



P.O. BOX 782622
WICHITA, KS 67278

Dear Parents, Participants, and Caregivers,

Welcome to Freedom Hooves Therapeutic Riding Center. We look forward to having you participate in our riding program. FHTRC was founded in 1999 with the goal to provide safe, high quality equestrian services to individuals with disabilities and in at-risk communities. Please read through all the information in this packet thoroughly. It contains very important information regarding registration of your rider and participation in the program at FHTRC.

Freedom Hooves is unique to the Wichita community in that each of our instructors are certified through PATH Intl., or are currently working toward their certification. We utilize volunteers that have each gone through extensive training to assist in our sessions. We are very proud of our organization and the accomplishments throughout the years! We would not be where we are without the support of our riders, families, board members, donors, and sponsors.

Just like other therapies and recreational activities are not a good fit for all individuals, the following policies will help you determine if Freedom Hooves is a good fit for you or your rider. It also contains information about our billing and scholarship program. We do our best to keep our program affordable to all our participants and families through several fundraising events and grants throughout the year.

Thank you for your interest in our program and we look forward to having you as part of the Freedom Hooves family!

Thank You,

Paige Farrar

Paige Farrar
Program Director
PATH Intl. CTRI
paige@fhtrc.org



Participant Handbook

Getting Started

Please complete all paperwork in this packet. Then either mail (FHTRC, PO BOX 782622, Wichita, KS 67278) or scan and email (paige@fhtrc.org) your completed paperwork to FHTRC. Once you have completed your paperwork and sent it in, you will be contacted to schedule a New Rider Evaluation. **There will be a \$40 evaluation fee for therapeutic riding participants.**

Communication/ Questions

Email is an inexpensive and convenient way for us to contact you about class cancellations, session information and program events. It is important that you provide us with an email address that you check frequently.

Please direct questions to your participant's instructor. If you do not get a satisfactory answer to your question, feel free to contact Paige at (316)-733-8943.

Programs

We offer Therapeutic Riding sessions and group sessions. Each participant's session will last 30 minutes. This includes mounting and dismounting times for the participant. At times mounting and dismounting may take up to 5 minutes of this time. It is up to the instructor's discretion to decrease the time of a session for any reason including the following: rider fatiguing, rider medical problems or discomfort, rider behavior problems, horse fatiguing or other horse related problems. If a horse problem occurs, we will attempt to complete the session on another horse if one is available.

We highly recommend that all parents attend a volunteer training. Because our program relies heavily on volunteers, there is always a chance that we may have volunteer no-shows or cancellations. This will enable your rider to continue mounted sessions if a volunteer is unable to make it. Volunteer training dates are posted on our website. If there are NOT enough volunteers to safely conduct a lesson a ground/grooming lesson may be offered in place of a riding session.

Billing

Therapeutic riding lessons are billed on a sliding scale fee per 30-minute ride and will be billed in 8-week sessions prior to the start of each session. Your payment is due at the beginning of each session. If you need to pay by the week, please contact our office to have this set up.

Payments can be made with cash, check, debit/credit card payments, and online payments through our website.

Any participants with outstanding balance from the previous session will not be allowed to ride until the balance on the account has been paid or payment arrangements have been made.

Scholarships

FHTRC offers Full and Partial scholarships as funding is available. Scholarship levels will be approved according to each family's or participant's financial needs. We require that all those requesting a scholarship complete the Scholarship Application and write a detailed letter to FHTRC stating their financial situation with proof of their financial need. We also **require** that all parents/families that participate in the scholarship program assist during the year with TWO fundraising activities that help keep the program affordable for each of our participants. We will provide a scholarship form at your request along with a list of volunteer activities for your review.

There is a separate waiting list for scholarship riders.

Scheduling Weekly Riding Time for New Participants

Once the initial evaluation is completed, we will then see if we have a current opening in our schedule that is suitable for the participant. If there is not an opening available, your participant will be placed on a waiting list. You will be notified as soon as an opening is available. Riding sessions are typically offered throughout the day and evening on Monday through Thursday. We do not have weekend sessions, to leave the arena open to other boarders at the facility. Available riding times will be discussed at your evaluations.

When a spot opens on our schedule it will be given to the first rider on the list that fits the time, horses and volunteers available, and instructor schedule.

Cancellations

- **Rider Cancellations** – We require at least 24 hours' notice, to allow for us to notify volunteers and to prevent your horse from being prepped for class. Day-of notice is permitted in the case of you/your rider being sick, or an emergency. Because of our large waiting list, any participant that misses more than 3 times in one session **without** notice will be re-evaluated for continued service, and this may result in dismissal from the program. All **no-call, no-show absences will be charged the full lesson fee.**
- **Session Cancellations**- We understand that at times a rider may need to take a session off due to weather or health concerns. However, if a rider is absent for more than one session in a year, they will be placed back on our current waiting list. To be considered exempt due to extreme circumstances, a written letter must be presented to the Director for review.
- **Weather/ Emergency Related Cancellations** – We will occasionally have a situation where weather and/ or an emergency will not allow us to run one, or all, of our classes. FHTRC's top priority is the safety of our riders, staff, volunteers and horses, and we reserve the right to cancel any classes deemed unsafe to occur.
 - **Classes may be canceled in the event of** – High wind, Severe weather, extreme temperatures, quarantine or city mandate, or unforeseen circumstances.
 - You will have notice of a **minimum** of 1 hour before your scheduled ride time, however, in some circumstances a last-minute call may be made if it is unsafe to run a class.
- **Make up Classes** – FHTRC does not offer 'Make up classes' due to the complexity of scheduling. When a rider cancels with notice, or FHTRC cancels, credit toward the next Session will be given in lieu of a make-up class.
- **Please note that we will contact you ONLY when a class is canceled. We will not call to confirm that a class is still running.** If you don't hear from us, please assume that your class will be taking place.

Late Arrivals

We will wait **10 minutes** past the start of your scheduled class time before your horse will be put away. They will no longer be available after this time. Participants arriving after this 10-minute period or missing a class with no notice will be charged their full **lesson fee** for the missed class.

Weight Limitations for All Participants

Maximum weights are listed below, but decisions regarding participation will be based on the availability of a suitable horse related to the height, weight, cognition, and balance of the participant. Decisions will also be based on the availability of tall and/or strong volunteers. Weights include the weight of the rider, plus their saddle/tack.

- 200 Pounds for a well-balanced centered rider not requiring sidewalkers
- 140 Pounds for an unbalanced rider needing sidewalker assistance
- Each horse has an individual weight limitation based upon the horse's height, weight, age, and physical and medical condition

Dress Code

Appropriate attire is essential for both the comfort and safety of riders. If a rider is not dressed appropriately, they will not be able to ride.

- Long pants are required. Avoid slick exercise pants as they can be slippery while riding. Avoid shorts as they can cause rubbing and discomfort.
- Close-toed shoes such as tennis shoes or boots are **REQUIRED**.
- Please keep in mind that you/your rider will be riding outside for at least 30 minutes. Provide a jacket, sweater, gloves, etc. as needed for cooler evening and morning lessons.
- All riders must wear riding helmets that meet or exceed ASTM regulations. Helmets are provided by FHTRC for class use, or you may purchase your own individual helmet that meet these regulations.

Pets

We are committed to the safety of our participants and our horses and work hard to minimize distractions wherever possible. **NO pets are allowed** on the property. Exceptions are made for service dogs or working therapy support animals.

Interaction with Horses

Please **DO NOT PET HORSES** without approval from FHTRC staff. Our horses are working animals, and we want to respect their space. **Absolutely NO feeding the horses, climbing on the arena, stalls, or outdoor pens, and/or reaching through enclosures to pet horses.** Barn aisles and the penned horses are **Off Limit** areas unless directly escorted by a staff member or volunteer. Many horses on the property are owned by others and may be prone to biting.

Speed Limit

The speed limit at the ranch is 15 mph. This is **always enforced** even if you are running late to a session. If you continue to not obey the speed limit, you will no longer be allowed on the property. This is vital for the safety of all participants, staff, volunteers and horses that may be riding down the road at times.

Observing a Class

We welcome family and friends of participants to observe classes if they remain in **Designated Observation Areas (Porch, from own vehicle, sitting area in the indoor arena)**. No one observing a class may enter the riding arena without permission. If any observer is disruptive to any participant in a class or is not acting in a safe manner, they may be asked to leave the property. Any FHTRC staff or volunteer reserves the right to ask an observer to leave an area. We also ask that activities in the Observation Area such as running, throwing/ swinging/ rolling objects does not occur as it may scare a horse and become a safety hazard. If you/your child is disturbing the lesson, you may be asked to sit in your car.

Absolutely no one is allowed on the mounting ramps without being accompanied by a staff member.

Photo Policy

You are welcome to take photos and videos of your participant as long as it does not disrupt a class. Please do not leave the observation area for a photo without permission from a staff member. Some of our participants do not have a photo release, so please avoid taking photos/ videos of others.

Sick Policy

To keep everyone happy and healthy at FHTRC we ask that you are considerate of our staff, volunteers, and other participants by staying at home if you are not feeling well. Many of those that we serve can become very sick, very easily due to weak immune systems so it is very important that everyone adheres to our Sick Policy for the well-being of all. Participants and volunteers must be free from the following symptoms for 24 hours before riding at FHTRC:

- Fever, Vomiting, Two or more cold symptoms, Any communicable disease
- These symptoms must remain absent without the use of any medication

Dismissal Policy

FHTRC reserves the right to dismiss participants from our program for any reason. These reasons may include, but are not limited to, safety concerns, and/ or the inability to provide appropriate and safe services. Participant dismissals may occur for a variety of reasons such as: participants exceeding height/weight maximums for volunteer support and/or available horses and tack, violence towards horses, staff or volunteers, progression of a diagnosis outside of the realm of instructor experience and/or developing into a contraindication for riding, chronic late arrivals and/or cancellations, available classes not aligning with participant's availability, etc.

If there is a concern about a possible future dismissal, FHTRC will immediately discuss concerns and a plan of action with a participant and/or their family.

Please note that FHTRC follows the guidelines suggested by PATH Intl., and depending on current staff, horses, volunteers, etc., available in our program we may not be able to safely provide services to every disability.

Thank You,

Paige Farrar

Paige Farrar

Program Director



FREEDOM HOOVES
THERAPEUTIC RIDING
CENTER

P.O. Box 782622 Wichita, KS 67278
Phone: 316-733-8943

<input type="checkbox"/> NEW	Start date: _____
<input type="checkbox"/> Returning	Orig. Date: _____
	Return Date: _____
<input type="checkbox"/> Physician:	Date: _____
<input type="checkbox"/> Emergency Authorization	Treat
	No Treat
<input type="checkbox"/> Liability Release	
<input type="checkbox"/> Photo:	Yes No
<input type="checkbox"/> INITIAL:	DATE: _____
Office Use Only	

Participant Registration Form

Participant's Last Name: _____ First name: _____

Address: _____ City: _____ Zip: _____

Phones: Home: _____ Cell: _____ Work: _____

Text notifications for cancellations or important information

E-mail Address: _____

Please include an email address that you check frequently. Email is a convenient and inexpensive way for us to contact you. We would like to use it to alert you of cancelations, session information and program events.

DOB: _____ Age: _____ Height: _____ Weight: _____ Ethnicity: _____ Gender: M F

If you have preferred pronouns, please share that information with us: _____

School or Employer: _____ Phone: _____

Teacher: _____ Phone: _____

How did you come to know about our program? _____

Have you attended Freedom Hooves Therapeutic Riding Center in the past? Yes: _____ No: _____

Mother's/ Primary Guardian Information:

Name: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone #s: Cell: _____ Home: _____ Work: _____

Place of Employment: _____ Occupation: _____

Best way to get a hold of you (Please Circle one): Email Cell Phone Text Message Home Phone Work Phone

Father's/ Guardian Information:

Name: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone #s: Cell: _____ Home: _____ Work: _____

Place of Employment: _____ Occupation: _____

Best way to get a hold of you (Please Circle one): Email Cell Phone Text Message Home Phone Work Phone

Student Application and Health History – Page 2

Name: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone #s: Cell: _____ Home: _____ Relationship to Participant: _____

Caregiver name (if applicable): _____ Phone #: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Health History

Allergies: _____ Current Medications: _____

Diagnosis: _____ Significant Medical History: _____

Past/ Future Surgeries: _____ Date of Onset: _____

Please indicate current or past needs in the following areas:

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Muscular			
Thinking/Cognition			
Bone/Joint			
Allergies			

Student Application and Health History – Page 3

Please answer each question to the best of your ability. We use *all* this information to develop lesson plans and goals for you or your rider. Please attach a separate sheet with more details if needed.

Medications

Name	Prescription	Over the Counter	Dose	Frequency

Other Current Therapies and Frequency:

Physical Function

Describe abilities/difficulties in the following areas (include assistance required or equipment needed). For example: Mobility skills such as transfers, walking, wheelchair use, driving/bus riding

Psycho/Social Function: (e.g. work/school- including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears, concerns, emotional struggles, etc.)

Goals: Why do you want to be a student at Freedom Hooves Therapeutic Riding Center? What would you like to accomplish? (Balance, independence, etc.)

PHOTO RELEASE

I DO I DO NOT

Consent to and authorize the use and reproduction by FREDOOM HOOVES THERAPEUTIC RIDING CENTER of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Signature: Student (if over 18): _____

Signature: Parent or Legal Guardian: _____ Date: _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS FORM CAREFULLY

OUR LEGAL DUTY

Freedom Hooves Therapeutic Riding Center is required by law to protect the privacy of your personal and health information, provide notice about our information management practices, and follow the information protocols described below.

USAGES AND DISCLOSURES OF HEALTH INFORMATION

Freedom Hooves uses your personal and health information primarily for treatment, conducting internal administrative activities, and assessing the quality of care we provide. We use your personal information to contact you for scheduling, billing and providing organizational information.

Freedom Hooves will obtain your written permission and authorization to release your information for any reason, you may later revoke the authorization to stop disclosures at any time. If and when any changes are made in our privacy and confidentiality policies, you will be notified.

PATIENTS INDIVIDUAL RIGHTS

You have the right to review or obtain your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You have a right to request a list of instances where we disclosed your personal health information for any reasons other than for treatment, payment, or other related administrative purposes.

You may request in writing that we not use or disclose your personal health information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or in an emergency. Freedom Hooves will consider all requests on a case-by-case basis. The company is not legally required to accept the requests.

CONCERNS AND COMPLAINTS

If you are concerned that Freedom Hooves may have violated your privacy right or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our Executive Director, Amanda Hale, at (316) 733-8943.

Client Name: _____

Signature of Client or Parent Guardian if under 18: _____ Date: _____



Participant's Medical History & Physician's Statement

Who should fill out this form: Please have the participants primary or treating physician fill out this form.

Your patient is interested in participating or continued participation in supervised equine-assisted services at our facility. In order to provide this service, our professionals request that you complete/ update the Medical History and Physicians Statement Form as well as marking any potential Precautions or Contraindications to equine-assisted serviced.

Participants Name: _____ Date of Birth: _____ Age: _____
 Height: _____ Weight: _____ Name of Parent/Guardian: _____
 Parent/Guardian Phone: _____ Parent/Guardian Email: _____
 Diagnosis: _____ Date of Onset: _____
 Past/ Future Surgeries: _____
 Medications: _____ Shunt Present: Present: **Y N** Date of Last Revision: _____
 Special Precautions/ Needs: _____
 Mobility: Independent Ambulation: **Y N** Assisted Ambulation: **Y N** Wheelchair: **Y N**
 Braces/ _____ Assistive _____ Devices: _____

Medical History

For ALL participants with Down Syndrome: Due to the nature of Equine-Assisted Activities we require that ALL participants diagnosed with Down Syndrome must have an ANNUAL certification from their physician that a neurological and/or physical examination reveals no sign of AAI or decrease in neurological function.

1) Negative Cervical X-Ray for atlantoaxial instability – X-Ray date: _____
 2) Negative for clinical symptoms of atlantoaxial instability

Seizure Information

Has the participant experienced a seizure in the past? Yes No If yes, please indicate seizure type: _____
 Are the Seizures controlled? Yes No Date of Last Seizure: _____
 Typical Seizure: _____
 Typical Motor Activity during seizure: _____
 Description of client's behavior during post-ictal state: _____ Post-ictal duration: _____
 Specific Directions as to what to do if a seizure should occur at Freedom Hooves:

The list below may not preclude participation in Freedom Hooves programming but will assist our staff to create a treatment plan or curriculum that will help the participant reach their desired goals.

Please indicate current or past areas of concern, checking yes or no. If Yes, please comment.

Area of Concern	Yes	No	Comments
Agitation/Anxiety			
Allergies			
Auditory/ Hearing			
Behavioral			
Cardiac			
Circulatory			
Cognitive			
Depression			
Digestion			
Emotional/ Psychological			
Hyperactivity			
Increased Sensitivities			
Integumentary/ Skin			
Learning Disability			
Memory Impairments			
Mood Changes			
Muscular			
Neurological			
Orthopedic			
Pain			
Problems Concentrating			
Pulmonary			
Sleep			
Speech			
Social Withdrawal			
Visual			
Other			

PRECAUTIONS or CONTRADICTIONS

Please note the following conditions, if present, may represent precautions or contraindications to equine-assisted services. When completing this form, please mark any conditions that are present, and explain to what degree.

Neurologic

	Area of Concern	Description/ Comments
	Hydrocephalus/ Shunt	
	Spina Bifida	
	Chiari II Malformation	
	Tethered Cord	
	Seizure Disorders	

Medical

	Area of Concern	Description/ Comments
	Cardiac Condition	
	Hemophilia	
	Indwelling Catheter/ Medical Equipment	
	Medical Instability	
	Medications – ie photosensitivity	
	Poor Head & Neck Control	
	PVD	
	Respiratory Compromise	
	Recent Surgeries	
	Weight Control Disorders	

Psychological

	Area of Concern	Description/ Comments
	Animal Abuse	
	Dangerous to self/ others (Self Injurious Behaviors)	
	Delusions/ Hallucinations	
	Fire Settings	
	Alcohol/ Substance Use	
	Suicidal Ideations	
	Homicidal Ideations	

Orthopedic

	Area of Concern	Description/ Comments
	Spinal Joint Fusion/ Fixation	
	Spinal Joint Instabilities	
	Heterotopic Ossification	
	Pathologic Fractures	
	Cranial Deficits	
	History of Joint Replacement	

	Herniated/ Slipped Disc	
	Osteogenesis Imperfecta	

Please indicate any precautions/ additional information not noted above: _____

To my knowledge, there is no reason why this person cannot participate in equine-assisted activities. However, I understand that Freedom Hooves Therapeutic Riding Center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person’s abilities/limitations by a licensed/credentialed health professional (e.g PT, OT, SLP, Psychologist, etc) in the implementation of effective services.

Signature: _____ Date: _____
 Printed Name: _____ Title: MD DO NO PA Other _____
 Phone: _____ Address: _____
 License/ UPIN Number: _____



P.O. Box 782622 Wichita, KS 67278
Phone: 316-733-8943

NO CALL/NO SHOW POLICY

WHEN YOU ENROLL AT FREEDOM HOOVES THERAPEUTIC RIDING CENTER, we schedule you on a regular basis and a horse is prepared prior to each lesson. We also schedule staff and volunteers to meet the need of the class (both in individual and group).

Please call 24 hours in advance if you will **NOT** be able to attend your lesson. This helps us to adjust our program, volunteers and horses for the lessons if needed. If you cannot call 24 hours in advance, please make sure you call as soon as you are able. We will take into consideration emergencies, but **PLEASE CALL US**.

If you are more than 10 minutes late for your scheduled class, you will **NOT** be able to ride. Please arrive on time. If you are consistently late, we will need to discuss a different time that is more suitable.

All **No Call/No Show absences will be charged the full lesson fee**. After three (3) No Call/No Shows you will be dropped from your class and will have to re-register. If you are on a full or partial scholarship, you will have to reapply.

Thank you for informing us of your unavailability for your scheduled lesson.
We appreciate your understanding and support.

By signing below I agree that I have read and understand FHTRC's No Call/ No Show policy.

Participant Name: _____

Parent/Participant Signature: _____ Date: _____



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FHTRC Therapeutic Riding Schedule

Please help us to serve you. If you could take a moment and answer the following questions based on your preferences, we would greatly appreciate it. We are considering how to best make use of FHTRC's time and schedule while we seek to meet your needs as well.

Answer the following:

- 1) Would you prefer morning or evening classes? _____
- 2) What weekday works best for you?
 MONDAY TUESDAY WEDNESDAY THURSDAY
- 3) Please list in order the three times of day that would work best for your schedule



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FREEDOM HOOVES THERAPEUTIC RIDING CENTER Billing Policies

FHTRC is committed to providing a quality therapy experience at an affordable rate. The majority of incurred expenses are financed through private donations, grants and fundraisers. While expenses have increased, we strive to keep our fees as low as possible.

We determine payment for therapeutic riding based on income. If this payment does not fit into your budget please indicate below that you are in need of a scholarship. FHTRC will do our best to provide a partial or full scholarship as need arises.

Fees:

****FHTRC does not bill Insurance or Medicaid****

Evaluations: Evaluations are performed by one of the FHTRC certified instructors for all new participants desiring to enter the program. Therapeutic Riding evaluation fees for new participants are \$40.

Therapeutic Riding: We have a sliding scale fee based on your or family's income level. Please fill out the section on the following page to determine your level. Statements go out at the beginning of each 8-week session. Full payment is required prior to the start of the riding session unless other arrangements have been made.

Scholarships: Partial and Full Scholarships are available if needed and if Freedom Hooves has the current funding. Scholarships are based on your annual income with consideration to your current financial and family situation. If you are in need of scholarship funding, please email paige@fhtrc.org for the scholarship application. In addition, you will need to provide a letter explaining your request, including specific areas such as financial need, out of pocket expenses, benefits you hope to see, or other necessary information.

Any participant with an outstanding balance from the previous session will not be allowed to participate until the balance on their account has been paid or payment arrangements have been made. All fees that are 30+ days past due will be assessed a \$20 charge per month.



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Phone: 316-733-8943

PAYMENT AGREEMENT

Individual Responsible for Payment:

Name: _____ Relationship to Participant: _____

Email: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Family's Net Income (*Required*): _____

Clients that can pay are asked to pay as much as they can. If you have any questions, please call (316)733-8943. Client Name: _____ DOB _____

Sliding Scale Fees

Please check the best level for your income level and continue to the statements below.

- \$85,000 + \$60 per lesson
- \$64,500- \$84,999 \$50 per lesson
- Less than \$64,499 \$40 per lesson

_____ I agree to pay the amount listed on the sliding scale fee

_____ In order to participate in the FHTRC program, I am in need of a **partial** scholarship

_____ In order to participate in the FHTRC program, I am in need of a **full** scholarship

By signing below, I agree that I have read and understand Freedom Hooves' billing policies and agree to pay all applicable fees.

Participant Name: _____

Parent/Participant Signature: _____ Date: _____



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FREEDOM HOOVES THERAPEUTIC RIDING CENTER

Liability Release

As a volunteer/client/staff/student/board member at Freedom Hooves Therapeutic Riding Center I acknowledge the risks of a horseback riding program. However, I feel the possible benefits to myself and the participants I work with 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 Freedom Hooves Therapeutic Riding Center, its' Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Freedom Hooves Therapeutic Riding Center program.

WARNING:

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participant in this domestic animal activity.

If client/volunteer is under 18 years of age, Parent/guardian must sign.

Name: (Please Print Clearly) _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Parent/Guardian – if minor or legal guardian

D&J RANCH

RELEASE OF LIABILITY

KNOWING THAT RISK IS ALWAYS ATTACHED TO HORSEBACK RIDING AND IN CONSIDERATION OF THE SERVICES RECEIVED AND BEING DESIROUS OF RECEIVING INSTRUCTION ON THE RIDING OF HORSES BY

_____ (INSTRUCTOR). I _____ (PARENT/GUARDIAN) OF

I DO HEREBY RELEASE AND DISCHARGE SAID INSTRUCTOR & THE D & J RANCH (DANE AND JENNIFER WADLEY) OF ANY AND ALL LIABILITY ARISING FROM THE RIDING AND/OR HANDLING OF HORSES UPON THE PREMISES KNOWN AS THE D & J RANCH, INCLUDING BUT NOT LIMITED TO LESSONS AND/OR DEFECTS IN RIDING EQUIPMENT (I.E. SADDLES, BRIDLES,ETC...).

I AGREE TO HOLD SAID INSTRUCTOR & THE D & J RANCH HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY THAT MAY BE MADE BY MYSELF OR ANYONE ON MY BEHALF INCLUDING COSTS AND REASONABLE ATTORNEY FEES.

THIS RELEASE IS BINDING UPON MY HEIRS AND ASSIGNS. _____

DATE __/__/__