



Jackson Hole Therapeutic Riding Association RIDER APPLICATION



Participant's Medical History & Physician's Statement

To Be Completed by PHYSICIAN

Participant: _____ DOB: _____ Height: _____ Weight: _____

**A rider's maximum weight may not exceed 200lbs. This limitation assures the wellness and optimum soundness of JHTRA horses, ensures properly fitted equipment is available, and provides a safe environment for participants, volunteers, and staff. Participants over the maximum weight are encouraged to participate in un-mounted activities such as groundwork or Equine Facilitated Learning lessons.*

Mailing Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____ Date: _____

Medications: _____

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: _____

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

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

****FOR PATIENTS WITH DOWN SYNDROME-A NEUROLOGIC EXAM MUST BE COMPLETED ANNUALLY****

Date of last neurological exam: _____

Neurologic Symptoms of Atlantoaxial Instability: Present Absent

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that JHTRA will weigh the medical information given against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional in the implementations of an effective equestrian program.

Name/Title: _____	MD DO NP PA Other: _____
Signature: _____	Date: _____
Address: _____	
Phone: () _____	License/UPIN Number: _____



Registration Information

Pg. 2-10: To be completed by PARTICIPANT, PARENT OR GUARDIAN



Participant Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Phone: _____ Email: _____ Alternative #: _____

Mailing Address: _____

Parent/Legal Guardian: _____

Caregivers: _____

Address (if different from above): _____

Preferred Medical Facility: _____ Physician's Name: _____

Health Insurance Company: _____ Policy# _____

Allergies to medications: _____

How did you hear about this program? _____

Health History

Diagnosis _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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PO Box 415 • Teton Village, WY 83025 • 307-733-1374 • www.JHTRA.org

JHTRA is a 501(c)(3) nonprofit organization whose mission is to “promote healing with horses through equine assisted therapeutic and educational activities for people of all ages with disabilities, regardless of economic status.”

Current Medications (Include prescription and over-the-counter, name, dose and frequency):

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

Physical Function (e.g. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

Psychosocial Function (i.e. work/school including grade completed, leisure interests, relationships- family structure, support systems, companion animals, fears/concerns, etc.)

Goals (i.e. What goals do you have for Therapeutic Riding? What would you like to accomplish?)

In the event of an emergency, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

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!!WARNING!!

UNDER WYOMING LAW, 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, PURSUANT TO W.S. 1-1-126.

Participant Liability Release

The undersigned acknowledges that the handling of horses is hazardous to the horse handler, rider and horse, and therefore, willingly and knowingly, accepts whatever risks are involved with riding and/or handling horses under the instruction of Jackson Hole Therapeutic Riding Association. The undersigned hereby, intending to be legally bound, for themselves, their heirs and assigns, executors or administrators, waive and release forever all claims for damages against Jackson Hole Therapeutic Riding Association, its board of directors, executive director, instructors, therapists, volunteers and/or employee for any and all injuries and/or losses I may sustain while participating with JHTRA.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

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JHTRA & PATH Intl. Photograph and Film Release

Consent/do not consent to and authorize the use and reproduction by JHTRA of any and all photographs and any other audio/visual materials taken of me for promotional material, social media, educational activities, exhibitions, or for any other use for the benefit of the program.

I DO Signature of Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

I DO NOT Signature of Non-Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

JHTRA Facebook Photograph and Film Release

Consent/do not consent to and authorize the use and reproduction by JHTRA of any and all photographs and any other audio/visual materials taken of me for Facebook.

I DO Signature of Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

I DO NOT Signature of Non-Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

JHTRA Policies

By signing this agreement, I, _____ Participant or Parent/Legal guardian
(Please print participant, parent or legal guardian's name)

(if under 18yrs old), agree to the following policies at JHTRA:

- Payment Policy: Session fees or complete financial aid application are due before each session begins.
- Rider Attendance Policy: If a rider misses a class there will not be a refund or a make-up class scheduled. If JHTRA cancels a class, there will be the choice of a make-up class or refund.
 - Exceptional Circumstances: JHTRA may approve prearranged absences in which exemption from riding appears to be in the best interest of the rider or the rider's family.
- I understand that the JHTRA arena is located and leased on public school grounds, and I must abide by these governmental laws:
 - **NO DOGS** on premises (even contained within vehicles)
 - **NO TOBACCO PRODUCTS** on premises
 - **NO DRUGS/ALCOHOL** allowed on premises or to be used prior to volunteering
 - **NO GUNS/WEAPONS** on premises
 - **10 MPH** when driving on premises (be alert and cautious, children at play)

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

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Participant's Consent for Release of Information



I hereby authorize _____
(Doctor or Medical Facility)

to release information from the records of: _____ DOB: _____
(Participant's Name)

The information is to be released to: **Jackson Hole Therapeutic Riding Association**

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- Medical history
- Physical therapy evaluation, assessment and program plan
- Speech therapy evaluation, assessment and program plan
- Occupational therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (IHP)
- Classroom Individual Education Plan (IEP)
- Psychosocial evaluation, assessment and program plan
- Cognitive-behavioral management plan
- Other: _____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

Print Name: _____

Relation to Participant: _____

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Jackson Hole Therapeutic Riding Association BILLING POLICY



Participants are assigned to lessons on a session basis. A session consists of 4-6 weeks. Participants are billed by the bookkeeper just before the start of a new session. Participants are given a billing information sheet, as well as a cancellation policy as part of the rider packet. This form must be signed and turned in as part of the participant file.

Providing an email address allows JHTRA to send statements electronically. Participants may view and pay their invoice online by credit card at the website indicated on the invoice. Payment may also be made by check or cash.

If a rider is continuously behind on their payments they may be required to pay upfront before each lesson. This is done at the discretion of the Executive Director and the participant will be notified in advance.

Financial aid is available if the participant qualifies. Please refer to financial aid policy.

JHTRA does not bill insurance companies or third parties for equine activities.

Approved by JHTRA on March 13, 2018.

Tori Fancher, Executive Director

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Jackson Hole Therapeutic Riding Association BILLING INFORMATION SHEET



Participant's First and Last Name:	
Bill to (Full Name):	
Billing Address:	
City, State, Zip:	
Phone:	
Email*:	

Cancellation Policy

Horses are very expensive to maintain and we depend on income from our lessons to keep the program going! In order to effectively manage paid staff and volunteer hours, JHTRA must enforce the following cancellation policy:

- **A credit will only be given when JHTRA cancels a class.**
- We are aware some of our clients have special health issues which may cause the rider to miss a session. **JHTRA will allow one excused absence per session.** If the rider misses more than one class they are responsible for paying for that class.
- No rider will be able to start a new session if they have a past due balance from the previous session. Anyone who has a past due balance should contact the Executive Director to make payment arrangements. Any rider who has not made payment arrangements from a past due bill will not be allowed to ride.
- If a rider misses two (2) lessons without notifying JHTRA, they may be removed from the schedule for the remainder of that session. The rider may apply to re-enter the program for the following session.

Thank you for your cooperation!

I understand I will be billed for any services provided to the above participant(s) and I agree to pay for these services or submit a Financial Aid Application.

Signature: _____ Date: _____

*Providing an email address allows JHTRA to send you statements electronically. Your email address will be used solely to facilitate electronic billing and communications with JHTRA. You will be able to view and pay your statement online by credit card at the website indicated on the statement. You will also be able to pay by mailing a check or providing cash/check to the JHTRA staff.

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Healing With Horses

Jackson Hole Therapeutic Riding Association FINANCIAL AID APPLICATION

- **New Request:** Initial application may be submitted at any time. Please allow 30 days for executive director to review application.
- **Renewal Request:** Complete applications are required to be filed annually and are due by April of the new riding season.
- ALL INFORMATION PROVIDED WILL BE HELD IN STRICTEST CONFIDENCE.

Name of Client _____ Date of Request: _____

Have you applied before? Yes _____ No _____

Are other members of your family applying for financial aid from JHTRA? Yes _____ No _____

If yes, who? _____

Information requested below applies to Parent/Guardian or Adult Rider.

Name: _____ Phone: Home _____ Work _____ Cell _____

Spouse: _____ Phone: Home _____ Work _____ Cell _____

Address: _____ City: _____ Zip: _____

Married _____ Single _____ Divorced/Separated _____ Widowed _____

Number of Children _____ Ages _____ # of people living in home _____

Client resides with: Mother _____ Father _____ Both Parents _____ Guardian _____ Self _____

FINANCIAL INFORMATION – The Following information is required for financial aid.

Please list all forms of income received on annual basis for the entire household. Mark N/A for any that do not apply to you.

Wages	Alimony/Spousal Support (income)
Social Security Benefits	Welfare/General Assistance
VA Benefits	Insurance Benefits
Medicaid	Respite Care
Unemployment Benefits	Disability Payment/Workers' Compensation
Child Support (income)	Other
Spousal Support	Total Income:

Please attach a copy of your most recent income tax return and any W-2 forms

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ADDITIONAL INFORMATION

In what other types of activities and therapy does a rider participate and how often?

Volunteers play a significant role in the success of programs in the success of programs offered at JHTRA. We ask all of our client families to volunteer in any way they can. Please check any of the ways that you would like to volunteer.

_____ Work on Fundraisers

_____ Serve on Volunteer Advisory Committee

_____ Help with Barn Chores

_____ Perform Farm Maintenance

_____ Help with Lessons

_____ Help in the Office

_____ Other (please list) _____

I certify that the information provided in this application is correct to the best of my knowledge.

Signature

Date

Signature

Date

For Official Use Only

Reduced Fee: _____ **Approved By:** _____ **Date:** _____

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