



Hello,

Thank you for your interest in participating in equine assisted therapy at Horses Help SWI, Inc. (HHSWI). Our mission is to provide equine-assisted therapeutic services in a safe and inclusive environment for individuals with physical, cognitive, emotional or social challenges. Our instructors are currently certified with SpiritHorse International and are able to offer a range of days and times to best work with our clients, as well as the facility and horses.

We hope that you find HHSWI comfortable and inviting as you see improvements in yourself, your child or other dependant, while participating in our equine programs. The healing power of horses is powerful and carries great benefits to many. If at any time you have questions or concerns, please reach out to me. Here are a few things you will need to know before your first session with us:

\*Our riders must wear an equestrian helmet. It must be an ASTM-SEI Certified Equestrian Riding Helmet. You are welcome to borrow one of ours to check sizing and shape and to make sure equine therapy is going to be a good fit for you and your family before purchasing one. Please know that helmets must be discarded after any type of fall, kick or accident. They also expire after 5 years-it is your responsibility to make sure the helmet is up to date, void of any damage and up to current standards. These protocols will be the responsibility of the participant/guardian. Our participants must wear closed toed shoes (tennis shoes or boots for example) at all times while participating in any equine activity. We also recommend wearing jeans, pants, or leggings, etc. while participating in riding equine therapy activities for your comfort and safety.

Kori Nelson,  
Horses Help SWI, Inc  
Executive Director

### Our current programs:

- Equine Adaptive Activities/Therapies** - Classes where participants ride a horse and work with an instructor, horse lead and side walker(s). These individuals are working on riding skills while also gaining core strength, balance, fine and gross motor skills, communication, sensory processing, socialization, and building self-esteem. Lessons such as trivia, math, reading, etc. can be incorporated. In essence, these sessions are fun, learning activities done while on horseback. Classes might incorporate riding on a cart pulled by a horse. Weight limit is 225 lbs. for riding programs. Time frames are a 30-35 minute session. \$50 each session – 4 week increments. Each 4 week increment can be repeated over and over again.
  
- Equine Assisted Learning** - Is a non-riding program. These sessions are geared toward personal growth, learning, relationships, specific skills learning and boundaries while being near a horse or focused on horse-specific tasks. Can be private or in a group. Group is a minimum of 3 persons. Helmets are required if client is under the age of 14. A private session is 30 minutes at \$40 each session – 4 week sessions. Group fees (3 participants minimum, 5 participants maximum) are charged \$30 each participant for one 60 minute session. Can be arranged 1 session at a time for group sessions do scheduled more frequently.
  
- Horse Lessons** – Horses Help SWI, Inc offers Horse lessons to riders who meet certain standards, both physically and mentally. We offer 60 minutes to include time to tack and untack, groom and ride in one or more of our areas (Indoor Arena, Outdoor Arena, Round Pen or trails.) These are done at a cost of \$60 per hour session. Schedules for these horse lessons will be with our horse trainer and scheduled through our executive director.

### **To apply:**

1. Fill out the application form completely. We do need pages 8 and 9 filled out and signed by the participant's physician before any scheduling can be made. An application fee of \$65 will be paid upon interview; payments for classes will be charged and due prior to sessions beginning. For the remainder of 2023, general EAT riding services will be billed at \$50 per session with a one-on-one instructor for a period of about 30-35 minutes scheduled once per week in 4-week increments. Private EAL lessons will be billed at \$40 per week for a 4-week session (or may be done singly for a group session with 3-5 participants for \$30 per person). Horse Riding lessons will be arranged with our horse trainer and billed \$60 each session.
  
2. Please fill out the application to the best of your ability. The more information you can provide us about you/the participant, the better. Additional information is key if available. For example, the rider does not like certain sounds or he/she begins to lose focus when asked to do anything with numbers, etc. Do not be afraid to share with us the worst and the best of the participant. This allows us to find the best class and team fit, helps in lesson plans, healing and reaching goals. Please note, we cannot promise or guarantee a certain instructor, staff or volunteers or horse in any session.
  
3. Return the completed application to our Horses Help SWI, Inc location, 14679 230th Street, Council Bluffs, IA 51503

4. We have a 24-hour cancellation policy. If you cancel within 24 hours of your session, you will be charged for your class and it will not be made up. If HHSWI cancels, we will make up the missed session and attempt to have it made up during the same week it was missed.

5. We will bill at the beginning of each session. If payment is not received by the beginning of the following session, we will charge your card on file and your lesson time will be given to another participant. Participants have the option to pre-pay in full for each 4-week session.

6. We ask that you not bring any tablets or speaking devices to class without speaking to your instructor and our team first.

7. Hitting, kicking or hurting the team members or horse will not be tolerated. While we understand sensory situations and will work our best through them, our animals and our team members are our livelihood and must be listened to and respected. We are not here to discipline; we are here for healing and helping each participant to reach their goals, but rules must be followed.

8. Horses Help SWI, Inc does not discriminate based on disabilities, race, sex, age, religion.

Signature of parent or guardian (if client is under age of 18): \_\_\_\_\_

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

Date of application: \_\_\_\_\_

### Contact and Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Sex: Male - Female - Gender Neutral Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*\*we will take weight at the beginning of our sessions (or at least on a yearly basis)*

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

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

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you hear about us? Flyer - Service Group - Special Event – Internet/Facebook - Referral - Other

If referral or other, please list name and/or explain \_\_\_\_\_

### Therapeutic and Riding History

Participant Diagnosis (if applicable) : \_\_\_\_\_

When was participant diagnosed?: At Birth - Result of an accident (accident date \_\_\_\_\_) - Other

Please explain other \_\_\_\_\_

Does the participant use any of the following aids? Wheelchair - Cane - Braces - Walker - Crutches -

Other (Please explain) \_\_\_\_\_

Has participant ever ridden a horse or been involved in therapeutic riding before? No - Yes

If yes please explain and for how long \_\_\_\_\_

Other types of therapy participant is in or has done in the past: \_\_\_\_\_

Other extra-curricular activities or special interests participant has: \_\_\_\_\_

Were you referred by a medical professional or government agency? Yes - No

Reason they referred you? \_\_\_\_\_

*\*Information on this form may be used in the preparation of grant applications for participant funding: however, names will be kept strictly confidential.*

WARNING: UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES PURSUANT TO THE IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

I am of sound mind and understand and willingly agree to the above law/code for myself and/or my dependents.

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

**More about the participant:**

Occupation (if applicable): \_\_\_\_\_ Employer (if applicable): \_\_\_\_\_

Parent/Legal Guardian or Spouse Occupation (if client is a minor): \_\_\_\_\_

Employer: \_\_\_\_\_

**Program Goals:**

What are your/the client's short-term goals: (i.e., riding skills, behavioral changes, physical changes, improvements of other kinds, - please be as specific as possible.

- 1.
- 2.
- 3.

What are your/the client's long-term goals? Please be specific.

- 1.
- 2.
- 3.

What outcomes would you/the client like to see when these goals are achieved?

- 1.
- 2.
- 3.

What additional information can you share with us about the participant? (Use of aids, how to regulate, health concerns, likes or dislikes)

### Participant Authorization for Emergency Medical Treatment

This form is valid for a period of 1 year from the date signed. Please attach the completed medical history to this form.

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving equine services, or while on the property of the agency, I authorize Horses Help SWI Inc. to:

1. Secure and retain medical treatment and transportation if needed; and
2. Release participant records upon request to authorized medical personnel.
3. Be financially responsible for any billing subject to calling in emergency/medical personnel.

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

In the event of an emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Second emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Consent

Consent is given for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while on the property of Horses Help SWI, Inc. This authorization includes, x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. ***This provision will only be invoked if the participant is not responsive, and the emergency contact is not present or unable to be reached.***

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

(Participant if 18 or older OR parent/legal guardian)

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

**Non-consent**

Consent is NOT given for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while on the property of Horses Help SWI, Inc. In the event emergency aid/treatment is required, I wish for the following procedures to take place:

\_\_\_\_\_

Non-consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant if 18 or older OR parent/legal guardian)

**Photo Release**

In consideration for being accepted into Horses Help SWI, Inc therapeutic programs and for the valuable benefits I receive from participating in the program and promoting the program, I \_\_\_\_\_, hereby authorize Horses Help SWI Inc., its advertising agencies or the news media, staff/volunteers, to have photographs, films, or other audio-visual materials taken of the participant for promotional material, educational activities, exhibitions or for any other use for the benefit of Horses Help SWI, Inc. therapeutic program. I hereby indemnify and hold Horses Help SWI, Inc. harmless against any and all claims of damages arising out of the use of any such photographs or films of me or audio-visual materials containing the participants' image.

Name of client: \_\_\_\_\_

Signature of client (if over 18) or legal guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**Horses Help SWI, Inc**

**Participant Release and Indemnification Agreement**

I acknowledge and understand the inherent risks of equine activities and that horsemanship experiences can result in injury and even death. In consideration for being accepted into the equine assisted therapy programs at Horses Help SWI and for the benefits I receive from participating in the program,

I, \_\_\_\_\_, (participant if 18 or older, or parent/legal guardian) hereby consent

to assume the risks of \_\_\_\_\_, (participant) participation in the horsemanship program

sponsored by Horses Help SWI, Inc. I/we (parent/legal guardian) hereby consent to assume the

risks of my/our participation in the horsemanship program sponsored by Horses Help SWI, Inc.

Accordingly, I hereby, intending to be legally bound for myself, my heirs, assigns, executors, and/or

administrators, waive and forever release, acquit, discharge, and hold harmless, Horses Help SWI, Inc.; the owners

of the facilities and properties on which Horses Help SWI, Inc. conducts its therapeutic and equine related

programs and activities, including but not limited to YAYA Properties, its heirs, assigns, executors, and/or

administrators; the officers, directors, agents, employees, representatives, therapists, instructors, and volunteers of Horses Help SWI, Inc and any other person(s) associated with Horses Help SWI, Inc. therapeutic and equine-related programs and activities, and the successors and assigns of each and all of the above mentioned parties, from all manner of claims, demands, and damages of every kind and nature whatsoever I may now or in the future have against these parties due to any loss or personal injury, physical or mental condition, whether known or unknown to myself, and the treatment thereof, as a result of, or in any way connected with Horses Help SWI, Inc. and equine-related programs or activities, or growing out of acts or omissions or caused by negligence or in any way incidental to Horses Help SWI, Inc. therapeutic and equine related programs and activities. I Acknowledge that this document is a contract and agree that if a lawsuit is filed against the "Releasees" (YAYA Properties and/or Horses Help SWI, Inc) in contravention of this contract, I will pay all attorney's fees & costs incurred by the "Releasees" in defending such action, including any financial gain obtained by any legal decision. I have asked or have had the opportunity to ask any and all questions that I may have relating to the risks involved in therapeutic and equine related programs and activities. I fully understand and accept these risks.

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

(Participant if 18 or older and legally responsible for signing, OR parent/legal guardian)

Please check if Parent/Guardian \_\_\_\_\_ or client \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note: If at any time a litigation arises against Horses Help SWI, Inc by party named as participant/legal guardian in this contract, they are responsible for all legal fees/gains for all said parties. INITIAL \_\_\_\_\_

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**Participant Medical History and Physician's Statement**

This form is valid for a period of 1 year from the date signed.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male - Female - Gender Neutral Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Participant Diagnosis (if applicable): \_\_\_\_\_ Date of onset: \_\_\_\_\_

\*\* For persons with Downs Syndrome\*\*

Negative Cervical x-ray for Atlantoaxial Instability: Yes - No Date of x-ray: \_\_\_\_\_

Negative for clinical symptoms of Atlantoaxial Instability: Yes - No

Tetanus Shot: Date \_\_\_\_\_

Seizure: Yes – No Type: \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

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

Mobility: (please indicate) Independent ambulation - Wheelchair - Cane - Walker - Crutches - Braces

Any special precautions \_\_\_\_\_

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 review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Physician name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_



Please indicate if patient has a condition and/or surgery in any of the following and comment:

Auditory: Yes - No    Comment: \_\_\_\_\_

Visual: Yes - No    Comment: \_\_\_\_\_

Speech: Yes - No    Comment: \_\_\_\_\_

Tactile Sensation: Yes - No    Comment: \_\_\_\_\_

Immunity: Yes - No    Comment: \_\_\_\_\_

Integumentary/Skin: Yes - No    Comment: \_\_\_\_\_

Balance: Yes - No    Comment: \_\_\_\_\_

Cardiac: Yes - No    Comment: \_\_\_\_\_

Circulatory: Yes - No    Comment: \_\_\_\_\_

Pulmonary: Yes - No    Comment: \_\_\_\_\_

Neurological: Yes - No    Comment: \_\_\_\_\_

Muscular: Yes - No    Comment: \_\_\_\_\_

Orthopedic: Yes - No    Comment: \_\_\_\_\_

Allergies: Yes - No    Comment: \_\_\_\_\_

Learning Disability: Yes - No    Comment: \_\_\_\_\_

Mental Impairment: Yes - No    Comment: \_\_\_\_\_

Emotional/Psychological: Yes - No    Comment: \_\_\_\_\_

Impairment: Yes - No    Comment: \_\_\_\_\_

**Credit Card Authorization Form**

(To be filled out once you are given a class time)

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. We will accept cash or checks as payment. In the event that a check does not clear, we will cease accepting that as a form of payment.

Credit Card Information

Card Type:  MasterCard  VISA  Discover  AMEX

Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize Horses Help SWI, Inc to charge my credit card above for agreed upon services/purchases. I understand that my information will be saved to file for future transactions on my account. We will bill at the beginning of each session. If payment is not received by the beginning of the following session, we will charge your card on file and your lesson time will be given to another participant. If you cancel within 24 hours of your lesson, you will be charged for your class. If Horses Help SWI, Inc cancels due to weather, instructor absence, or other reasons, we will find a mutually agreed upon time to make up the session. This make-up will occur as near to the time of the original class time as possible.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

