

**Insurance:** Some insurance companies may reimburse you for therapeutic riding tuition fees; however, Ridin' High does not do the insurance billing. You must submit your information directly to your insurance company.

**General Guidelines:** Ridin' High is a non-profit program. We provide services primarily through trained volunteers. You should know that:

Most riders require at least **FOUR** people to assist them during lessons – an Instructor, Two side walkers and a horse leader. With limited paid staff, we rely very heavily on our volunteers.

While we would like each student to participate in riding, not all students are capable of riding, and it will be up to the individual instructor to create an appropriate Lesson Plan related to the special needs of each student. There are MANY horse-related activities that are extremely therapeutic, and we will attempt to address all of those with each student.

In helping each student become an “independent rider”, we stress a total approach to our therapeutic program. Because the horse is part of this team, horsemanship skills will be taught as part of the riding skills.

**Behavior and Attendance:** We do have certain expectations with regard to the behavior and attendance of riders. The safety of our riders and staff (primarily volunteers) is of a great importance to us. Many schedules are coordinated to ensure a safe ride for our participants. Our volunteer’s time is important to us. Unsafe or dangerous behavior will not be tolerated. Please call as soon as possible if you will be unable to attend a lesson. You may be charged for the lesson if insufficient notice is not given. If a student has not arrived within 10 minutes of the scheduled lesson, that lesson will be cancelled. A tardy arrival time does not extend the lesson period.

**Clothing:** Riders must wear closed-toed shoes. Ridin’ High does have helmets that can be used by riders who do not have their own helmet. Check with your instructor before purchasing a helmet for a rider. Helmets used for lessons must be ASTM and SEI approved for horseback riding activities. We strongly suggest that riders wear long pants (fitted at waist) and boots with a heel.

Enclosed is the Ridin’ High student application packet. All students must complete this packet when they enroll and then again once a year (no later than March 1<sup>st</sup>) each year enrolled. Since we require that all paperwork be completed before being considered for enrollment in our program, it is important to complete this information and have it on file with us even if we do not have current openings. Please return these forms to us at 5722 Long Creek Road, Morristown, TN 37813 by March 1 at the latest.

We will discuss all of these items when we have the opportunity to meet you and your rider. In the meantime, please return the following:

- Registration and Release Form (Parent/Guardian to complete)
- Physician Letter (attach to the Participant Medical History & give to Physician)
- Participant Medical History & Physician Statement (Physician’s Office to complete)
- Authorization for Emergency Medical Treatment Form (Parent/Guardian to complete)

Thank you for your interest and support.

Respectfully,

Ridin’ High Board of Directors

**RIDIN' HIGH, INC.**  
**PARTICIPATION GUIDELINES**

**Clothing:**

Your rider MUST ALWAYS come to his/her lesson with the following items;

- ASTM/SEI approved horseback riding helmet - Ridin' High will provide a helmet if you do not own one.
- Long pants must be worn. They should be loose enough for the rider to feel comfortable stretching, mounting, and dismounting.
- Closed-toed shoes with a heel (Note: Footwear, including boots, may not have any zippers or buckles on the inside of the foot or calf as these cause irreparable damage to saddles).

**Incident Weather:**

- Lessons will be held unless you are notified by telephone. If you do not receive a call or text, lessons will resume as usual **regardless of weather**.
- We understand that young people do not always cheerfully accept that they may not be riding a horse on a given lesson day; however, we ask your help in their understanding that **therapeutic riding** is more than just the time **on** the horse. Our instructors create valuable and **important therapeutic activities** to assist them on riding and non-riding days.

**Arrival Time:**

- Please adhere to a speed limit of 10 MPH on the incoming driveway.
- Please plan to arrive for your rider's lesson **at least 5 minutes** before your assigned time. A rider that arrives late (after all others have been mounted and lessons have begun) will not be mounted and will forfeit the lesson.
- If a student has not arrived within 10 minutes of the scheduled lesson, that lesson will be cancelled.

**Forms of Payment:**

- Ridin' High must receive all paperwork and lesson fees **before** your rider can participate in a lesson. Payment needs to be made at Ridin' High, 5722 Long Creek, Morristown, TN 37813.

\_\_\_\_\_ (Int. and date)

**Tuition Refunds:**

You are reserving a SLOT for your rider. Non-profit, therapeutic riding programs are not able to function the same way a commercial facility does that offers private riding lessons. Should unexpected circumstances arise that cause a rider to cancel after a session begins, the following refund criteria will apply:

1. If a rider cancels for the session 2 weeks prior to classes commencing, a credit will be applied to the following month's tuition.
2. **No refunds are available after the first week of class.**

**Weight Restrictions:**

For safety reasons, as well as for the physical well-being of our horses, we must restrict the weight of our riders to 100 pounds for those riding ponies and to 200 pounds for those riding our horses. Please let us know if your rider exceeds this weight limit.

**Update Information of Rider’s Condition:**

The Program and its instructors must have current information about all elements of your rider’s condition in order to be able to provide the most effective instruction and ensure the safety of all participants. Please let us know immediately if there is a change in your rider’s condition.

**Lesson Visitors:**

An adult must monitor all siblings and friends/family of our students at all times. This is to protect them from the inherent hazards in and around equine facilities. **No visitors are allowed in the barn aisle way, fields, or mounting ramp area unless otherwise specified.** If the siblings or friends of students are not monitored and they cause distractions or problems, they will be asked to leave. If the problem persists, the student will be asked to leave the program. Family and visitors have a Waiting Room with viewing area for them to watch their rider. **For the safety of our riders and horses, there is to be no running in the barn aisles.**

**Make-Up Lessons:**

It is very difficult to schedule make-up classes for riders because our schedule is full, volunteers have other time commitments and instructors have other duties as well as other classes to teach.

- Make-up classes may be scheduled only in the event the Ridin’ High cancels a class.
- If a rider is unable to attend a class, there is no make-up class.
- The exception to this policy is if a rider has a legitimate reason for not attending, that is, a health-related situation that can be confirmed with a health care professional or death in the family. Ridin’ High is to be notified no less than 24 hours in advance of this type of cancellation.
- **Absence due to vacations or travel will not be considered legitimate to warrant a make-up lesson.**

**Absent Rider Notification – 3 Strikes:**

- Because a number of volunteers commit their time to ensure a safe ride, we ask for notification at least 24 hours in advance when a rider knows they will be absent. If it is a last minute emergency, we ask to be notified as soon as possible.
- If you miss three lessons without notifying Ridin’ High, we will cancel you for the remainder of the session and will not register you for the following session.

**Statement of Understanding – Participant Guidelines**

I have read and understand the basic rules under which the Ridin’ High, Inc. Program operates and by my signature, indicate my willingness to abide by these rules.

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Students Name (Please Print)

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Parent/Guardian Signature, if student is under 18 years old

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Date

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Parent/Guardian Name (Please Print)



## REGISTRATION AND RELEASE FORM

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

DOB \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Disability: \_\_\_\_\_

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

School Presently Attending \_\_\_\_\_

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

### CONTACT INFORMATION:

Emergency Contact Person: \_\_\_\_\_

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

### Primary Contact (information, billing, etc.)

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

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

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

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

E-Mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone; \_\_\_\_\_

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

Please Complete Page 2 for Additional Information

PHOTO RELEASE

\_\_\_\_\_ I hereby consent to and authorize

\_\_\_\_\_ I do not consent to, nor do I authorize

the use and reproduction of any and all photographs and other audiovisual materials taken of me/participant by Ridin' High, Inc. for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Client, Parent or Guardian)

LIABILITY RELEASE

\_\_\_\_\_ (Name) would like to participate in the Therapeutic Riding Program at Ridin' High. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm; however, I feel 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 assigns, executors, and administrators, waive and release forever all claims for damages against Ridin' High, Inc., located at 5722 Long Creek Road, Morristown, TN, its Board of Directors, Instructors, Therapists, Volunteers, Employees, and its owner for any and all injuries and/or losses that my child/my ward may sustain while participating in the Program or any other related activities from whatever cause including but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety, that he/she understands the terms of this release, and has signed this voluntarily and with full knowledge of the effects thereof.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Client, Parent or Guardian)



**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_

Allergies (Medication/Other) \_\_\_\_\_

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

Current Health Concerns: \_\_\_\_\_

In the event of an emergency:

Primary Contact:

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

Secondary Contact:

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

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Ridin' High, Inc. 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.

**CONSENT PLAN** I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and or any treatment procedure deemed "lifesaving" by the physician) in the event of illness or injury while on the property of the agency. **This provision will only be Invoked If the person(s) listed cannot be reached**

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
(Client Parent or Legal Guardian)

**NON-CONSENT PLAN** I do NOT give consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency. In the event emergency medical treatment is required, I wish the following procedures to take place:

\_\_\_\_\_  
Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

(For Physician To Complete)



5722 Long Creek Road,  
Morristown, TN 37813  
(423) 585-0331

Date \_\_\_\_\_

Dear Physician:

Your patient, \_\_\_\_\_, is interested in participating in supervised equestrian activities.

In order to safely provide this service, our center requests that you complete/update the following attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precaution's and contraindications to therapeutic horseback riding; therefore, when completing this form, please note whether these conditions are present and to what degree.

**Orthopedic**

- Atlantoaxial instability- include neurological symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossifications/ Myositis Ossificans
- Joint Subluxation/ Dislocation
- Osteoporosis
- Pathological Fractures
- Spinal Fusion/ Fixation
- Spinal Instability/ Abnormalities

**Neurologic**

- Hydrocephalus/ Shunt
- Seizure
- Spina Bifida/ Chiari II Malformation/ Tethered Cord
- Hydrocephalus

**Other**

- Indwelling Catheters
- Medications, i.e., photosensitivity
- Poor Endurance
- Skin Breakdown

**Medical/ Psychological**

- Allergies
- Animal Abuse
- Physical/ Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions
- Fire Settings
- Heart Conditions
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorders

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equestrian activities, please feel free to contact the center.

**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, Diets/ Needs: \_\_\_\_\_

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

Braces/ Assistive Devices: \_\_\_\_\_

\*\* For Those with Down Syndrome: AtantoDens Interval X-rays, Date: \_\_\_\_\_ Result: + -

Neurologic Symptoms of AtlantoAxia Instability \_\_\_\_\_

\_\_\_\_\_ May participate in all activities \_\_\_\_\_ May participate except for: \_\_\_\_\_

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

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

Please complete page 2

This participant is up to date on the following routine childhood immunizations:

	Y	N	Date
Measles			
Rubella			
Tetanus			
Pertussis			
Polio			
Diphtheria			
Other			

For the Physician's Office: 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 to implement an effective equestrian program.

Name/Title: \_\_\_\_\_

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

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

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