



Spirit Horse Application

Donna Wiebelhaus, Executive Director
SpiritHorse Liberty Therapeutic Riding Center
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Information General:

Applicant's Name: _____ Male ___ Female ___

Height: _____ Weight: _____ Date of Birth: _____

Parent/Legal Guardian: _____

Phone: (cell) _____ (home) _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

For Grant Purposes Only:

Ethnicity: _____ Number of people in household: _____

Household Income: ___ under \$20,000 _____ \$20 to \$35

_____ \$35,000 to \$50,000 _____ \$50,000 to &85,000

_____ Above \$85,000 _____ Prefer Not to Answer

Briefly explain the reason you have enrolled your child with SH and what is your goals are:

Diagnosis: _____

SpiritHorse Liberty
Therapeutic Riding Center

Contraindications and Physician's Prescription

Dear Physician:

Your Patient: _____

Is interested in participating in supervised equestrian activities at SpiritHorse Liberty Therapeutic Riding Center. In order to safely provide this service, our operating center request that you complete/update the Medical History & Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability include neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossifications
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

Indwelling Catheters
Medications i.e. photosensitivity
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 Disorder
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact

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Participant's Medical History

Participant: _____ DOB: _____

Address: _____

Phone: _____ Height: _____ Weight: _____

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-ray, Date: _____

Result: + - Neurologic Symptoms of AtlantoAxial Instability: _____

Please indicate current or past difficulties in the following areas:

| Area | Y | N | Comments |
|-------------------------|---|---|----------|
| Auditory | | | |
| Visual | | | |
| Tactile Sensation | | | |
| Speech | | | |
| Cardiac | | | |
| Integumentary/Skin | | | |
| Immunity | | | |
| Pulmonary | | | |
| Neurologic | | | |
| Muscular | | | |
| Balance | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning Disability | | | |
| Cognitive | | | |
| Emotional/Psychological | | | |
| Pain | | | |
| Other | | | |

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities.

Physician: _____ Date: _____

SpiritHorse Liberty Therapeutic Riding Center

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Under Texas Law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

The Release of Liability is made and entered into by and between SpiritHorse Liberty Therapeutic Riding Center hereinafter "Manager" and exhibitor, hereinafter "Rider" or "Spectator", and, if rider is a minor, Rider's parent or guardian. Rider agrees to assume any and all risks involved in or arising from Rider's or Spectator's use of or presence upon Manager's facilities including, without limitation to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, or the negligence or deliberate act of another person. Rider or Spectator agrees to hold Manager and all of its successors, assignees, members and/or officers, and land owners completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses.

I give _____ do not give _____ permission for _____ to ride without a helmet.

I give _____ do not give _____ permission for SpiritHorse to take and use photos/videos of _____ for on-going studies, educational activities, exhibitions, promotional materials or any other use for the benefit of the program.

Rider Name: _____

Parent or Guardian _____

Print Name: _____

Signature: _____ Date: _____

No Shows

The definition of a "no show" is: you have made arrangements to have a lesson at a definite time and on a definite day and have not called to notify us that you will not be here.

Due to the inconsiderate number of no shows, I have adopted this "No Show" policy. If I am busy with a lesson or getting the horses up for a lesson, I will not stop to read text. Therefore, the notification within two hours of lesson time needs to be a CALL. The instructors drive between 20 to 30 miles ONE WAY to work as a Volunteer to help your children. The parents should call at least two hours before the scheduled lesson if you are going to miss the lesson that day. I do understand critical emergencies and in that case, as soon as you realize you have a no show situation, you should call.

If we have a bad weather day, it is your responsibility to call to check on lessons.

Upon the SECOND no show, a No Show rider will be taken off the schedule and a child that is on the waiting list will be put in that hour.

Thank You for your Cooperation in this matter!

Donna W.

Parent Signature: _____

GUIDELINES

SPIRITHORSE LIBERTY THERAPEUTIC RIDING CENTER

- No Smoking in the Barn
- Due to the ever rising cost of maintaining our facility for your child to have riding therapy at no cost or lessons for a donation, we respectfully request that parents participate in 10 hours of fundraising per semester.
- All riders must wear helmets unless parents sign a release.
- All riders must wear either tennis shoes or a shoe/boot with a heel. NO ONE will ride in flip flops.
- Siblings of the rider are the responsibility of the parents or guardian. Parents are expected to keep siblings out of harm's way.
- When the lesson is over, parents, not the instructor, are responsible for the supervision of their rider.

Parent / Guardian Signature

Print Parent/Guardian Name

Date

Covid Release

I, (print) _____

Agree to NOT holding SpiritHorse Liberty Therapeutic riding center and any instructors, helpers, board members or anyone connected to volunteering at SpiritHorse responsible for any virus (corona virus), bacteria, or health issue during the year of 2021.

Signature _____

Date _____

Donna Wiebelhaus

Executive Director

SpiritHorse Liberty Therapeutic Riding Center