



Northern Virginia Therapeutic Riding Program, Inc.
 P.O. Box 184 • Clifton, VA 20124 • 703.764.0269
 www.NVTRP.org

Participants Application and Health History

Participant Name: _____
 Weight: _____ Age: _____ Height _____ Gender: M F
 Father's Name: _____
 Father's Employer: _____ Job Title: _____
 Work # _____ Work Email: _____
 Mother's Name: _____
 Mother's Employer: _____ Job Title: _____
 Work # _____ Work Email: _____
 Sibling's Name(s): _____
 Caretaker's Name: _____ Phone # _____

Participant currently receives the following therapies (please circle all that apply):
 a.) Physical therapy b.) Occupational Therapy c.) Speech Therapy d.) Other _____

Participant used to receive the following therapies (please circle all that apply):
 a.) Physical therapy b.) Occupational Therapy c.) Speech Therapy d.) Other _____

Please indicate the rider's ethnicity (** The information will assist NVTRP in obtaining scholarship funds from foundations and government agencies. All information will be kept confidential. This information is optional and for informational purposes only. Your assistance is greatly appreciated.):

- | | | |
|---|--|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Hispanic Origin | <input type="checkbox"/> Mixed- Please explain: _____ |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian | |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other _____ | |

Describe abilities/difficulties in the following areas (include assistance required or equipment needed):

- **Physical Function** (ie: Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

- **Psycho/Social Function** (ie: Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns., etc.)

- **Goals** (ie: Why are you applying for participation? What would you or your child like to accomplish?)

- **Medications** (include prescription, over-the-counter; name, dose and frequency)

As a nonprofit, volunteers make it possible for NVTRP to operate. Are there any skills you would like to offer the program? (For example: computer skills, marketing, fund raising, public relations, etc.):

Please make sure that the staff at NVTRP are kept current on new progress/issues that arise with your participant's health. If your child has seizures please fill out the seizure information form completely.

Signature: _____ Date: _____

Participant Release of JES, Full Cry Farm, and Randy Dillon

Witness this agreement on

** _____ (Today's Date),

Among and between** _____ (“Participant”),

Junior Equitation School, Inc. (“JES”), Full Cry Farm, LLC (“FCF”) and Charles Cary Randolph Dillon (“Randy”). For consideration received and in return for permission for Participant to enter the property known as Little Full Cry Farm (“Farm”), Participant and Participant’s heirs, assigns, and representatives hereby agree as follows:

1. Participant understands and agrees that the Farm is an equine facility at which horses are present and at which equine activities are conducted. Participant understands and agrees that there are intrinsic dangers arising from equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals and objects; (v) the potential of a person (including Participant) acting in a negligent manner that may contribute to injury to the Participant or others, such as failing to maintain control over an equine or not acting within the person’s ability; and (vi) weather conditions including, but not limited to rain, snow, ice, wind, or heat.
2. Participant agrees to assume any and all risks involved in or arising from Participant’s activities on the Farm including, but not limited to, risks of bodily injury, death, property damage, falls, kicks, bites, collisions with vehicles, moving or stationary objects, limited emergency medical availability, or the negligence or deliberate act of any other person.
3. Participant agrees to hold harmless, indemnify and defend JES, FCF, and Randy against, and hold harmless from, any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney’s fees, whether actually incurred or not, which may in any way arise from or be in any way connected to Participant’s activities at or presence upon the Farm.
4. Participant acknowledges and agrees that it is Participant’s responsibility to determine that the premises are suitable for Participant’s activities. Participant acknowledges and agrees that JES, FCF and Randy make no representation or warranty that the premises (including, but not limited to, rings, pastures, jumps, barns, and fences) are suitable or safe for Participant’s activities. Participant understands and agrees that Participant is present on the Farm at Participant’s own risk.
5. If Participant is present on the Farm as a spectator, Participant understands and agrees that the sole area Participant may occupy for such purposes is the parking area at the south end of the main ring or such other area designated for spectator use by JES or FCF.
6. Participant agrees to waive the protection of any and all applicable statutes in this jurisdiction the purpose, substance and/or effect of which is to provide that a general release of liability shall not extend to claims, material or otherwise, which the person does not know or suspect to exist at the time of executing said release.

**** Please Print Name:** _____

**** Please Sign Name:** _____

Participant (Parent or legal guardian if Participant is a minor)

Charles C.R. Dillon

Junior Equitation School, Inc.

Full Cry Farm, LLC



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Dear Health Care Provider:

Your patient _____ is interested in participating in supervised equine activities. In order to safely provide this service, our center requests that you complete/update the Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore when completing this form, please note whether these conditions are present, and to what degree.

Orthopaedic

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

Neurologic

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

Other

Age- under 4 years
Indwelling Catheters
Medications- i.e. photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Fire Settings
Heart Conditions
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine activities, please feel free to contact the center at the address/phone indicated above.

Sincerely,

Breeana G. Bornhorst
Executive Director



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Participant's Medical History and Physician's Statement

****to be filled out by participant's doctor**

Participant's Name: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

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

Braces/Assistive Devices: _____

****For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + --**

Neurologic Symptoms of AtlantoAxial Instability:

Issues with:	Y	Comments
Auditory		
Visual		
Tactile Sensation		
Speech		
Cardiac		
Circulatory		
Integumentary/Skin		
Immunity		
Pulmonary		
Neurologic		
Muscular		
Balance		
Orthopaedic		
Allergies		
Learning Disability		
Cognitive		
Emotional/Psychological		
Pain		
Other		

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the NARHA 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, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD

Address: _____

Phone: _____ License/UPIN Number: _____

Signature: _____ Date: _____



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Therapist's Assessment

Student's Name _____ Age _____

Diagnosis _____

School _____

How long have you known/been treating this student? _____

Does the Student have behavior problems? Yes ____ No ____ Please Explain:

Suggestions on how the behavior is best dealt with by the instructor:

What type of attitude does the student have towards himself and others? _____

What are your Current Treatment Goals? _____

Does the student exhibit any physical weakness? _____

Can you suggest exercises that might help the student: _____

Are there any precautions or restrictions the instructor should know about?

Circle one: PT OT SLP

Therapist's Name _____

Workplace: _____

Address: _____

Phone _____

Email _____

Signature _____ Date _____

The NVTRP provides therapeutic horseback riding and hippotherapy services to improve the lives of those who are challenged physically, mentally, and emotionally. By focusing on each rider's ability rather than disability, we have enjoyed a high rate of success in areas such as improved balance, coordination, muscular strength, social skills, and self confidence. Our program is accredited and nationally recognized by the North American Riding for the Handicapped Association (NARHA). Lessons are taught by NARHA certified Riding Instructors assisted by up to three volunteers per rider. If you have any questions, please visit our website at www.nvtrp.org or contact Breeana Bornhorst, Executive Director, at 703-764-0269.



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Seizure Information

Dear Parent,

Please fill out this information about your child's seizure disorder so that NVTRP can most safely and effectively serve your child.

1. What type of seizures does your child have:

2. Describe their typical aura:

3. Your child's typical motor activity during the seizure is:

4. The average duration of your child's seizures is:

5. How does your child feel and behave after they have had a seizure and how long does this last:

6. What does the NVTRP staff need to do should a seizure occur while your child is at the center:

7. Is there anything else that we need to know about your child's seizure disorder?:

** If your child does not have seizures please initial here and sign this form: _____

By signing this form, you are recognizing the fact that you will notify NVTRP's Executive Director, Breeana Bornhorst, and your child's Riding Instructor if your child's seizures have a change of frequency or type of seizure. We also need to be informed if your child has had a seizure the day of their riding lesson. Thank you!

Rider's Name: _____

Parent/ Guardian's Signature: _____ Date: _____

Printed Name: _____



Policies and Procedures

Please read, initial by each rule, sign and return this form indicating that you have read and understand them. Please keep a copy in your files for future reference.

1. **Forms and Payment:**
 - All completed paperwork and payment must be submitted before the rider can participate in a lesson
 - Payment is due at the beginning of the riding session. Full balance must be paid before the completion of the session
2. **Arrival Time:**
 - Plan on arriving **at least 5 minutes** prior to the start of your lesson
 - If you arrive **15 minutes** or more after your lesson begins, the rider will **not** be put on a horse and will forfeit the lesson.
 - Please obey the **10 mph** speed limit on the driveway at the farm.
3. **Clothing:** Riders **must always** come to his/her lesson with the following items:
 - An American Society for Testing Materials (ASTM-SEI) approved helmet.
 - Long pants
 - Shoes with a heel (NOTE: Footwear, including boots, may not have any zippers or buckles on the inside of the foot or calf as these cause irreparable damage to expensive saddles.)
4. **Inclement Weather:**
 - **Only** in cases of **extreme** weather will lessons be canceled
 - To find out if lessons are canceled, please call the program at **703-764-0269**. The cancellation decision will be made at least **2 hours before the start of lessons** and the recording on the phone will state the date of the canceled lessons and the date/time of the make-up lesson.
 - Each session includes a percent of lessons that will be “Horsemanship” in the barn. These lessons are typically saved for rainy days. If it is raining, please come to your lesson. If you choose not to come and lessons are held, the lesson will be forfeited. If participating in Hippotherapy and it is raining, a therapy room session will be held.
5. **Make Up Lessons:**
 - We will provide **1** make-up lesson for each session as long as you:
 - ✓ Submit a make-up request form **at least 24 hours in advance** of your scheduled riding lesson. The form should be emailed to: info@nvtrp.org
 - ✓ Have a **legitimate** reason for missing your lesson
 - If **we** cancel lessons due to inclement weather or other limitations, we **will** provide make-up lessons.
6. **Update Information on the Riders Condition:**
 - Please inform us immediately on any change in your rider’s health. The program staff and instructors must have current information on all elements of the rider’s condition in order to be able to provide the most effective instruction and insure the safety of all participants.
 - To ensure you receive information on sessions and current events, please let us know of any changes to your contact information.
7. **Age and Weight:**
 - Due to the size of our ponies, & a safe weight for them to carry, we must restrict the weight of our riders to 225 lbs. Please let us know if you or your rider exceeds this limit. *(please note that each individual rider is assessed separately, and depending on ability, may not be appropriate to ride even though they do not exceed the weight limit).
8. **Visitors During Lessons:**
 - All siblings or friends of our students must stay within the designated area, and be monitored by an adult at all times. This is to protect them from the inherent hazards in and around equine facilities. If the problem persists, the sibling(s)/friend(s) will be asked to leave.
 - Playing ball while lessons are in session is not permitted.

Should there be any change whatsoever in your child’s health and condition, whether between riding sessions or over the course of a particular session, please immediately advise the Program Director, Maryrose Bornhorst, at 703-764-0269.

I have read and understand the basic rules under which the Northern Virginia Therapeutic Riding Program operates, and by my signature indicate my willingness to abide by these rules:

Student’s Name

Rider/Parent/Guardian’s Signature if under 18

Printed Name

Date

As a nonprofit, volunteers make it possible for NVTRP to operate. Is there any skill you would like to offer on a volunteer basis? If so, please list: (example: IT, fundraising, marketing, graphic design etc...)_____