



# Hope Ranch Therapeutic Riding Center, Inc.

3841 W. 69<sup>th</sup> Ave Manhattan, KS 66503 (785) 587-8180  
A Non-Profit Corporation (501c3) Tax ID # 20-4837483

Date Entered \_\_\_\_\_

## Participant's Application

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

DOB(DD/MM/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Male/Female

Parent(s)/Legal Guardian(s) \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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

Occupation (Father): \_\_\_\_\_

Occupation (Mother): \_\_\_\_\_

Work phone (Father): \_\_\_\_\_ Work phone (Mother): \_\_\_\_\_

Referred by: \_\_\_\_\_

### ***Photo Release***

- I DO
- I DO NOT

Consent to and authorize the use and reproduction by Hope Ranch Therapeutic Riding Center, Inc. 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.

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

Client, Parent, or Legal Guardian, signed in the presence of center staff

### ***Application for Quarter(s):***

\_\_\_\_\_ Winter Classes \_\_\_\_\_ Spring Classes

\_\_\_\_\_ Summer Classes \_\_\_\_\_ Fall Classes

**Please see you website for actual class starting dates or call 785-587-8180**

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## Participant's Health History

*Please indicate current or past difficulties in the following areas:*

Challenge	Yes	No	Comments
Vision			
Hearing			
Sensation			
Speech or communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Pain			
Bone/Joint			
Allergies			
Thinking/Cognition			
Other			

Please list what medications are currently being taken, including over-the-counter medication:

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Describe abilities/difficulties in the following areas (include assistance required or equipment needed):

**FUNCTION** (i.e. Mobility skills such as transfers, walking wheelchair use, driving/bus riding)

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**SOCIAL** (i.e. Work/school including grade completed, leisure interest, relationships-family structure, support systems, companion animals, fears/concerns, etc)

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**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish?)

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## Participant's Medical History & Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Primary diagnosis: \_\_\_\_\_  
 Secondary diagnosis: \_\_\_\_\_  
 Past/Prospective surgeries: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Seizure Type: \_\_\_\_\_ Controlled: Y/ N Date of last seizure: \_\_\_\_\_  
 Shunt present: Y/N Date of last revision: \_\_\_\_\_  
 Special precautions/needs: \_\_\_\_\_

Independent Ambulation: Y/N      Assisted Ambulation: Y/N      Wheelchair: Y/N  
 Braces/Assistive Devices: \_\_\_\_\_  
**For those with Down Syndrome:** AtlantoDens Internal X-rays, date: \_\_\_\_\_ Result: + -  
 Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

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

Challenges	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
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 heal professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

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

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## Authorization for Emergency Medical Treatment

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

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

Physician's Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

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

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

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

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving or giving services, or while being on the property of the agency, I authorize Hope Ranch, Inc. to

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

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

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

(Client, Parent or Legal Guardian, signed in presence of center staff)

### Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving or giving 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:

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

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

(Client, Parent or Legal Guardian, signed in presence of center staff)

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## Release and Waiver

FOR AND IN CONSIDERATION of Hope Ranch Therapeutic Riding Center, Inc. furnishing horses, equipment and instruction (herein referred to as “the activity”) and permitting \_\_\_\_\_ (**name of participant**) (herein referred to as “Participant”) to participate in the activity at Hope Ranch Therapeutic Riding Center facilities, the undersigned individual, being of lawful age, or if the Participant is not of legal age, then Participant and Participant’s parent or legal guardian, Participant’s heirs, administrators, executors, successors and assigns, waive all discharge and hold harmless all participants, volunteers or instructors involved in the activity, and their respective directors, officers, shareholders, partners, owners, agents, employees, assured, and all other persons, firms, corporations, associations or partnerships associated herewith and their heirs, executors, administrators, successors and assigns, and each of them (collective “Releasees”) from all claims, demands, actions or causes of action arising out of any losses or injuries to his/her person or property, or both, which may result, be sustained, or be received by him/her as a result of Participant attending and participating in the activity.

Participant and, if applicable, Participant’s parent or legal guardian, understand that by signing this Release and Waiver, Participant and, if applicable, Participant’s parent or legal guardian covenant and agree that Participant, as well as assigns, will never institute any suit or action at law, or otherwise, against the Releasees, any other Participants, volunteers or instructors involved in the activity, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damages, loss or injury either to Participant’s person or property, or both, which may result from the Participant’s attendance and participation in the activity, or travel or other activity associated herewith.

Participant and, if applicable, Participant’s parent or legal guardian, acknowledge that by attending the above mention activity, Participant and, if applicable, Participant’s parent or legal guardian, voluntarily assume(s) all risks and danger known or unknown, foreseen or unforeseen, attendant to Participant’s attendance and participation in the activity. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned to execute this Release and Waiver, and this Release and Waiver contains the entire agreement between the parties to this Release and Waiver.

The undersigned has/have read and fully understand(s) the foregoing Release and Waiver.

\_\_\_\_\_  
*Signature of Participant (if an adult)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian if Participant is a minor*

# Hope Ranch Therapeutic Riding Center, Inc.

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## Scholarship Application

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

Parent/Guardian Name(s): \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

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

Number of Individuals in Family \_\_\_\_\_

**Reason for Scholarship Application (Attach separate sheet if necessary):**

### Monthly Income Monthly Expenses (Estimate)

Source	Amount
<i>Income</i>	_____
<i>Expenses</i>	
Rent/Mortgage	_____
Utilities	_____
Food	_____
Child care	_____
Prescriptions/Medical	_____
Expenses	_____
Other	_____

Would you be interested in volunteering for different phases of Hope Ranch Therapeutic Riding Center, Inc. We need individuals that can coordinate, assist and work with our Board of Directors and the Director to accomplish the goals of HRTRC. If you would be interested please note below.

Yes \_\_\_\_ No \_\_\_\_

Privacy note: All information submitted in Rider Application and Scholarship Application is keep confidential and will not be released to volunteers, riders or staff of Hope Ranch Therapeutic Riding Center, Inc. This information will be used to determine if a scholarship is available for this rider.

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## Hope Ranch Therapeutic Riding Center, Inc.

### Rules and Policies

*(Read Thoroughly)*

#### Apparel:

1. Leather shoes with heels to prevent the foot from sliding through the stirrup are preferred, rather than tennis shoes. Sandals and slip-on shoes are not allowed. Braces and prostheses may be worn with whatever shoes are required for them.
2. Long pants are required. (NEVER wear shorts or dresses/skirts. The saddle can bruise unprotected legs. Stretch pants or riding pants are recommended for comfort. Corduroy is too slippery for safety.
3. All riders **must** wear an ASTM/SEI approved riding helmet. Hope Ranch will provide an approved helmet for each rider. Each rider can purchase a helmet if they so desire, however, it must meet ASTM/SEI standards.

#### Attendance:

1. It is the attendance policy of Hope Ranch Therapeutic Riding Center, Inc. that following three (3) unexcused and/or unnotified absences, a student will be temporarily terminated from the program. Reapplication will be necessary for continued participation.
2. Excused absences may be made up by special arrangement with our staff. Make-up lessons are scheduled on a space-available basis.
3. We must be notified 24 hours before the scheduled lesson times for the absence to be excused. The exception to this is for an emergency or sudden illness, which will also be considered an excused absence if we are notified as soon as possible after the onset of the illness or emergency.
4. *There are no make-ups for closure due to vacations, holidays or weather.*

#### Schedule Changes:

1. In case of rain, or scheduling problems with the indoor arena, mounted classes may be cancelled for a minimum of 24 hours following the end of the rain to allow the ground in the outdoor arena to dry. Ground lessons may be scheduled instead.
2. Classes will be cancelled if the temperature at the ranch exceeds 98 degrees.
3. In case of high winds, ground lessons or lessons on the vaulting barrel will be given instead of mounted lessons.
4. If you are not sure if we will be open, please check our office number (785) 587-8180. In the event that a class is cancelled or a time is changed, that information will be available. Please call before coming to the ranch to determine any changes in schedule.

#### Program Fee Policy:

1. A suggested donation of \$300 per session and for the services of Hope Ranch is requested, however any and all donations to the ranch would be appreciated. A quarter consists of 10 weeks, with one lesson per week. Any rider may want to take more than the allotted riding lessons on a weekly basis. Additional lessons other than regularly scheduled times may be arranged on a space-available basis for a suggested donation of \$30 per lesson.
2. Application and processing for the quarter must be submitted PRIOR to the start of the quarter. If the applications are not received by the day before the quarter begins, and arrangements have not been made with the Program Director, that time slot will be given to a person on the waiting list.

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3. Payment for additional lessons other than regularly scheduled lessons is due at the start of the lesson, prior to riding.
4. Riding fees may be reduced or waived in case of financial need.
5. There are no refunds.

*Donations and grants pay for the feed and board on our horses, as well as the other ranch expenses. Occasionally, weather will use us to close the program for days or weeks. **The rider donations you pay covers less than 30% of the actual cost of the lessons.** Therefore, you are asked to participate in and support our fund raising activities. Funds raised through these activities are used only to ensure that Hope Ranch will continue to operate.*

## Able-Bodied Riding Lessons

1. As a courtesy to our families, Dry Creek Equestrian Center, LLC. provides riding lessons for parents and siblings at a discounted fee of \$35 per lesson.
2. All rules that apply to our disabled and behavior disorder riders also apply to our able-bodied riders.
3. Children must be at least 3 years old to participate.
4. Lessons must be scheduled in advance and paid for by the start of the lesson.
5. Lessons are only available when there is available time that is not needed for a disabled rider. We are a program for disabled and behavior disorder riders, and they take priority.

## General Policies

1. Absolutely NO SMOKING on the ranch.
2. Dogs must be on a leash at all times, and must not be disruptive to the horses or classes. If your dog barks or fights, please leave him in the car.
3. Children must be supervised at all times. **PLEASE DO NOT LEAVE YOUR SLEEPING CHILD IN THE CAR.** There are many inherent dangers in and around the ranch.
4. Please remind your children: No rock throwing. No digging. No running. No yelling.
5. No one is allowed near a horse unless directly supervised by a volunteer or instructor. Please do not allow your children to run up to a horse or to feed them. *Any horse can bite or kick, and some horses are on special diets.*
6. We have a well-stocked medical kit. Please report any injuries to us so that we may attend to them. Even a scratch can become infected.
7. Please do not come to the ranch wearing open toed shoes or sandals. And **NO ONE** is allowed to come barefooted, not even babies.

## Rider Forms

Application forms must be completed prior to each quarter. Liability and Medical Release forms are required to be updated annually. The Physician's statement must also be updated annually. *Please inform us of any change in address, phone numbers, or medical condition, including changes in medications.*

## Rider and Family Participation in Fund Raisers

All riders that are physically able are encouraged to participate in any and all fundraisers for the ranch. This not only gets everyone participating in the ranch programs, it also gives the riders a vest interest in the facility and programs at Hope Ranch.

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## Location

Hope Ranch Therapeutic Riding Center, Inc. is located at 3842 W. 69<sup>th</sup> Ave in Manhattan, Kansas.

From Manhattan get on Anderson and go west about 4.5 miles from Anneberg Park, before you get to Keats, you will see 69<sup>th</sup> Ave on the right (dirt road) take 69<sup>th</sup>, right about ¾ mile to the white fence and barn. The sign is on the left. You will also turn left into the property. Park in the designated areas for parking. Please drive slow as horses are in the area.

## The First Day

Please bring the following with you when you come for your evaluation or first day of class:

- Signed and completed Application Form
- Signed and completed Authorization for Emergency Medical Treatment
- Signed and completed Participant's Medical History and Physician's Statement
- Signed and completed Release and Waiver
- Appropriate riding apparel:
  - Jeans, britches, or long pants
  - Closed shoes (preferably hard soled with heels – no loafers, flats or sandals)
  - Medications if needed.

***A responsible adult must remain with all minor children at the ranch at all times. Riders who have guardians must have their guardian or other approved adult stay with the rider at the ranch at all times, unless arrangements have been made with the ranch staff.***