



CHP Policies

Participant Handbook

Therapeutic Program Application

Please read the following information in detail, **complete** the application and **return** to the office as soon as possible for us to schedule your session's. Please keep pages 1-9 for your files on the agreement and program policies. Note that page 15, boxed area, must be **signed by a Health Care Provider**. If forms are not completed and signed, they will be returned, not accepted and may delay your participation in the program.

*Any additional information you would like to provide would be much appreciated—the more knowledge we have about a participant the better we can facilitate their success. Sharing IEP's, ISP, therapy notes, etc. is helpful.

Mission

Chastain Horse Park serves clients of all ages and abilities helping them to attain their highest potential in areas of cognitive, physical, and emotional development through the therapeutic relationship with a horse.

Vision

To serve the Atlanta community and enhance the lives of our patrons through horsemanship by providing a combination of equestrian activities including therapeutic programs, beginner to advanced riding lessons, pony parties for children, and competitive show opportunities.

Chastain Horse Park
4371 Powers Ferry Road NW, Atlanta, GA 30327
office (404) 252-4244 fax (404) 252-1106
www.chastainhorsepark.org
therapeutic.lessons@chastainhorsepark.org



THERAPEUTIC PROGRAM & POLICY AGREEMENT

Please keep this Agreement (pages 1-9) for your own files

Welcome to Chastain Horse Park, Ltd., hereinto fore CHP. Our program is based on providing a safe and enjoyable learning environment with horses for children and adults with a variety of disabilities. Therapeutic riding is an equine-assisted service that contributes positively to the cognitive, physical, emotional and social well-being of individuals with special needs. The program will develop and strengthen skills in the areas of (including but not limited to) awareness, balance, flexibility, muscle tone, patience, strength, coordination, focus, leadership, team playing, confidence, courage, friendships, spatial awareness, and fun.

Therapeutic Program—Equine Assisted Services Overview:

Therapeutic Riding/Adaptive Horsemanship: This service is designed to teach individuals with physical, cognitive or emotional challenges the skills necessary to ride a horse, as well as the skills necessary to appropriately groom, tack and care for a horse. Skills taught will vary depending on the client. Therapeutic Riding lessons are taught by PATH Intl. Certified therapeutic riding instructors. CHP considers the characteristics, age, riding level, and goals of all participants and will determine whether participants will be in a group or private lesson when scheduling. The maximum group class size is 5 clients.

Community Outreach: CHP offers unmounted and mounted horsemanship sessions designed to improve participants with functional life skills, provide a hands-on experiential learning opportunity, non-judgmental environment and chance to be exposed to horses, horsemanship, and all the benefits provided by such experiences. The Outreach program boosts the participant's self-confidence and social skills. It allows individuals to interact and communicate not only with each other but with the horses as they give them commands while riding and listen to directions from the instructor.

Therapy: occupational therapy, physical therapy and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement as a therapy tool to engage sensory, neuromotor and cognitive systems to promote functional outcomes. Best practice dictates that occupational therapy, physical therapy and speech-language pathology professionals integrate hippotherapy into the patient's plan of care, along with other therapy tools and/or strategies. We subcontract our Hippotherapy services through My Heroes Therapy. All therapists are licensed by the state, have passed their American Hippotherapy Association level 1, at the minimum, certification and perform therapy sessions here at the horse park.

Chastain Horse Park is a PATH Intl. Premier Accredited Center. All our therapeutic program instructors are certified by PATH Intl. This governing body promotes safety and optimal outcomes in equine-assisted services for individuals with special needs. The organization provides industry standards, procedures, and policies, which Chastain Horse Park adheres to strictly. We seek to maximize the abilities of each participant and tailor a session program that is just for them whether they ride in a private or group lesson. We work with people with a variety of disabilities, cognitive, emotional and physical. Please feel free to visit www.pathintl.org to learn more.

Please read the following information carefully. It contains not only **expectations** of the client but **requirements** that must be adhered to in order to participate at Chastain Horse Park. These policies are in place for safety and so we may be able to offer the best quality programming. If you have any questions about the agreement, please feel free to contact the Program Director or our office at (404) 252-4244.

SEMESTERS

CHP's programs operate on a semester system:

Spring Semester: *January-May*

Summer Semester: *June & July*

Fall Semester: *August-December*

We conduct Planning Weeks (no lessons) throughout the year, typically a week between semesters.

Holidays: Chastain Horse Park recognizes the following holidays and will be closed for business on:

New Year's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Eve Day

Christmas Day

New Year's Eve—close at 2:00 PM

PAYMENT POLICY & TUITION:

Chastain Horse Park is dedicated to offering our services to all those who qualify, regardless of their financial circumstances. We are a 501(c)3 non-profit organization. We strive to provide financial assistance to individuals who are in need, in a fair and responsible manner. Across the board, **Chastain Horse Park subsidizes 50% of all therapeutic program costs** to make equine assisted services affordable to families. However, a portion of the participant fee is necessary to help defray the cost of this expensive service.

Lesson Type	Monthly Cost (w/o subsidization)	Monthly Tuition Fee for Client
30-minute Private Lesson	\$736.10	\$368.05
60-minute Group Lesson	\$736.10	\$368.05
60-minute Private Lesson	\$1,472.20	\$736.10

*rates are subject to change—you will be notified

- We ask that clients commit to a semester at a time. Lesson tuition will be billed on a monthly basis. Lessons are scheduled and paid for at the beginning of the month. Clients are designated a specific weekly day/time within the semester schedule. Schedule changes must be approved by the program director, and frequent schedule changes are not permitted. You will remain enrolled as a participant from semester to semester unless CHP is otherwise notified in writing through the 30-day withdrawal notice.
- You may not pay your instructor directly for lessons.
- We accept both ACH (bank transfer) and credit card payments (MasterCard, Visa, Discover and American Express).
 - If paying via credit card, a **3% convenience fee will be applied**. If you prefer to avoid convenience fees, please pay via ACH by receiving the form from our billing department at billing@chastainhorsepark.org.
- Credit card payments for tuition will be automatically withdrawn from your credit card at the beginning of the month.
- If your credit card is rejected, you are required to pay a **\$25.00 late fee**.
- No refunds are given.
- Clients with an outstanding balance will not be allowed to participate until their balance is resolved.
- Billing issues—contact the office at 404-252-4244, ask to speak with the administrator or business manager

Outside Funding Requests/Third Party Payers

CHP is an approved vendor for some of the Medicaid waiver governmental agencies such as Acumen Fiscal Agent, InCommunity Atlanta (formerly Georgia Community Support & Solutions) and has accepted payment/funding for Easter Seals/Champions for Children, Brain and Spinal Cord Injury Trust Fund, etc. Any participant utilizing outside funding agrees to provide a deposit of one month's tuition and sign our third-party payer contract. If the third-party payer/fiscal agency is unable to cover the cost of services, client agrees and assumes responsibility to make full payment for the services received at Chastain Horse Park.

WITHDRAWING FROM THE PROGRAM

You are required to give a **30-day written notice to therapeutic.lessons@chastainhorsepark.org**. There will be no credits or refunds given in the program. We require our participants to strictly adhere to this policy.

RULES & RESPONSIBILITIES OF PARTICIPANT:

- **Participants are responsible for arriving at each lesson on time unless you have previously notified and received approval from the instructor. Participants may arrive 5 minutes before lesson time or earlier if approved by your instructor. The allotted lesson time you are assigned is the time you have to interact with your horse. Many of our horses, volunteers and instructors are scheduled in back to back lessons therefore running over time or starting early is not possible. If a participant is late (15 minutes+), and other participants in the group are already in the arena, the late participant may not be able to ride. After the fifteen (15) minute waiting period has passed, the volunteers will be instructed to return the horse to the barn and the lesson will be forfeited.**
- Participants are responsible for tacking up their horses. A volunteer will be provided to assist therapeutic clients. This task is considered part of the allotted lesson time.
- Participants are responsible for cleaning up after themselves and their horse. A volunteer will assist therapeutic clients. This task is considered part of the allotted lesson time.
- Lesson times include preparing the horse such as grooming and tacking, warm up/cool down and properly putting the horse away.
- Lesson time may be adjusted if one or more participants are absent from the lesson. Ex: Group of 3 riders has 2 absent clients, the lone client will complete a 30-minute private.
- Participants are not allowed to have their technical devices interrupting lessons: NO phone calls or texts.
- Parents watching lessons are not allowed in the arena unless otherwise advised by the instructor and no coaching from the sideline. Except for emergencies, parents should avoid interacting, disrupting, or distracting clients. Please do not converse with your child until after the lesson.
- An adult must supervise all children not riding in the lesson. Please no throwing rocks, running, climbing fences, screaming or activities that could potentially spook horses. This is for the safety of the children and to ensure that no horses are startled during lessons.
- Parents, guardians, or caregivers must remain on the premises during lessons if: the participant is under the age of 14, or the participant is in the care of or under the supervision of a parent, guardian or caregiver, unless prior authorization is granted by the instructor.
- The barn is a busy place during lesson times. For your safety and the safety of others, please do not congregate in the barn, in front of the barn, or in the pathway leading from the barn to the mounting area. This area needs to remain clear for the horses. Only approved riders, staff and volunteers are permitted in the stalls, paddocks and arenas.
- All dogs must be leashed. No barking, growling, or biting dogs allowed on premises.
- No dogs or baby carriages are allowed in the barns.
- No umbrellas on property—they can spook horses so please dress accordingly for rainy weather

- Occasionally, a CHP horse may misbehave. The instructor will attempt to correct the behavior. If the horse's behavior does not improve, the instructor may choose for that participant to finish the lesson observing the other participants or engaging in another safe manner that may not be mounted on that horse.
- Mounted participants on CHP horses are not allowed outside of the arenas unless a trained volunteer or instructor is leading the horse. Otherwise, you must walk your horse from barn to arena and/or from arena.
- Treats must not be offered to the horses by anyone at any time. If you wish to donate carrots or apples, please bring them to the visitor lounge. It is important for the horse's health and everyone's safety that these guidelines are followed. Volunteers, however, are allowed all forms of treats such as cookies, chips, etc. Donations of treats for our hardworking volunteers are always welcome and appreciated and may also be delivered to the visitor lounge.
- For safety reasons, several areas around the center are posted "Authorized Personnel Only". Please observe these signs during your visits. Only staff, volunteers, and supervised participants are permitted in the stalls.
- There is no smoking allowed on the property.
- The speed limit on the property is 5 mph. Please drive carefully.
- Photography is permitted, if it is not interfering with the lesson in any way or startling the horses and you have permission from the individual/parent/guardian. Please respect the privacy of others.

WEATHER POLICY

Lessons are held rain or shine, hot or cold. We are very fortunate to have two covered arenas. When the weather does not allow mounted lessons, we will have un-mounted horsemanship lessons. Extreme conditions could cause a horse to spook; we err on the side of caution and will not allow mounted lessons in certain scenarios. This opportunity is used to focus on advancing unmounted horsemanship skills. If participants do not wish to take an unmounted barn lesson, a makeup will not be granted. Our belief is that there is much more to horsemanship than sitting on a horse. Therefore, refusal to participate will be treated as a no-show and you will forfeit the lesson.

CANCELLATIONS & MAKE-UPS

Every attempt will be made to avoid cancellations. However, there are situations that are unavoidable at times, such as, equine health related issues, dangerous weather, and true emergencies (situation that poses an immediate risk to health.) We appreciate your understanding and support regarding our cancellation policy.

- **Cancellations by CHP:** CHP rarely cancels. You will be notified if lessons are cancelled. Makeup lessons will be offered.
- **Cancellations by Participants:** once enrolled in a semester, clients are responsible for attending all weekly lessons in that semester. Refunds are not offered. If participants cancel with **less than 24-hours' notice** or inadvertently miss their lesson, the lesson is subject to **full charge and no makeup**. "No-show/no-calls" result in:
 - The participant's ability to progress requires consistent participation
 - Inconsistent participation disrupts schedules and affects CHP's ability to recruit and retain volunteers who are an integral part of our services
 - Horses are impacted through unnecessary tacking and untacking
 - CHP is impacted by inefficient use of staff, volunteers and facilities

As a reminder, the following are our cancellation policies:

- To submit a cancellation in advance (48 hours before the scheduled lesson), email therapeutic.lessons@chastainhorsepark.org regarding cancellation.
- If you need to cancel less than 48 hours before your scheduled lesson, notification must be made by calling/texting your instructor/professional directly as well as emailing therapeutic.lessons@chastainhorsepark.org. Professionals contact information given to you upon scheduled assignment.

- If you do not call and do not come for your lesson time, you will be charged a **\$25 “No Show”** fee that will be billed on the following month’s statement.
- Excessive absences (3 or more) or no shows (more than 1), will be subject to losing your class slot and being placed at the end of the waiting list.

- **Makeups: Participants will be allowed one (1) makeup lesson per semester.** As soon as you are aware that you cannot attend a lesson, please inform us immediately at therapeutic.lessons@chastainhorsepark.org.
 - A makeup may be requested with at least 48 hours advance notice (or less in the case of illness or emergency).
 - Participants may have to ride with another instructor for their makeup. Private lessons will not necessarily have private makeup lessons and if you regularly ride in a group lesson, your makeup may not be a group but rather a private.
 - Participants that do not appear for a scheduled makeup will be charged for the makeup and the missed lesson will be forfeited as well.

ATTIRE POLICY

- All clients must wear ASTM-SEI approved headgear with hair tied back neatly while mounted and interacting with horses from the ground. Community helmets are available at the center. However, if you would like to purchase your own please make sure the rider is fitted in the store.
- Wearing long pants is important so the leather tack doesn’t rub or cause blistering to the skin. Nylon pants (such as warm-up pants, athletic pants) are not permitted because they are too slippery against the saddle or pad.
- Hard soled shoes or boots with a heel are ideal for riding. Sandals or open toed shoes are not permitted.
- Jewelry should be kept to a minimum.
- Clients should dress appropriately for the weather conditions so they can be comfortable during lessons. Remember to layer clothing during cold weather and to wear warm coats, heavy socks, long underwear or tights, gloves, etc. In warm weather, please remember to wear light-colored clothing and apply sunscreen before riding.
- Clients may also want to bring their own water bottles. There’s a water dispenser in barn 4.

Store Listing

- *CHP* has a gently used equestrian apparel store that you can access to see if there are items that work for you and proceeds go back into the programming.
- *Atlanta Saddlery*: 1600 South Main Street, Alpharetta, GA, 30009, (770) 475-1967
 - Store hours: Monday-Saturday 10-6, *AS honors a discount to CHP clients
- *Dover Saddlery*: 670 N Main St #112, Alpharetta, GA 30009, (770) 777-1952
 - Store hours: Monday - Wednesday 10:00 AM - 06:00 PM, Thursday 10:00 AM - 08:00 PM, Friday - Saturday 09:00 AM - 08:00 PM, Sunday 11:00 AM - 06:00 PM
- *Horse Town*: 3 Locations:
 - 1231 Shallowford Rd, Marietta, GA 30066, (770) 926-7346
 - 4583 Bill Gardner Pkwy., Locust Grove, GA 30248, 770-898-6330
 - 1959 Dogwood Rd., Snellville, GA 30078 770-736-1888
 - Store hours Mon-Sat: 10am - 9pm, Sun: 12pm - 6pm.

AGE LIMITS

Individuals must be at least

- 2 years old before they can participate in Hippotherapy
- 4 years old for Therapeutic Riding or Community Outreach

There is no maximum age limit.

*Children 4-8 years lessons@chastainhorsepark.org

WEIGHT LIMIT POLICY—*for mounted activities, weight restrictions do not apply to unmounted activities*

At CHP, safety is our primary concern. We must ensure the health and wellness of our participants, volunteers, instructors, and horses as mandated by PATH Intl. Horses are selected for participants based on client's skill set, stability on the horse, equipment available, appropriateness of volunteers available, horse conformation and movement, and client's weight. For the safety of our clients, horses, and volunteers, CHP has a maximum weight limit of 200lbs. for balanced and/or independent clients for mounted activities.

All individuals in the Therapeutic Program will be evaluated to ensure the safety of their participation in mounted activities or therapies. Among the factors to be considered will be the availability of appropriate horses, volunteers and tack .Please note that the herd, volunteers, and tack at CHP is dynamic and due to this fact, we may not always have horses, tack, or volunteers available to safely accommodate every individual who wishes to participate.

An unbalanced, low tone and/or supported client is an individual who may demonstrate one or several of the following: chronic leaning to one side, unable to consistently sit astride a horse without support, needs help supporting the upper body, needs physical assistance during the mount or dismount, needs physical assistance during an emergency dismount (or is unable to consent to the risks of being unassisted during an emergency), is easily left behind the horses movement, etc.

Staff will evaluate each client/horse configuration based on the following:

- Horses confirmation and back strength as well as human confirmation
- Type of tack used – western saddles can add an additional 25 pounds to horse's workload.
- Clients weight as it pertains to tone and motor control:

Agile Weight: A client that is balanced, has at least 80% control of their motor function and is able to maintain balance in motion with the horse.

Low Tone Weight: A client with between 30-80% control of motor function. Able to maintain balance in motion with the horse with assistance (side walker using an ankle or over the thigh hold at the walk and trot)

Dead weight: A client with 0 – 30% control of motor function. Unable to maintain balance in motion with the horse without full assist from side walker. (Note: clients who cannot maintain an upright posture while mounted are not accepted into our therapeutic horsemanship program – these individuals need to be served by a licensed Physical or Occupational Therapist who provide Hippotherapy).

CONFIDENTIALITY POLICY

CHP shall preserve the right of confidentiality for all individuals participating in its programs. All staff, volunteers and Board of Director members shall keep confidential all medical, personal, social, referral and financial information regarding a person and his/her family. This policy shall apply to all persons during and after employment or volunteer commitment. Anyone who is employed by, volunteers for, or provides services to CHP is bound by this policy. This includes but is not limited to full and part-time employees, independent contractors, temporary employees, volunteers and board members.

Procedures for adhering to this confidentiality policy shall follow guidelines for protection of personal health information. All employees, contractors, volunteers and board members shall be in-serviced on this policy and procedures before working with clients. Procedures for protecting personal health information and ensuring confidentiality include but are not limited to: medical record access shall be limited to those individuals working directly with clients; medical records shall be stored in a secure area; information from medical records shall not be shared with individuals not directly involved in the care of such client; medical records shall not be removed from premises; personnel stated above shall not discuss client information randomly; information such as treatment planning or case review shall be discussed in a secure area at designated times; personnel stated above shall not discuss client information outside the premises; phone conversations regarding personal health information (i.e. discussion with physician) shall be conducted in a private area.

Results from breaching this policy may include formal reprimand, loss of certain job responsibilities, loss of credit hours, termination, dismissal from the Board of Directors.

PARTICIPANT ELIGIBILITY

CHP's Statement of Participant Eligibility or Dismissal

CHP offers services to individuals with special needs. Eligibility for participation in CHP's programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, horse, volunteers and class availability which meets individuals' needs.

As a fully accredited PATH Intl. operating Premier Accredited Center, CHP fully ascribes to the Precautions and Contraindications as recommended by the Medical Committee of PATH Intl. as well as Professional Standards.

Examples of contraindications to participate include:

Client is currently:

- Actively dangerous to self or others (suicidal, homicidal, aggressive)
- Actively delirious, demented, dissociative, psychotic, severely confused (including severe delusion involving horses)
- Medically unstable
- Actively substance abusing

Therefore, our professional staff provides initial and ongoing evaluations for all prospective and active participants.

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom CHP's programs are deemed inappropriate during the evaluation process and are not accepted for enrollment or certain recommendations may be made that would be appropriate such as unmounted semester. There may be circumstance where individuals may not be eligible to continue in CHP's programs. This determination is made based on physical, behavioral and other limitations including PATH Intl. premier accreditation and safety guidelines.

Individuals accepted into CHP's programs are required to take part in periodic progress reviews and follow CHP's rules and procedures. During these reviews, or as a result of unusual occurrences during a program semester, the CHP professional staff may find that continuance in the program for a given individual is inappropriate or contraindicated. For this reason, CHP reserved the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of CHP and/or the individual concerned.

CHP reserves the right to decide we are unable to serve an applicant due to unavailable resource(s) and/or safety concerns including PATH Intl. guidelines relating to contraindications for participation.

Riding/Mounted Participation Criteria:

- Physically able to sit symmetrically with torso upright and legs astride the horse during dynamic movement
- Physically able to maintain head and neck position independently in proper alignment with dynamic movement
- Weigh less than 200 pounds
- Does not exhibit physical or behavioral conditions that are contraindicated by PATH Intl. (see Medical History Form)
- Current signed and dated paperwork – including Registration and Release Form, Medical History Form, and Annual Update Form
- Benefit physically, emotionally, socially and/or cognitively from services provided at CHP
- Complete an intake assessment where trained staff evaluate eligibility
- Able to tolerate a riding safety helmet
- Ability to accommodate the movement of the horse without pain
- Adequate range of motion in hip(s) to sit astride
- Safety awareness around animals
- Ability to express pain or discomfort
- Behave in a manner that is safe for self, horses and others

ANNUAL UPDATE OF PAPERWORK

It is a requirement of both PATH Intl. and CHP that ALL participants submit an Annual Renewal Form. This standard is regardless of how often an individual has ridden at CHP during the previous year(s).

It is the client's responsibility to be sure paperwork is current. Failure to comply will result in a temporary riding suspension until paperwork is made current. Client paperwork is available at CHP's website:

www.chastainhorsepark.org

Submission of other paperwork such as IEPs and therapy evaluations is encouraged, as these assessments are a beneficial part of lesson planning. Clients with outdated forms will not be allowed to participate.

DISCRIMINATION DISCLOSURE

It is the policy of the CHP to provide equal opportunity for all persons and to prohibit unlawful discrimination because of age, disability, race, color, creed, religion, gender, national origin, or veteran status. This policy applies to all participants, potential participants, volunteers and employees.

WHO TO CALL WITH QUESTIONS?

If you have any questions, please contact your instructor anytime. If you are in doubt about weather or holidays, please contact your instructor. It is policy that every participant corresponds directly with his/her instructor.

PROGRAM PARTICIPATION AGREEMENT

Chastain Horse Park, LLC. operates under guidelines established by the Professional Association of Therapeutic Horsemanship International (PATH Intl). These guidelines allow us to provide quality equine assisted services while practicing risk management and keeping safety paramount for all participants. I acknowledge that failure to comply with CHP’s policies may result in dismissal from the program. By signing below, you recognize that you have thoroughly read and reviewed all policies and acknowledge receipt of this information. Thank you for your cooperation.

I _____ (*name of client/parent or legal guardian if under 18yrs old or does not have the capacity to contract*) have read and acknowledge the Program Policies and will abide by the stated policies. I understand that these policies are designed to help keep all involved parties safe and operations of the Chastain Horse Park regular.

Signature: _____ Date: _____
(Signature of parent/guardian if client is under 18 yrs. Or lacks capacity to contract)

If you are applying to participate in Therapeutic Riding/Adaptive Horsemanship please complete the following:

PAYMENT INFORMATION

CREDIT CARD INFO—Information below must be completed in full by cardholder:

(Circle one) MasterCard Visa American Express

Card No.: _____ Expiration Date: _____ CVC Code: _____

Print Name on Card: _____ Signature: _____

Billing Address: _____

I authorize Chastain Horse Park to withdraw monthly tuition due from my above account.

Signature: _____ Date: _____

Printed Name: _____

THERAPEUTIC RIDING PROGRAM

(PLEASE PRINT CLEARLY)

Participant Name: _____ Date of Birth _____ Gender: _____

Address: _____ City/State: _____ Zip: _____ County: _____

If applicable, name(s) of parent(s)/guardian(s): _____

Contact Phone Number(s) in order of preference: (designate c=cell, h=home, w-work, mc=mother cell, fc=father cell, etc.)

Phone 1: _____ Phone 2: _____ Phone 3: _____

E-mail Address(es) _____

Participant's school, day program, or place of employment/job: _____

How did you hear about Equine Assisted Services at Chastain Horse Park? Web search Friend or family Live nearby Health care provider referral Staff/board member Current/past client Waiver vendor list Other: _____

Has the student had prior experience with therapeutic riding or hippotherapy? YES NO If so, when and where? _____

IN CASE OF EMERGENCY please contact:

Contact Name: _____ Relation: _____ Contact Phone: _____

Contact Name: _____ Relation: _____ Contact Phone: _____

Please indicate any allergies: _____

Current medications: _____

Preferred medical facility: _____ Preferred Provider: _____

Health Insurance Carrier: _____ Policy Number: _____

We ask for your voluntary response to the following questions as we grow and expand our services. This information will be used ONLY for purposes of fund-raising, obtaining financial and in-kind support from foundations and other support agencies as well as from government entities. Your responses will, in no way, influence your registration or participation.

Race or ethnicity Asian American Indian Black/African American Caucasian Latino/Hispanic Pacific Islander Other: _____ choose not to answer

Total Household Income less than \$20,000 \$21,000-\$40,000 \$41,000 – \$75,000 \$76,000-\$100,000 more than \$100,000

MEDICAL RELEASE:

____ I GIVE MY CONSENT: In case of a medical emergency, the undersigned authorizes the CHP to provide such medical assistance as they determine to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide medical surgical care and/or hospitalization for the participant, including anesthetic, which they determine to be necessary or advisable, pending receipt of a specific consent from the undersigned. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

OR

____ 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. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

PHOTO RELEASE:

I DO-• or I DO NOT-• consent to and authorize the use and reproduction by Chastain Horse Park & PATH Intl. of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

LIABILITY RELEASE:

I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on client, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Chastain Horse Park, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of Chastain Horse Park property, equipment, or facilities.

WARNING

Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT AS INDICATED ABOVE:

Signature: _____ **Date** _____
(Signature of parent/guardian if client is under 18 yrs. Or lacks capacity to contract)

Print Name: _____

<i>For Office Use Only:</i>				
Date Received: _____	Instructor: _____	Billing Info submitted: _____		
Entered DB _____	by _____	date: _____	Schedule: _____	
Lesson Type: TG-11111	TP30-11111	TG-x	TP30-x	Notes: _____

G-10101 TP30-11111 TP30-10101 TG-x TP-x

Date: _____

Dear Physician: Your patient, _____ (participant's name) is interested in participating in supervised equestrian activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions 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
Coxarthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/
Tethered Coed/Hydromyelia

Other

Age – usually under 4 years
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 (e.g., RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact the center at the address/phone indicated below.

Sincerely,

Kelcy Rainer
Therapeutic Program Director
PATH Intl. Advanced Therapeutic Riding Instructor with PATH Intl. CTRI certification
Chastain Horse Park
PATH Intl. Premier Accredited Center
4371 Powers Ferry Road
Atlanta, GA 30327
office: 404-252-4244 ext. 1000
fax: 404-252-1106
www.chastainhorsepark.org

THERAPEUTIC PROGRAM MEDICAL HISTORY/RELEASE

CHP's therapeutic program is designed to benefit the client physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protection and greater personal benefit from the program, each client is required to furnish the following medical information before being accepted as a student.

Participant Name _____ Date of Birth _____
 Weight _____ Height _____ Diagnosis: _____ Date of Onset _____
(If needed, please attach additional information)

ALL Participants with **DOWN SYNDROME** - PLEASE NOTE: Due to the nature of Equine Assisted Services, we require that ALL individuals diagnosed with Down Syndrome must have an ANNUAL certification from their physician that a neurologic and/or physical examination reveals no sign of **Atlanto-Axial Instability (AAI)** or decrease in neurologic function:
 a) **Annual** neurologic/physical exam for AAI/decreased neurologic function: [] Positive [] Negative; Exam Date _____
 b) Most recent cervical x-ray for AAI: [] Positive [] Negative..... X-ray Date _____

Tetanus Immunization: Date _____ Past surgery _____

Seizure Type: _____ **Controlled Yes / No** Last seizure: ____/____/____

Client is (check all that apply): Communication: Verbal Verbal Assisted Non-Verbal

Senses: Hearing Hearing Assisted Deaf Seeing Seeing with assist Blind

Mobility: Ambulatory Ambulatory Assisted Non-Ambulatory Independent ambulation Crutches
 Braces Wheelchair

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

	Yes	No	Comments
Allergies			
Auditory			
Behavioral/Social/emotional issues			
Cardiac			
Circulatory			
Cognitive/mental impairment			
Dislocating or subluxing joints			
Immunity			
Integumentary/Skin			
Learning Disability			
Muscular			
Neurologic			
Orthopedic			
Ossification or osteoporosis			
Pain			
Psychological impairment			

Pulmonary (incl. asthma)			
Scoliosis (Degree & Type)			
Sensory impairments			
Speech impairment			
Surgical implants			
Tactile sensation			
Visual			
Other			

Parent/Guardian Signature _____ Date _____

Required to have a HEALTH CARE PROVIDER complete the following:

IMPORTANT NOTE TO MEDICAL PROVIDER/MEDICAL FACILITY: *If you prefer to provide the requested information on your own medical form, we will accept that only when the below release section is completed, signed and dated, and your form is stapled to this CHP form.*

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic center will weigh the medical information above against the existing precautions and contraindications. I concur with a referral of the patient to a licensed/credentialed health professional (e.g., PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

____ May participate in all activities. ____ May participate except for: _____

****FOR PERSONS WITH DOWN SYNDROME:**

Neurologic symptoms of Atlanto Axial Instability: Present Not Present

Given the above information, this person is not medically precluded from participating in supervised equestrian activities at Chastain Horse Park.

Signature _____ **MD PA NP Other** **Date** _____

Name (Print) _____ **License/UPIN Number:** _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Comments:

Please describe 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/SOCIALFUNCTION (i.e. Work/school including grade completed, leisure interests' relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. What would you like the participant to accomplish?)

**Chastain Horse Park, LTD
4371 Powers Ferry Road
Atlanta, GA 30327
404-252-4244**

RELEASE AND HOLD HARMLESS AGREEMENT

WARNING

UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF ANIMAL ACTIVITIES PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

WITNESS THIS AGREEMENT this ___ day of _____, 20___, by _____ (“**Releasor**”) in favor of Chastain Horse Park, LTD, a Georgia nonprofit corporation (“**CHP**”). In return for access to CHP’s property, the services provided, and the use of any facilities, equipment and equines of CHP and/or on the property on the date set forth above and on all future dates, the covenants and agreements hereinafter contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Releasor on behalf of Releasor and Releasor’s heirs, assigns, parents, guardians and representatives, officers, directors, employees, agents, independent contractors, volunteers, affiliates, subsidiaries, successors and permitted assigns hereby agrees as follows:

1. INHERENT RISKS AND ASSUMPTION OF RISKS . Releasor hereby expressly acknowledges the **inherent risks of death, injuries or other harm** to Releasor and any other person and/or property arising from, related to, associated with or otherwise connected with any equine-related activity (“**Equine Activity**”), including but not limited to, riding, participating in any equine-related activity, and/or observing or being present around any equine or other equine-related activity.

Releasor **hereby expressly assumes any and all risks** arising from, related to, associated with, or otherwise connected with **any Equine Activity regarding, related to or pertaining to CHP in any way** (“**CHP Equine Activity**”), including but not limited to: (a) any Equine Activity on CHP’s premises; (b) any Equine Activity in which any equine, equipment, or other property, which CHP owns, leases, or otherwise uses, is used; and/or (c) any Equine Activity, which involves the participation in any way, direct or indirect, of CHP, or any of CHP’s officers, directors, employees, agents, independent contractors, volunteers, or affiliates, including but not limited to, any instruction, supervision, or sponsorship of any Equine Activity or providing or arranging transportation of Releasor or Releasor’s equine, equipment or other property.

The risks, which Releasor hereby expressly assumes above, include but are not limited to, **to death, injury or harm to Releasor or any other person accompanying Releasor and damage to any property** arising from, related to, associated with, or otherwise connected with: (i) any equine running, bucking, biting, kicking, shying, stumbling, rearing, throwing any person off, dragging any person, falling or stepping on any person, or equipment malfunction or failure; (ii) the nature of any equine to be unpredictable and subject to animal whim; (iii) the unpredictability of any equine’s reactions to anything, including but not limited to, sounds, sudden movement and unfamiliar objects, persons or other animals; (iv) the propensity of any equine to behave unpredictably and/or dangerously (v) hazards, such as surface and subsurface conditions; (vi) collisions with other animals; (vii) the limited availability of emergency medical care; and (viii) the potential of Releasor, CHP and/or CHP’s officers, directors, employees, agents, independent contractors, volunteers, affiliates, and subsidiaries, and the owner of any interest in any equine located on the property of CHP, or any other person to act in a negligent manner, including but not limited to, negligently failing to maintain control over an animal, not acting within his or her abilities, or negligently providing or arranging transportation of Releasor or Releasor’s equine, equipment or other property.

In addition to the foregoing, **Releasor hereby expressly assumes any and all risks arising from, related to, associated with, or otherwise connected with Releasor's presence on CHP's premises or the presence of any person accompanying Releasor on CHP's premises**, including but not limited to, any injury or harm to Releasor or any person accompanying Releasor on CHP's premises, and/or any damage, destruction, or theft of any property on CHP's premises. Releasor acknowledges and agrees that while on CHP's premises, it is the sole responsibilities of Releasor and anyone accompanying Releasor to protect himself/herself, each other, and any property on CHP's premises, and that CHP shall have no responsibilities or obligations to do the same.

By way of further example only, and without limiting any of the foregoing, Releasor acknowledges and fully understands that the behavior of any animal may be contingent upon the abilities and limitations of the person(s) interacting with the animal and assumes any all risks arising therefrom, related to, associated therewith or otherwise connected therewith. Releasor further warrants, represents and agrees that Releasor has made a full and fair disclosure of Releasor's abilities and limitations to CHP, and CHP reserves the right to refuse to provide services to Releasor if CHP determines in its sole discretion that Releasor for any reason is unable to participate in any service provided by CHP or could harm any person or any equine, facility, equipment or other property owned or used by CHP (regardless of its location), or any other property located on CHP's premises; provided, however, that CHP shall have no duty or any other obligation to determine whether Releasor or any other person is a risk of any such harm or has the ability to participate in any service provided by CHP, and Releasor is not relying upon any such determination by CHP.

By way of example only, and without limiting any of the foregoing, Releasor also acknowledges and fully understands that CHP's premises is located in a residential environment along heavily traveled roads and that there will be frequent road noises from vehicles, trucks, nearby school children and other sources, and there may be foot traffic through CHP's premises, including but not limited to, the barns.

By way of example only, and without limiting any of the foregoing, Releasor acknowledges and fully understands that Releasor and any person accompanying Releasor uses any of CHP's services, premises and any equine, facility, equipment or other property owned or used by CHP (whether located on CHP's premises or not), at his or her own risk.

2. WAIVER, INDEMNIFICATION, RELEASE AND HOLD HARMLESS. Releasor hereby expressly waives and agrees to indemnify, release, hold harmless and defend CHP and the City of Atlanta and any and all of CHP's (and/or the City of Atlanta's) **officers, directors, employees, agents, independent contractors, volunteers, affiliates, subsidiaries, successors, permitted assigns, and the owner of any interest in any equine used by CHP** (singly "**Releasee**" and collectively "**Releasees**"), from and against, any and all claims, demands, liabilities, obligations, causes of action, damages, losses, judgments, orders, costs or expenses, including but not limited to, reasonable attorney's fees and expenses, whether actually incurred or not, whether now existing or hereafter accruing or maturing at any time, and irrespective of how arising and however caused, which may **in any way arise from, relate to, or be in any way associated with or connected with any CHP Equine Activity, the negligence of CHP or any other Releasee (except willful or wanton negligence or misconduct), the presence of Releasor or any person accompanying Releasor on CHP's premises, or the presence of any property of Releasor or any person accompanying Releasor on CHP's premises, including, but not limited to, loss or damage of any equipment or personal property; personal or bodily injury, death or illness to Releasor or anyone accompanying Releasor ("Released Claims")**.

Releasor agrees and covenants never to bring any action at law or in equity against CHP or the City of Atlanta, or their officers, directors, employees, agents, independent contractors, volunteers, affiliates, subsidiaries, successors, permitted assigns, or the owner of any equine located on the property of CHP, arising from or related to any of its Released Claims.

In the event any suit is brought by either CHP or Releasor to enforce any provision of this Agreement, the prevailing party shall be entitled to collect his/her/its expenses of litigation, including but not limited to, reasonable attorney's fees and costs.

3. HEALTH OF EQUINE. If Releasor is using Releasor's own equine, or an equine not owned by CHP, Releasor warrants said equine shall be free from infectious, contagious or transmittable diseases. CHP reserves the right to refuse access or use of any equine upon CHP's property or in any sponsored or related activity that does not appear in CHP's sole discretion to be in good health, dangerous or desirable; provided, however, that CHP shall have no duty or any other obligation to determine that any equine on CHP's property or in any sponsored or related activity is or appears to be free from any disease, is in good health, or is not dangerous or undesirable; and Releasor is not relying upon any such determination by CHP.

4. WAIVER. Releasor agrees to waive the protection of any applicable statutes in this jurisdiction with a purpose, substance and/or effect which 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.

5. CONSENT TO USE OF IMAGE AND LIKENESS. In addition to the above, Releasor agrees to allow CHP and/or PATH Intl. to take or record photographs, videos, and/or audio of Releasor and any family member or other person accompanying Releasor to any CHP Equine Activity and use any such photograph, video, or audio for the purposes of advertising, marketing or other promotional material, educational activities, exhibitions or for any other use for the benefit of CHP and/or PATH Intl.

6. RULES AND REGULATIONS. Releasor agrees to strictly adhere to that certain Policy Agreement, which is hereby expressly incorporated by reference as though fully stated herein, and to strictly abide by and follow any other rules and regulations of CHP, which shall be posted and/or available from time to time.

7. EMERGENCY MEDICAL TREATMENT. The officers, directors, employees, agents, independent contractors, volunteers, affiliates, and subsidiaries of CHP have Releasor's permission to use their sole judgement with regard to medical treatment in case of emergency until Releasor or emergency contacts can be reached. Should Releasor or emergency contacts not respond immediately, Releasor hereby authorizes any physician or hospital to proceed immediately with treatment should Releasor require emergency treatment.

8. ENTIRE AGREEMENT. This Agreement and that certain Policy Agreement, which is hereby expressly incorporated by reference as though fully stated herein, and any other written agreement between the parties signed by CHP and dated by CHP on the same date above or thereafter, if any, constitutes the entire agreement between the parties hereto, and there are no other agreements between the parties hereto except as expressly set forth herein. No other agreements, promises or representations, verbal or implied, are included. In the event the terms of this Agreement conflict with any terms of said Policy Agreement, this Agreement shall control. If any term or provision hereof is illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity or enforceability of the remainder of this Agreement, the Policy Agreement, or any other written agreement between the parties signed by CHP and dated by CHP on the same date above or thereafter, if any.

9. EXECUTION OF DOCUMENTS. Releasor agrees to cooperate in good faith, and timely execute and deliver any additional documents and instruments, perform any additional acts, and do all things necessary or appropriate to effectuate any of the provisions and conditions set forth in this Agreement; provided, however, that such acts, things, agreements, instruments, and/or documents do not impose additional obligations than those required by this Agreement. This Agreement and any additional documents and instruments may be executed and delivered by facsimile, electronic transmission or otherwise, including telecopied or electronic signatures and signature pages.

10. LAW. This Agreement shall be governed by the laws of the State of Georgia.

11. NO THIRD-PARTY BENEFICIARIES. This Agreement is solely for the benefit of the parties and the City of Atlanta, including but not limited to any party's (or the City of Atlanta's) officers, directors, employees, agents, independent contractors, volunteers, affiliates, subsidiaries, successors and permitted assigns. No other person or entity will be a beneficiary of any of the provisions of this Agreement, and the parties specifically deny any intention to benefit any such person or entity.

12 WARRANTIES OF AUTHORITY OF GROUP. Any person signing on behalf of Group below represents, warrants and agrees that (a) he or she has the legal right, power, capacity, and authority to execute and enter into this Agreement on behalf of Group, to bind Group to this Agreement, and to perform all other acts as may be necessary in connection with the performance of this Agreement; (b) said person is at least 18 years of age; (c) said person consents to and approves in all respects to this Agreement and Group's execution of this Agreement, and (d) agrees that Group shall be bound by this Agreement.

13. WARRANTIES OF AUTHORITY OF PARENT OR GUARDIAN OF RELEASOR. Any parent or legal guardian signing on behalf of Releasor below represents, warrants, and agrees that (a) he or she is the parent or legal guardian of the Releasor; (b) no court has issued any order, judgment, or decree granting custody of the Releasor to anyone else or otherwise affecting his or her rights as parent or legal guardian; (c) Releasor has not been emancipated; (d) said parent or legal guardian has the legal right, power, capacity, and authority to execute and enter into this Agreement on behalf of Releasor and said parent or legal guardian and to bind Releasor and said parent or guardian to this Agreement, and to perform all other acts as may be necessary in connection with the performance of this Agreement; (e) said parent or legal guardian is at least 18 years of age; (f) said parent or guardian hereby consents to and approves in all respects to this Agreement and Releasor's execution of this Agreement, and (g) agrees that both Releasor and said parent or legal guardian shall be bound by this Agreement.

RELEASOR

(IF PARTICIPANT)

Name of Participant (Print) **Date of Birth**

Name of Parent/Legal Guardian **Date of Birth**

Mailing Address **Email Address**

City **State** **Zip Code**

Home Phone **Work Phone** **Mobile Phone**

Signature of Participant **Date Signed**
[or Parent/Legal Guardian, individually, on behalf of himself/herself and on behalf of Participant]

How Can I Help CHP?

We ask for your response to the following questions as we grow and expand our services. This information will be used ONLY for purposes of fund-raising, obtaining financial and in-kind support from foundations and other support agencies as well as government entities. Your responses will in no way influence your registration or participation at Chastain Horse Park.

Name: _____

Civic or Service Organizations you or your family are involved with:

__ Rotary Club _____ __ Lions Club _____

__ Jr. League _____ __ Exchange Club _____

__ Religious Organization _____

__ Military or Retired Military Organization _____

__ Service Organization _____

__ Other _____ __ Other _____

__ Other _____ __ Other _____

__ Other _____ __ Other _____

Place of Employment:

Self: _____ Does employer offer matching gifts? In-Kind Donations? Sponsorships?

Spouse/Partner: _____ Does employer offer matching gifts? In-Kind Donations? Sponsorships?

Parent: _____ Does employer offer matching gifts? In-Kind Donations? Sponsorships?

Parent: _____ Does employer offer matching gifts? In-Kind Donations? Sponsorships?

I would like to share my story as part of a CHP Event? Y N

I am fluent in a language other than English? Y N _____

I would like to share my talents: __ Photography __ Handyman __ Website __ Other _____

I would like to volunteer for a committee: __ Fall Family Spectacular Committee __ Gala Committee __ Other

I would like to volunteer for CHP: Y N (*volunteer coordinator will send you next step information*)

I would like to donate: \$ _____

I have media connections. Y N _____

I have a suggestion for Donor: _____ Sponsorship: _____

In-Kind Donation: _____