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# HORSEPOWER

➤ THERAPEUTIC RIDING ➤



**Address:** Honey Bridge Ranch 6N917 Rt. 25 St. Charles, IL 60174 **Mail:** PO Box 361 Elburn, IL 60119  
**Phone:** (815) 508-0804 **Fax:** (815)508-0804 **Email:** Info@HorsePowerTR.com **Site:** www.HorsePowerTR.com



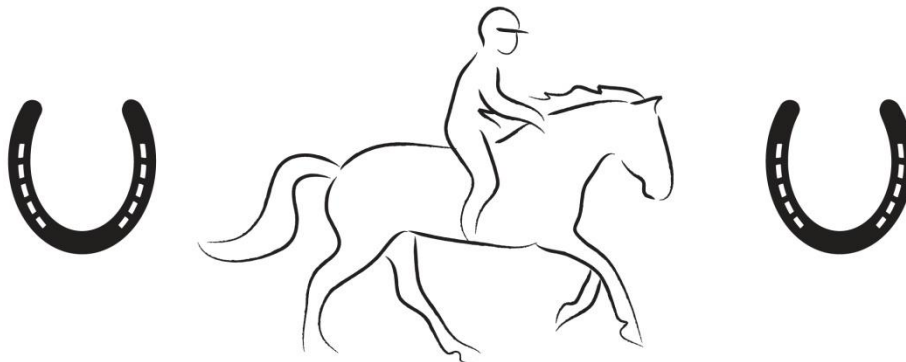
## Mounted Field Trip Participant Application (needed for each individual attending)

Please provide the most complete and accurate information possible.

INFORMATION SHARED WILL BE KEPT CONFIDENTIAL

Keep this cover-sheet so that you will have our contact information.

# HORSEPOWER



➤ THERAPEUTIC RIDING ➤

# HORSEPOWER MOUNTED FIELD TRIP PARTICIPANT APPLICATION

We commit to maintaining your confidentiality. Please provide complete information in every instance throughout this packet including the participant's skills, experience and areas of disability or challenges. We rely on your accurate information to assign horses, volunteers, schedules and to plan the best possible programming for you. All forms to be completed and signed by parent/legal guardian if the participant is a minor. If the participant does not have any disability related challenges, please write N/A where appropriate. Please do not leave anything blank. This is a fillable pdf.

Participant's Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Identifies As \_\_\_\_\_

Today's Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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

**If participant is a minor, please fill out parent contact info below starting with the preferred contact as Parent 1:**

Parent 1's Name: \_\_\_\_\_

Parent 1's Cell Phone: \_\_\_\_\_ Parent 1's Email: \_\_\_\_\_

Parent 2's Name: \_\_\_\_\_

Parent 2's Cell Phone: \_\_\_\_\_ Parent 2's Email: \_\_\_\_\_

Others who may transport: \_\_\_\_\_

What are the participant's strengths and best qualities? \_\_\_\_\_

\_\_\_\_\_

What are the participant's greatest challenges? \_\_\_\_\_

\_\_\_\_\_

Primary and Secondary Disabilities, Diagnoses, Special Needs, etc. \_\_\_\_\_

\_\_\_\_\_

Allergies or Precautions \_\_\_\_\_

Spinal or Orthopedic Conditions \_\_\_\_\_ Back, Neck, or other pain \_\_\_\_\_

Compromised bone density, and/or are you at higher risk of fracture if you should fall from the horse? Yes  No

If Down Syndrome is listed as a Diagnosis, is there Atlanto-Axial Instability? Yes  No  (physician's release is required to confirm absence of symptoms for instability for A/A for all participants with DS)

Seizure Disorder Yes  No  Type \_\_\_\_\_ Date of last seizure \_\_\_\_\_ Number of seizures in last 5 years \_\_\_\_\_  
Dr's Release required at onset of riding AND following each seizure. No mounted lessons for 6months after each seizure.

What types of therapy services is the participant receiving either now or in the past. (Physical, Occupational, Speech, Mental Health, Special Recreation, Special Olympics, or other therapies) If you would like communication between HorsePower and the therapist(s) please request a release of information form.

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Does the participant have any previous experiences with horses and/or farm animals? Describe level of enjoyment, fears, etc.

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What best motivates this participant? (Verbal praise, stickers, high 5's, visual schedules, treats, etc.)\_\_\_\_\_

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What do you hope to achieve through animal assisted activities, carriage driving, horsemanship and/or therapeutic riding lessons? What are the participant's (and/or parents) expectations and wishes? Provide details for any suggestions or worries.

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Permission to use Photos and Videos Please check YES  or NO

HorsePower may reproduce and use of any and all likenesses, including photos and videos, made in connection with participant's HorsePower activities for the purpose of marketing and educating others about Horsepower, including, but not limited to mediums such as brochures, social media, PowerPoint presentations, etc.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about HorsePower? Did anyone refer you?\_\_\_\_\_

What do you most want the instructor to focus on? Check all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Basic Riding Skills    | <input type="checkbox"/> Cooperation          | <input type="checkbox"/> Confidence                                      |
| <input type="checkbox"/> Intermediate Skills    | <input type="checkbox"/> Assertiveness        | <input type="checkbox"/> Empowerment                                     |
| <input type="checkbox"/> Advanced Riding Skills | <input type="checkbox"/> Communication        | <input type="checkbox"/> Frustration Tolerance                           |
| <input type="checkbox"/> Carriage Driving       | <input type="checkbox"/> Relaxation           | <input type="checkbox"/> Expression of Emotion                           |
| <input type="checkbox"/> Groom and Tack Skills  | <input type="checkbox"/> Cognitive Skills     | <input type="checkbox"/> Recreation and Fun                              |
| <input type="checkbox"/> Physical Endurance     | <input type="checkbox"/> Motor Planning       | <input type="checkbox"/> Enjoyment of Nature                             |
| <input type="checkbox"/> Coordination           | <input type="checkbox"/> Flexible Thinking    | <input type="checkbox"/> Desensitization (to wind, sun, dirt, movement?) |
| <input type="checkbox"/> Balance                | <input type="checkbox"/> Auditory Processing  | OTHER:   |
| <input type="checkbox"/> Fine Motor Skills      | <input type="checkbox"/> Following Directions | _____  |
| <input type="checkbox"/> Sensory Input          | <input type="checkbox"/> Strengthening        | _____  |
| <input type="checkbox"/> Social Skills          | <input type="checkbox"/> Focus & Attention    |  |

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## Participant Medical History & Physician's Statement

***Must be completed and signed by a physician prior to the onset of lessons and then annually by January 1<sup>st</sup>***

Participant \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Primary and Secondary Diagnoses: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

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

Seizure Type: \_\_\_\_\_ Controlled: Y \_\_\_\_\_ N \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y \_\_\_\_\_ N \_\_\_\_\_ Date of last revision: \_\_\_\_\_

Medications that impact bone density: \_\_\_\_\_ Braces/Assistive Devices: \_\_\_\_\_

Mobility: Independent Ambulation Y \_\_\_\_\_ N \_\_\_\_\_ Assisted Ambulation Y \_\_\_\_\_ N \_\_\_\_\_ Wheelchair Y \_\_\_\_\_ N \_\_\_\_\_

Special Precautions: \_\_\_\_\_

*For those with Down Syndrome:* Neurologic Symptoms of Atlantoaxial Instability: \_\_\_\_\_ Present \_\_\_\_\_ Absent

***Indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities. Yes or No MUST be checked for each.***

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac / Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Medications Impacting Bone Density			
Seizures			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that HorsePower will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to HorsePower Therapeutic Riding for ongoing evaluation by HorsePower to determine eligibility for participation.

Medical Physician Name: \_\_\_\_\_ License No: \_\_\_\_\_

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

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



## **Expectations, Policies and Tips for an Enjoyable Mounted Field Trip**

1. Mounted Field Trip Rates vary depending upon the length of time. Contact Executive Director for fees. Minimum of 4, and maximum of 6 participants. We accept Visa, MasterCard, and Discover cards, and can keep your information on file and run your card automatically. Due to limited office staff, cards will not be billed on the same day as the lesson and sometimes it's delayed by as much as a week in the case of holiday schedules. Checks can be made out to "HorsePower." If a check is returned for insufficient funds a service fee of \$25 applies. Credit card fees of 3.99% are passed along to the purchaser. Cash is accepted, but not encouraged. We also accept Zelle. This payment method must be set up prior to lessons by contacting our Office Staff at [info@horsepowertr.com](mailto:info@horsepowertr.com) to ensure the right contact information is used.
2. Cancellations: Please phone or text our office (815-508-0804) if you have had an emergency the day of the Field Trip and must cancel. Email, phone or text is fine for canceling with more than 24hrs notice.
3. All participants must wear an equestrian riding helmet during mounted therapeutic riding lessons. Participants are encouraged to ride in stretchy pants and boots with a hard/low heel. Gym shoes are fine for a Field Trip ride, but boots are highly recommended for future rides. Thin gloves are a must when the weather is chilly. Mittens are not allowed. Long socks are advised. No tight-fitting jeans. Shorts are discouraged. No sandals or Crocs for anyone coming to the ranch, even parents. No excessive jewelry.
4. A medical physician's release is required for all mounted riding lessons. The director has the final call on determining if Therapeutic Riding is advisable for any participant.
5. Unforeseen circumstances such as horse availability or sickness, staff and volunteer availability or illness, and the weather may necessitate cancelling a field trip event. Whenever possible, we will contact you well in advance if cancellations are required and the event will be rescheduled.
6. One adult chaperone for every 4 field trip participants is required to be present at the farm for the duration of the field trip. These chaperones are welcome to observe the field trip activities. No additional unregistered minors or parents are allowed to be present during the field trip event.
7. Do not enter the riding arena or barn aisles unless accompanied by an instructor or volunteer. Do not feed, touch horses/animals or interact with them without the permission and supervision of a HorsePower staff member or volunteer.
8. This application packet must be submitted with payment of deposit for every Field Trip participant at least two weeks prior to scheduling the event so that we can plan a great session for your group! Thank you! Applications can be emailed to [info@horsepowertr.com](mailto:info@horsepowertr.com) or mailed to: PO Box 361, Elburn, IL 60119. The waiver and release of liability page is needed for all staff you plan to send.
9. Please arrive to the ranch at least 15 minutes before your Field Trip is scheduled to begin. Honey Bridge Ranch is located 2mi north of Army Trail Road on the east side of Rt 25. Look for the Kinvara Farm and Brewster Creek signs on Rt. 25. Take the middle driveway with the Honey Bridge Ranch circular sign. When driving in, please use caution and drive slowly! It's a one lane road and you may have to back up if someone is driving toward you. If you flash your lights, the other driver will know you're going to back up for them. There are a few spots where you can pull off but not many so watch for wide spots on the road or gravel turn outs. Please do not pull into the grass. We have many small animals and impulsive children onsite, so a maximum speed of 15 mph is requested. Drive as far south as you can and park near the indoor arena/viewing room, which is the farthest barn.

I have read, understand and agree to the policies numbered 1-9 outlined above.

Printed Name of Field Trip Participant \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## FIELD TRIP PARTICIPANT WAIVER AND RELEASE OF LIABILITY

**PLEASE READ CAREFULLY!** This form must be signed by everyone intending to handle, ride, be in the vicinity of horses or farm animals, or be present at Honey Bridge Ranch with HorsePower Therapeutic Riding program without exception.

Let it be understood that this form is a release of liability contract between A) HorsePower Therapeutic Riding, Inc. ("HorsePower") (and its volunteers, directors, instructors), Honey Bridge Ranch, all horse and small animal owners, and B) the participant, visitor, observer, driver and his or her family and guests.

### EQUINE LIABILITY ACT WARNING

Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility of injury, loss or damage to person or property resulting from the risk of equine activities. Upon entering Honey Bridge Ranch property, I acknowledge that I assume full responsibility for my own safety. I further understand that I ride and participate in activities with HorsePower at my own risk. I agree to hold HorsePower and Honey Bridge Ranch, along with their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners, harmless from every and all claims that might arise from any injury that occurs from the use of any horse and/or equipment, on behalf of myself, my heirs, successors, assigns, guardians, representatives or dependents. I understand that HorsePower does not represent or warranty the quality or character of any horse furnished, and that of HorsePower, Honey Bridge Ranch, their respective owners, directors, officers, managers, operators, volunteers, agents and employees are released from liability for ordinary acts of negligence. This release has provided me with notice of the risk of engaging in any and all equine activities. I understand (1) the propensity of a horse to behave in dangerous and unpredictable ways that may result in injury to me and others; and (2) the hazards of surface or subsurface conditions. I understand that I must wear protective headgear at all times while at the ranch while in the presence of horses including but not limited to: grooming, riding, mounting or dismounting. I understand that the wearing of such headgear may prevent or reduce the severity of some head injuries and may even prevent death due to a fall or other occurrence. It is my responsibility to bring my own headgear upon arrival to facility and ask for assistance to properly adjust for correct fit. All headgear must be ASTM/SEI certified for equestrian use.

I hereby FOREVER RELEASE, DISCHARGE, AND HOLD HARMLESS HorsePower and Honey Bridge Ranch, doing business under its own name or any other name, and their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners from and against any claims of liability for bodily injury or damage to property arising from my participation in HorsePower activities or my presence on the Honey Bridge Ranch premises, whether caused by the negligence of HorsePower or Honey Bridge Ranch, their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners or otherwise. I further agree to fully indemnify HorsePower and Honey Bridge Ranch, doing business under its own name or any other name, and their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners for any injury, claim, judgment, or expense that may incur, arising out of, or in any way connected, to use of any horse, presence on the premises, use of any equipment, or property brought on to Honey Bridge Ranch premises.

In the event the participant is under the age of 18 years of age, this form must be read and signed by the parent or legal guardian of said minor. This release shall remain valid until expressly revoked by me in writing, or if a minor, the parent or legal guardian.

If an emergency occurs and medical aid/treatment is deemed needed by the instructor because of illness or injury, I authorize HorsePower to make arrangements for the participant's medical treatment, including arranging transportation to a healthcare provider and disclose the information contained in this application to the healthcare provider. Individuals refusing emergency medical treatment cannot participate in the programs at HorsePower.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Legal guardian if under 18 years of age Date: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of anyone coming on property to observe Date: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of anyone coming on property to observe Date: \_\_\_\_\_



## RELEASE OF LIABILITY REGARDING COVID AND OTHER ILLNESSES

(Print all names which apply to your household and who may be on site at the ranch.)

\_\_\_\_\_ participant \_\_\_\_\_  
parent/guardian

\_\_\_\_\_ observer \_\_\_\_\_  
parent/guardian

As a participant/parent/observer of HorsePower Therapeutic Riding, I recognize the inherent risks of injury from equine and/or animal assisted activities, or illness (including death) related to being in public places during the COVID-19 Pandemic, flu season, etc.

In exchange for being allowed to visit Honey Bridge Ranch and/or participating in HorsePower activities, I voluntarily agree to assume any and all risk of injury and illness, and further I voluntarily release Honey Bridge Ranch and HorsePower Therapeutic Riding, and each of their owners, instructors, volunteers, directors, boarders, employees, and agents from any and all claims, losses, costs, damages, or liability on account of any injury or illness I (or my child or ward) may sustain for any reason while on the premises of Honey Bridge Ranch or participating in HorsePower activities. I covenant not to sue and agree to hold harmless and indemnify Honey Bridge Ranch and HorsePower Therapeutic Riding, and each of their owners, instructors, volunteers, directors, boarders, employees and agents for any claim, loss, cost, damage, or liability relating to my presence at Honey Bridge Ranch and/or participation in HorsePower activities, including COVID-19 related illness or injury.

I agree to follow current CDC, Kane County Health Department and State of Illinois recommendations. If my participation results in exposure to others, I will report the exposure to the HorsePower Director. I will stay home if I have any covid, respiratory, or flu-like symptoms. I will not bring others to the ranch who have not signed and sent (in advance) this release of liability.

**Sign on all lines which apply to you or your household. All individuals who may be present at the ranch must sign, keeping in mind total number of observers should be kept to the fewest number possible, ideally, one.**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Observer or Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_