



Hello,

Thank you for your interest in participating in equine assisted activities 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 Equine Assisted Therapy instructors are currently certified with SpiritHorse International and are able to offer a wide range of days and times to best work with our clients, as well as the facility and horses. We also have a team trained and certified in the EAGALA methodology for mental health therapy sessions and group work, which are done as non-riding programs.

Equine assisted therapy takes on many forms and can look very different for each participant. Sessions for Equine Adaptive Riding are typically held once per week, preferably the same day and time. Currently, our sessions are set in 4-week increments, which can be repeated for as many weeks work best for the client and the HHSWI facility. Other equine assisted learning sessions operate on a different scheduling system. Details about all our current programs are listed on the following page.

\*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-assisted therapeutic services are 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 of manufacture - it each rider's 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. during any equine session for your comfort and safety.

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

*The offerings\* listed within are valid for the 2025 calendar year. Subject to change; clients will be given notice if courses or prices change.*

Kori Nelson,  
Horses Help SWI, Inc.  
Executive Director

[www.horseshelpswi.org](http://www.horseshelpswi.org)

712-339-5048

## Our current programs:

- Equine-Assisted Activities/Adaptive Riding (EAA)** – These are 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 gaining core strength, balance, fine and gross motor skills, communication, sensory processing, socialization, and building self-esteem. Lessons including simple math, reading, trivia, etc. can also be incorporated in EAA sessions. The weight limit for riding one of our horses for EAA is varies, but generally is no greater than 200 pounds (and weight limits may vary per horse). Time frames are approximately 30-minute sessions. \$50 per session – 4-week increments. Each 4-week increment can be repeated over and over. *\*\*Physician Form required for all Equine Assisted Activities. \*\*\*Please inquire if you are interested in Traditional Horse Lessons.*
  
- Equine-Assisted Activities/Cart Driving (EAA)** – These are classes where participants ride on a specially designed cart, pulled by one of miniature horses. Each rider will work with an instructor and horse lead. These individuals are working on cart driving skills but can also gain similar skills that they would riding on the back of a horse, such as core strength, balance, fine and gross motor skills, communication, sensory processing, socialization, and building self-esteem. Lessons including simple math, reading, trivia, etc. can also be incorporated in EAA sessions. Time frames are approximately 30-minute sessions. Cart driving can be an excellent option for a rider who is unable to ride a horse due to various circumstances. Cart driving can still allow for relationship building between the horse and rider. \$50 per session – 4-week increments. Each 4-week increment can be repeated over and over. *\*\*Physician Form required for all Equine Assisted Activities.*
  
- Equine-Assisted Learning/Life Skills (EAL)** – These are part of a non-riding program; but rather are geared toward personal growth, learning, relationships, specific skills learning and boundaries while being near a horse or focused on horse-specific tasks. In these sessions, we work on following rules and structure to complete tasks related to farm or ranch work, while giving each participant a sense of pride in a job well done. We learn to work together and why respectful, clear communication is so important. These sessions can be done privately or in a group. A private session is 30 minutes at \$35 each session – held in 4-week sessions. If participating as a Group (4 participants minimum, 8 participants maximum), the fee is \$25 per participant for one 90-minute session. Group sessions can be arranged one session at a time and can be repeated on a regular basis as well. *\*\*This can be added onto an existing package for an individual at \$25.00 per 30 minutes.*  
*\*\* Does not need a physician to sign this document, but the remaining document must be completed.*
  
- Mental Health Therapy / Corporate Team Building:** For information on these therapies, group work, or team building, please contact Kori Nelson, 712-339-4058 or knelson@horseshelpswi.org to learn more about times/fees. These are non-riding programs which use one or more horses during sessions. Time frames vary from 1 hour to several hours, usually depending on the number of people. Sessions are facilitated by a Licensed Mental Health Therapist (and EAGALA Certified) along with an Equine Specialist.  
*\*\* Does not need a physician to sign this document, but the remaining document must be completed.*

## **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 initial application fee of \$65 will be charged upon intake***

**interview for all EAA sessions.** For each subsequent year of participation, an annual fee to renew and update paperwork will be \$30. Payments for classes will be charged and due prior to sessions beginning. General EAA riding services will be billed at \$50 per session with a one-on-one instructor for a period of 30 minutes scheduled once per week in 4-week increments. Private EAL lessons will be billed at \$35 per week for a 4-week session (or these may be arranged singly for a group session with 4-8 participants at \$25 per person). Horse riding lessons will be arranged through our executive director depending on the availability of the horse trainer and billed \$60 each session (4-week sessions). Mental Health/Corporate Team Building options will be arranged and billed per session, depending on each circumstance.

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, it is helpful to us if 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 participants. This allows us to find the best class and team fit, helps in lesson planning, 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, due to staffing issues, horse situations, weather, etc., we will hold the missed session at no extra charge and attempt to have it made as close as possible to the original date, with a mutually agreed upon day and time.**

5. We will bill before 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 may 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. We welcome parental or staff involvement and/or observation; but it must not inhibit the lesson taking place. If the instructor feels there might be a problem, family or staff may be asked to wait in the waiting room in the ranch house.

7. Hitting, kicking or hurting the team members or horse will not be tolerated. We understand our clients may experience sensory situations and that the occasional outburst may occur, and we will work through them as best as possible. Please know that our team members and our horses 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. If a client continues to cause a disturbance in class or endangers staff, volunteers or our horses, they will be removed from the program (3 strike policy – 1<sup>st</sup> warning is verbal and class continues, on the 2<sup>nd</sup> warning class time ends, 3<sup>rd</sup> warning warrants removal from the program.)

8. Horses Help SWI, Inc does not discriminate based on disabilities, gender, race, color, national origin, sexual orientation, age, religion, or military/veteran status.

Signed by client (if 18 or older) OR parent/legal guardian if client is unable to legally sign on their behalf

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

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

**Contact and Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name/nickname: \_\_\_\_\_

Sex: Male Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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

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

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

How did you hear about us? Flyer Service Group 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

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

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

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/reporting of grant applications to assist in program funding: however, names will be kept strictly confidential.*

**More about the participant:**

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

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

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

Program Goals: (i.e., riding skills, behavioral changes, physical changes, improvements of other kinds, - please be as specific as possible.

What are your/the client's short-term goals?

- 1.
- 2.
- 3.

What are your/the client's long-term goals?

- 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, stemming, 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. 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: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

**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: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by client (if 18 or older) OR parent/legal guardian if client is unable to legally sign on their behalf

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: \_\_\_\_\_

Signed by Client (if 18 or older) OR parent/legal guardian if client is unable to legally sign on their behalf

**Photo Release**

In consideration for being accepted into Horses Help SWI, Inc. equine 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 programs. 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. \*Please note, those participating in private Mental Health Therapy programs will not have photos taken or shared, unless it is used to satisfy a grant requirement (faces may be blurred if required)

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

Signed by client (if 18 or older) OR parent/legal guardian if client is unable to legally sign on their behalf

DOB: \_\_\_\_\_ Today's 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, \_\_\_\_\_, (client if 18 or older and legally able to sign, or parent/legal guardian)

hereby consent to assume the risks for \_\_\_\_\_, (participant name) participation in a

horsemanship program at Horses Help SWI, Inc. I/we (parent/legal guardian) \_\_\_\_\_ hereby consent to assume the risks of my/our participation in any 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 am of sound mind and fully understand and accept these risks.

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

Signed by client (if 18 or older) OR parent/legal guardian if client is unable to legally sign on their behalf

Please indicate if Parent/Guardian \_\_\_\_\_ or Client \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**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.**

**INITIAL \_\_\_\_\_**

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

**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 at birth: Male Female Gender Neutral Preferred Pronouns: \_\_\_\_\_

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

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

Seizures: Yes No Type: \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Medications and used for what conditions?: \_\_\_\_\_

\_\_\_\_\_

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. I understand that the therapeutic center will weigh the medical information listed above against the existing precautions and contraindications. I concur with a review/screening 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 if applicable.**

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

Physician Signature: \_\_\_\_\_ Today's 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: \_\_\_\_\_

Is a shunt present: Yes No Comment: \_\_\_\_\_

**Credit Card Authorization Form**

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 also 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 and will use the credit card information to claim payment.

**Credit Card Information**

Card Type:  MasterCard  VISA

Other \_\_\_\_\_

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

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

Expiration Date (mm/yyyy): \_\_\_\_\_ 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. Payment must be received prior to 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.

\_\_\_\_\_  
Signature of responsible individual for client, if 18 or older and legally able to sign to cover payment for client

\_\_\_\_\_  
Date

