



Dec 2022



## Dear Riders, Family and Friends of High Hurdles,

Onto another year at the farm, how exciting! I can't wait for another fantastic season riding, learning and growing together. Please look over and read the entirety of this packet, as a few things have changed. Send in forms early to reserve your preferred class times. Classes will run in 8-week sessions from March through November.

### Several things to note before digging in:

- Regarding scheduling: we do not follow all school closures/national holidays- note the dates of each session and consider this in your decision. We are not obligated to make up a lesson that is missed by the rider and will not reimburse for classes missed by the rider.
- I will make every effort to choose your preferred lesson time, and beyond that will be selecting classes based on variables such as horse availability, level of independence and group dynamics.
- **ANYONE** who will be in the barn/around the horses (any staff/family assisting the rider, etc.) is **REQUIRED** to wear sturdy closed toe shoes with a closed heel such as sneakers or boots. Crocs, sandals dress shoes/flats etc. are not acceptable. Riders must also wear long pants or they will not be able to ride. This is for the safety of the rider, guests and volunteers.
- Family/staff is required to be within eye/earshot of the rider unless explicit permission is given by the instructor.
- We ask that family/staff bringing riders be prepared to sidewalk if needed.
- **ALL RIDERS** must wear an ASTM/SEI certified riding helmet, with a manufacture or purchase date within the last 5 years. We have helmets of various sizes for anyone to borrow.
- Our barn cell phone has been upgraded! You can now **text or call (716)548-0004** regarding lessons to reach our instructors. Please follow us on Facebook at High Hurdles Therapeutic Riding Center to keep up to date and see pictures throughout the season!
- Please be aware that lessons will be occurring unless you are contacted directly by High Hurdles staff. Our program may include off-horse learning during times of poor weather or other circumstances preventing riding.

**Under 21? OPWDD enrolled or utilize self-direction?** Please see our website for information on eligibility for funding prior to completing these forms. Please call with any questions about eligibility. Your Care Coordinator and team may also be able to assist you.

Whether you are a veteran of the program or new to us, we hope to see you in 2023!

Sincerely,

Shelby Dytschkowsky  
Equine Program Manager  
High Hurdles Therapeutic Riding

13339 Rt 39  
Sardinia, NY 14009  
**Phone** 716.496.5551  
**Barn Cell** 716.548.0004  
**Fax** 716.496.4010

<https://www.sasinc.org/creative-opportunities/highhurdles/>



# HIGH HURDLES REGISTRATION PACKET 2023

## Reservation Form

### TO REGISTER FOR HIGH HURDLES:

Complete all information in this packet and submit altogether. Physician release can be sent once it is returned to you. **Riders will not be scheduled until all other paperwork is complete and will not be able to ride until the physician release is returned.** A confirmation will be sent to you at a later date confirming your lesson time and our billing department will send an invoice following that.

**FSS Program Riders:** Contact the Equine Program Manager for details as registration, payment and pricing vary.

**PAYMENT INFORMATION:** PLEASE DO NOT SEND PAYMENT WITH REGISTRATION PACKET.

One 8-week session: \$400

All 4 sessions: \$1,600

If you are paying through a third party, please speak with your Fiscal Intermediary or Care Coordinator to ensure that there are funds in the rider's budget for the program.

- The option to pay monthly or quarterly if participating in 4 sessions is available. Payment must be received no later than the first week of classes per month or quarter. Otherwise, full payment must be made prior to the second week of the rider's session or the rider will not be able to participate in the remaining lessons
- If you require tuition assistance, please call us at (716) 496-5551 to discuss.

**Rider Name** \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone # (if applicable) \_\_\_\_\_ Text? ☐ YES ☐ NO Email \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Person** \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone # \_\_\_\_\_ Text? ☐ YES ☐ NO Email \_\_\_\_\_

**Parent or Legal Guardian** (circle one) \_\_\_\_\_

Phone # \_\_\_\_\_ Text? ☐ YES ☐ NO Email \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**For High Hurdles correspondence (including lesson cancellation), who is best person to contact?**

- |  |                               |                               |                                |
|--|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> RIDER via           | <input type="checkbox"/> text | <input type="checkbox"/> call | <input type="checkbox"/> email |
| <input type="checkbox"/> CONTACT PERSON via  | <input type="checkbox"/> text | <input type="checkbox"/> call | <input type="checkbox"/> email |
| <input type="checkbox"/> PARENT/GUARDIAN via | <input type="checkbox"/> text | <input type="checkbox"/> call | <input type="checkbox"/> email |

**Please indicate the address to which the invoice should be mailed:**

Name: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

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



# HIGH HURDLES REGISTRATION PACKET 2023

## Schedule Information

Rider Name: \_\_\_\_\_

**NEW THIS YEAR:** Please indicate how many, and which sessions the rider would like to participate in. If you intend to ride the full season, please indicate this below and your preferred day/time. Full season (4 session) riders will take priority in scheduling. Riders will attend a one-hour class once a week on the same day and at the same time for the duration of each session. Please note that to better serve you, we have adjusted our time options for various seasons.

Riders will be scheduled in the order completed registration forms are received. *Please be aware that in order to create appropriate class groups, riders may not be scheduled and confirmed until the session prior to their desired session.*

Does the rider participate in a SASi DayHab Program? ☐ YES ☐ NO (If No, continue past this box)

Location: \_\_\_\_\_

Will the rider be participating in a DayHab supported class? ☐ YES ☐ NO

If yes, DayHab will schedule and directly notify you of dates. No date/time options need to be selected.

Does the rider intend to ride after hours in addition to DayHab? ☐ YES ☐ NO

If yes, note that these times are not supported through the DayHab program. Please select schedule times.

## High Hurdles Horse Shows



Each year, we offer 2 horse show options as a fun opportunity for riders to show off the skills they have been working on to their friends and families who are not regularly attending with them. Shows are limited to High Hurdles participants and are a great confidence booster and way to experience a horse show in a safe and low-key environment. There is no obligation to participate as these shows are simply an added opportunity for those who choose. Details on the shows will be sent out to those who indicate interest below closer to their dates.



QUESTIONS: Call Shelby Dytschkowskyj, Equine Program Manager at (716) 496-5551 or email [shelby.dytschkowskyj@sasinc.org](mailto:shelby.dytschkowskyj@sasinc.org)

☐ I would like to participate in the **High Hurdles Horse Show on May 6, 2023**  
(This show is offered only to riders who participate in Session 4 of 2022 or Session 1 of 2023)

☐ I would like to participate in the **High Hurdles Horse Show on September 9, 2023**  
(This show is offered only to riders who participate in Sessions 2 or 3 of 2023)



# HIGH HURDLES REGISTRATION PACKET 2023

## Schedule Options

**PLEASE MARK 3** or more possible choices for the day/time of the week in which you would like to participate. Indicate with a ★ next to the most preferred choice. Please consider the season and typical weather when making your selection.

High Hurdles may cancel a class due to weather or other unforeseen emergencies. In this case only, riders will be offered a make-up class, to be scheduled at an agreeable time. **High Hurdles is not obligated to make-up classes and will not reimburse for missed classes that are cancelled by the rider.**

**Riders new to us will be scheduled for a brief orientation the week prior to the first week of classes.**

How many total sessions would the rider like to attend? ☐1 ☐2 ☐3 ☐4(full season)

For riders in only 1, 2 or 3 total sessions, which are preferred? Session ☐1 ☐2 ☐3 ☐4

\*\*Rider is interested in:

- ☐ Primarily on-horse classes (horsemanship and riding)  
☐ Off-horse only classes (horsemanship and ground based learning- no riding)

### SESSION 1 March-April Class Options

|                       |   |  |                      |   |
|-----------------------|---|--|----------------------|---|
| <b>Mon</b> 3/6-4/24   | <input type="checkbox"/> 10a <input type="checkbox"/> 11:30a                                | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p | <b>Fri</b> 3/10-4/28 | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p  |
| <b>Tues</b> 3/7-4/25  | <input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 1:30p | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p | <b>Sat</b> 3/11-4/29 | <input type="checkbox"/> 9a <input type="checkbox"/> 10:30a <input type="checkbox"/> 12p <input type="checkbox"/> 1:30p |
| <b>Weds</b> 3/8-4/26  | <input type="checkbox"/> 10a <input type="checkbox"/> 11:30a                                | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p |                      |   |
| <b>Thurs</b> 3/9-4/27 | <input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 1:30p | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p |                      |   |

### SESSION 2 May-June Class Options

|                               |  |  |                      |  |
|-------------------------------|--|--|----------------------|--|
| <b>Mon</b> 5/1-6/26 (no 5/29) | <input type="checkbox"/> 9:30a <input type="checkbox"/> 11a                                | <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p | <b>Fri</b> 5/12-6/30 | <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p                               |
| <b>Tues</b> 5/9-6/27          | <input type="checkbox"/> 9:30a <input type="checkbox"/> 11a <input type="checkbox"/> 3:30p | <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p | <b>Sat</b> 5/13-7/1  | <input type="checkbox"/> 9a <input type="checkbox"/> 10:30a <input type="checkbox"/> 12p |
| <b>Weds</b> 5/10-6/28         | <input type="checkbox"/> 9:30a <input type="checkbox"/> 11a                                | <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p |                      |  |
| <b>Thurs</b> 5/11-6/29        | <input type="checkbox"/> 9:30a <input type="checkbox"/> 11a <input type="checkbox"/> 3:30p | <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p |                      |  |

### SESSION 3 July-September Class Options

|                                 |  |  |                                 |  |
|---------------------------------|--|--|---------------------------------|--|
| <b>Mon</b> 7/17-9/11 (no 9/4)   | <input type="checkbox"/> 9:30a <input type="checkbox"/> 11a                                | <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p | <b>Fri</b> 7/21-9/15 (no 9/8)   | <input type="checkbox"/> 9:30a <input type="checkbox"/> 11a <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p |
| <b>Tues</b> 7/18-9/12 (no 9/5)  | <input type="checkbox"/> 9:30a <input type="checkbox"/> 11a <input type="checkbox"/> 3:30p | <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p | <b>Sat</b> 7/22-9/16 (9/9 show) | <input type="checkbox"/> 9a <input type="checkbox"/> 10:30a <input type="checkbox"/> 12p                               |
| <b>Weds</b> 7/19-9/13 (no 9/6)  | <input type="checkbox"/> 9:30a <input type="checkbox"/> 11a                                | <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p |                                 |  |
| <b>Thurs</b> 7/20-9/14 (no 9/7) | <input type="checkbox"/> 9:30a <input type="checkbox"/> 11a <input type="checkbox"/> 3:30p | <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p |                                 |  |

### SESSION 4 September-November Class Options

|                        |   |  |                       |   |
|------------------------|---|--|-----------------------|---|
| <b>Mon</b> 9/18-11/6   | <input type="checkbox"/> 10a <input type="checkbox"/> 11:30a                                | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p | <b>Fri</b> 9/22-11/10 | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p  |
| <b>Tues</b> 9/19-11/7  | <input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 1:30p | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p | <b>Sat</b> 9/23-11/11 | <input type="checkbox"/> 9a <input type="checkbox"/> 10:30a <input type="checkbox"/> 12p <input type="checkbox"/> 1:30p |
| <b>Weds</b> 9/20-11/8  | <input type="checkbox"/> 10a <input type="checkbox"/> 11:30a                                | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p |                       |   |
| <b>Thurs</b> 9/21-11/9 | <input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 1:30p | <input type="checkbox"/> 4p <input type="checkbox"/> 5:30p |                       |   |



# HIGH HURDLES REGISTRATION PACKET 2023

## Rider Information/Background

Please complete this section as completely and accurately as possible to ensure the safety of the rider and horse and to allow us to serve the rider as effectively as possible.

Rider Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_ (required for on-horse activities: AS OF 2023, for the safety of our riders, horses, volunteers and staff, those weighing between 175 and 200lbs will need to be evaluated to be considered to ride. Except in rare circumstances, those weighing over 200lbs will be unable to participate in on-horse riding activities but are welcomed in off-horse classes)

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

Diagnoses: \_\_\_\_\_

Medical/Surgical History: \_\_\_\_\_

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

Adaptive Equipment: \_\_\_\_\_

Does the rider receive OT/PT services? ☐ YES ☐ NO If YES, through which agency? \_\_\_\_\_

**BEHAVIORAL CONCERNS:** HIGH HURDLES STAFF AND VOLUNTEERS ARE NOT SCIP-R CERTIFIED. WE RELY ON PARTICIPANTS' STAFF AND FAMILY TO MANAGE BEHAVIORAL SITUATIONS THAT OCCUR ONSITE. SHOULD ANY BEHAVIORAL CHANGES OCCUR DURING A SESSION, WE ASK THAT YOU INFORM OUR STAFF ESPECIALLY IF IT PERTAINS TO SAFETY. **PLEASE LIST ANY EXISTING CONCERNS:**

Level of Supervision while in the Community: \_\_\_\_\_

Has this rider had horse/riding experience in any other capacity/program? Please describe: \_\_\_\_\_

**Please use the following scale when answering questions:**

1 Always 2 Almost Always 3 Sometimes 4 Almost Never 5 Never

← | | | | | →  
**Social/Behavioral**

Strengths/Weaknesses: \_\_\_\_\_

Does the rider request help when they need it? ☐1 ☐2 ☐3 ☐4 ☐5

Does the rider have a difficult time with changes in their routine? ☐1 ☐2 ☐3 ☐4 ☐5

Does the rider get distracted easily by other people and objects in the room? ☐1 ☐2 ☐3 ☐4 ☐5

Does the rider work well with others in group settings? ☐1 ☐2 ☐3 ☐4 ☐5

Does the rider get frustrated easily? ☐ YES ☐ NO Please describe how they might react and the best way to help them in these situations? \_\_\_\_\_

Does the rider react to unexpected or loud noises? ☐ YES ☐ NO Please describe (will they stop talking, run away, cry, etc.): \_\_\_\_\_

Does the rider react to unexpected touch? ☐ YES ☐ NO Please describe (will they get angry, stop talking, run away, cry, etc.): \_\_\_\_\_

Is the rider anxious/fearful of heights? ☐ YES ☐ NO Please describe (will they avoid riding, yell, cry, etc.): \_\_\_\_\_

## **Cognitive/Physical**

Does the rider get tired easily, especially when standing or holding a particular body position? ☐1 ☐2 ☐3 ☐4 ☐5

Does the rider require hand-over-hand assistance when completing tasks? ☐1 ☐2 ☐3 ☐4 ☐5

Does the rider bump into objects or need to be reminded to look where they are going? ☐1 ☐2 ☐3 ☐4 ☐5

Does it take the rider a long time to complete a task? (Grooming, cleaning etc.) ☐1 ☐2 ☐3 ☐4 ☐5

Is the rider able to identify shapes, colors, and read (at what level)? \_\_\_\_\_

Is the rider able to follow single step directions? ☐ YES ☐ NO Multi-step directions? ☐ YES ☐ NO

Please describe the rider's primary form of communication (verbal/nonverbal, communication device, sign language etc.) \_\_\_\_\_

Does the rider seek out activities that require a lot of movement or more sedentary activities? \_\_\_\_\_

Hearing: ☐ No ability ☐ Wears hearing aid ☐ No impairments

Vision: ☐ No ability ☐ Glasses ☐ No impairments

Any bone or joint limitations? ☐ YES ☐ NO \_\_\_\_\_

Any muscular limitations? (hypertonia/hypotonia, high spasticity, dystonia, rigidity etc.) ☐ YES ☐ NO \_\_\_\_\_

## **General**

Specific areas of need? (Social, behavioral, emotional etc.) \_\_\_\_\_

GOALS: What is the rider/family/caregiver hoping to achieve through therapeutic horseback riding? (Increased strength, coordination, confidence, improved social interaction, recreation, etc.) \_\_\_\_\_

Does the rider have any obvious dislikes or fears? \_\_\_\_\_

Some favorites (activities, topics, colors, etc.) \_\_\_\_\_

Is there anything else you would like to share about the rider? \_\_\_\_\_



# HIGH HURDLES REGISTRATION PACKET 2023

## Rider Ability Chart

| ABILITY<br>Please mark an X in each box, or further comment | <u>TOTAL</u><br><u>ASSISTANCE</u> | <u>NEEDS</u><br><u>ASSISTANCE</u> | <u>INDEPENDENT</u><br><u>/SUPERVISION</u> |
|---|-----------------------------------|-----------------------------------|---|
| Stair Climbing  |                                   |                                   |   |
| Mobility  |                                   |                                   |   |
| Transferring  |                                   |                                   |   |
| ADL Skills (grooming, dressing, etc.)                       |                                   |                                   |   |
| <b>BALANCING</b>  | <b><u>POOR</u></b>                | <b><u>FAIR</u></b>                | <b><u>GOOD</u></b>                        |
| While seated  |                                   |                                   |   |
| While standing  |                                   |                                   |   |
| While moving  |                                   |                                   |   |
| <b>MOTOR SKILLS</b>   |                                   |                                   |   |
| Head Control  |                                   |                                   |   |
| Trunk Control   |                                   |                                   |   |
| Grip strength   |                                   |                                   |   |
| Muscle Strength   |                                   |                                   |   |
| Range of Motion in Arms                                     |                                   |                                   |   |
| Range of Motion in Legs                                     |                                   |                                   |   |



# HIGH HURDLES REGISTRATION PACKET 2023

## Authorization for Emergency Medical Treatment

Rider's Name: \_\_\_\_\_

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

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

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

List all pertinent medical information (allergies to food or drugs, special medical conditions): \_\_\_\_\_

### SELECT ONE:

#### **CONSENT PLAN**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Suburban Adult Services, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

**This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the contacts listed above are unable to be reached.**

#### **NON-CONSENT PLAN**

I **do not** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Suburban Adult Services, Inc. In the event emergency treatment is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONSENT SIGNATURE

DATE

NON-CONSENT SIGNATURE

DATE

### **LIABILITY RELEASE**

\_\_\_\_\_  
(Rider's Name) would like to participate in the High Hurdles Therapeutic Riding Program. I acknowledge the risks and potential for risks of horses and horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward 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 Suburban Adult Services, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in High Hurdles Therapeutic Riding Program.

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

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

Parent / Guardian / Correspondent / or Rider (if over 21, no guardian)

### **PHOTO RELEASE (optional)**

I hereby consent to and authorize the use and reproduction by Suburban Adult Services, Inc., of any and all photographs and any other audio / visual materials taken of me/my son/my daughter/ my ward for promotional printed material, social media, website, educational activities or for any other use for the benefit of the program.

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

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



# Physician Release for High Hurdles Therapeutic Riding Program 2023

Dear Dr. \_\_\_\_\_,

Your patient \_\_\_\_\_ has shown an interest in participating in our therapeutic horsemanship/riding program. In order to safely provide this service, our center requests that you complete/update this Medical History and Physician's Statement Form. Please provide us with your recommendations regarding the activity/exercise prescription for this individual and any restrictions and/or limitations that would limit their participation in this program. Please note that the following conditions may suggest precautions and contraindications to equine activities - please note whether these conditions are present and to what degree. Thank you for your time and cooperation in completing this form.

## Orthopedic

Atlantoaxial Instability - include neurologic symptoms  
Coxarthrosis  
Cranial Defects  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

## Neurologic

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/  
Tethered Cord/Hydromyelia

## Medical/Psychological

Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions (e.g., RA, MS)  
Fire Setting  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders

## Other

Weight Control Disorder  
Age - under 4 years  
Indwelling Catheters/Medical Equipment  
Medications - e.g. photosensitivity  
Poor Endurance  
Skin Breakdown

Diagnoses: \_\_\_\_\_

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

Seizures / type? \_\_\_\_\_ Date of most recent seizure: \_\_\_\_\_

**Individuals with Down syndrome** must have a negative cervical spine x-ray in order to ride.

Down syndrome? ☐ YES ☐ NO If YES, date of cervical spine x-ray: \_\_\_\_\_ Result: \_\_\_\_\_

Shunt present? ☐ YES ☐ NO

Please check any limitations to any muscle strength activation movements or limited mobility:

Chest: \_\_\_\_\_ Shoulders: \_\_\_\_\_ Back: \_\_\_\_\_ Hips: \_\_\_\_\_ Biceps: \_\_\_\_\_ Legs: \_\_\_\_\_

Limitations to any cardiovascular/endurance training exercises, primarily during periods of walking/jogging? ☐ YES ☐ NO

Other limitations/restrictions to on-horse/riding activities? ☐ YES ☐ NO Please specify any that are appropriate: \_\_\_\_\_

## Physician's Recommendation

☐ I am not aware of any contraindications in participating in this horsemanship program

☐ I believe this individual can participate on horse, but urge caution because: \_\_\_\_\_

☐ This individual should NOT participate in ON-HORSE/Riding activities, but MAY participate in OFF-HORSE activities: \_\_\_\_\_

☐ I recommend this individual NOT participate in the program.

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

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

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