



# THERAPEUTIC HORSEMANSHIP EQUESTRIAN CENTER INC.

## HORSES for HEROES

### Application - 2018

Please **complete** this paperwork and return to the office as soon as possible in order for us to schedule your evaluation. Please keep pages 1-3 for your records on program agreement and policies. **\*\*Note that page 4 must be completed by a *Health Care Provider* AND page 5 must be completed by *participant*\*\***. If forms are not completed and signed they will be returned and may delay your participation in the program. *\*Any additional information you would like to provide would be much appreciated—the more knowledge we have about a student the better we can facilitate them.*

Therapeutic Horsemanship Equestrian Center, Inc.  
Mailing Address: PO Box 5337, Hemet, CA 92544  
Physical Address: 27260 Girard St. Hemet, CA 92544  
951-658-7790 • Fax: 951-765-6001  
[www.THECenterRanch.org](http://www.THECenterRanch.org) • [Info@THECenterRanch.org](mailto:Info@THECenterRanch.org)

T.H.E. Center, Inc.

## HORSES FOR HEROES PROGRAM & POLICY AGREEMENT

Thank you for your interest in our T.H.E. Center Horses for Heroes program. Our program offers month of four equine therapy sessions, free of charge, to America's Heroes. T.H.E. Center is able to offer these services due to the generosity of Stater Bros. Charities. Our program is open to all Veteran's, under the age of 70, who are struggling with the psychological or physical effects from their time in service.

T.H.E. Center, Inc. is a PATH Intl. Premiere Accredited Center. All of our therapeutic instructors are certified or in training through PATH Intl. (Professional Association of Therapeutic Horsemanship International). PATH Intl. promotes safety and optimal outcomes in equine-assisted activities and therapies. This organization provides industry standards, procedures, and policies which T.H.E. Center, Inc. adheres to strictly. We seek to maximize the abilities of each participant and tailor an individualized lesson program; whether they ride in a private or group session. Please feel free to visit [www.pathintl.org](http://www.pathintl.org).

To ensure consistency of our volunteers, we need consistency in our participants. We can only accept a limited number of participants to ensure quality of services and due to available funds. Therefore, we ask you to commit to one month of 4 sessions. If you are unable to commit to this timeframe, please let us know so we can open the spot to others on the waiting list. After two unexcused missed sessions, you will be dismissed from the program. Additional sessions can be renewed after completion of first month, if you feel you need or would want more sessions. Renewal of sessions will only be considered for participants who have demonstrated commitment to program.

Please read the following agreement carefully. It contains not only **expectations** but also **requirements** that must be adhered to in order to partake in our Horses for Heroes here at T.H.E. Center, Inc. If you have any questions about the session agreement, please feel free to contact our Program Director, Michelle Kerlin, at (951) 658-7790.

### RULES & RESPONSIBILITIES OF PARTICIPANT

- Participants are responsible for arriving at each session on time unless you have previously notified your instructor. Participants may arrive 5 minutes before lesson time or earlier if approved by your instructor.
- Session times include getting the horse tacked, cooled down and un-tacked as well as riding or unmounted session time in the arena.
- Participants are not allowed to utilize cellphones during a session, unless for an emergency or preapproved reason: **NO phone calls or texts please!**
- Participants cannot be under the influence of alcohol or not prescribed drugs or substances.
- Participants sessions are private, unless participant invites family member(s) to watch or observe. If family member is present, through invitation, during a session time, please avoid interacting, disrupting, or distracting participants.
- Please remember that we are a family organization, no firearms, tobacco, alcohol or substances are allowed on T.H.E. Center property. Profanity is not allowed to be used while on premises.
- No dogs allowed on premises, unless it is a service animal or emotional support animal (ESA).

### LATE TO LESSON

If a participant arrives later than fifteen minutes (15) after session start time, participant will not be allowed to ride.

### CANCELLATIONS

There is a **24-hour cancellation policy**. If participants cancel with less than 24-hours' notice or inadvertently miss their lesson, the session is considered a no-show. If cancellation is done with more than 24-hours notice or it is due to an emergency, it will not be considered a no-show and rescheduling will be made available as our schedule allows.

### WEATHER

- Instructors may cancel a session due to weather, sickness, or other extenuating circumstances.
- **WEATHER-** When the weather does not allow mounted sessions (thundering/lightening, severe cold or heat or for any other reason) we will have un-mounted sessions, if the participant is capable.

### WITHDRAWING FROM THE PROGRAM

If you wish to withdraw from the program or are unable to maintain your month-long commitment please speak with Program Director, Michelle Kerlin. This will allow us contact another Veteran on the waiting list and place them in your time slot. There will be no credits given in the program, unless approved by Program Director. We require our participants to strictly adhere to this policy.

### WHO TO CALL WITH QUESTIONS

If you have any questions or concerns, the best way to contact us is by messaging our Facebook page [Facebook.com/THCenterinc](https://www.facebook.com/THCenterinc). All instructors and office personnel will receive your message, and thus be able to respond almost 24/7. You can also contact our office during business hours via telephone: 951-658-7790 or email: [info@thecenterranch.org](mailto:info@thecenterranch.org). Our Executive Director, Miguel Sarasa, is always available to answer any questions you may have, his number is 951-208-5205

### CURRENT HOURS OF OPERATION

Tuesday- Saturday 9-5pm

**PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male / Female Tshirt Size: \_\_\_\_\_

**In Case of Emergency:**

Emergency Contact Name: \_\_\_\_\_

Number: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Number: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**MEDICAL RELEASE:**

In case of an emergency, I give permission to T.H.E. Center, Inc. to secure medical treatment including: transportation, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

**PHOTO RELEASES:**

I consent  I do not consent to and authorize the use and reproduction by **T.H.E. Center**, Inc. of any and all photographs and any other audio visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

I consent  I do not consent to and authorize the use and reproduction by **Stater Bros. Charities**, Inc. of any and all photographs and any other audio visual materials taken of me for promotional material, fundraising efforts, exhibitions or for any other use for the benefit of the program.

**LIABILITY RELEASE:**

As a volunteer, staff member, student, board member of T.H.E. Center, Inc. I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for 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 T.H.E. Center, Inc., its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of T.H.E. Center, Inc. property, equipment, or facilities.

**I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT AS INDICATED ABOVE:**

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

<b><i>For Office Use Only:</i></b>			
Date Revd.: _____	Evaluation Date & Time: _____	<b>Photo Consent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> NO	
<b>Liability Release:</b> <input type="checkbox"/>	<b>Medical Release:</b> <input type="checkbox"/>	<b>Lesson Type:</b> <input type="checkbox"/> Group	<input type="checkbox"/> Individual
Instructor: _____		PG Director Signature: _____	
Billing Info:			

**PARTICIPANTS MEDICAL HISTORY & PHYSICIANS STATEMENT**

**Participants Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Primary Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

I authorize \_\_\_\_\_ (healthcare provider) to disclose the protected health information described below to T.H.E. Center, Inc.

**Participants' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Health Concerns/Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Tetanus Immunization Date: \_\_\_\_\_ Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_ Past Surgery: \_\_\_\_\_

Seizures:  Yes  No Type: Describe: \_\_\_\_\_

Mobility:  Independent Ambulation  Crutches  Braces  Wheelchair  Other

Please indicate current or past history in the following systems/areas including surgeries:

	Yes	No	Comment
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Allergies			
Cognitive			
Emotional/Psychological			
Pain			
Other			

**Please select one of the following:**

\_\_\_\_\_ I **DO** recommend Equine Therapy for this individual at this time.

\_\_\_\_\_ I do **NOT** recommend equine therapy for this individual at this time.

Given the above information, this person is not medically precluded from participating in supervised equestrian activities at T.H.E. Center, Inc.

Physician's Name/Title: \_\_\_\_\_ MD PA DO NP Other: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please attach prescription for Physical, Occupational or Speech Therapy, if applying for Hippo-Therapy Services)

Physician's Address: \_\_\_\_\_

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

Physician's Phone Number: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

Physician's Comments: \_\_\_\_\_

**Please Return To:**

T.H.E. Center, Inc. PO Box 5337 Hemet, Ca. 92544 - Fax: 951-765-6001 - INFO@THECenterRanch.org

