



Mane Solutions at Oxford Farm
 312 Five Forks Road
 Anderson, SC 29621
 A 501 (c) (3) Non-Profit Organization

Authorization for Emergency Medical Treatment Form

Check all that apply Volunteer Rider/Participant Staff

Please fill out EVERY space. You may state Not Applicable (NA) if necessary.

Name: _____ DOB: _____
 Parent/Legal Guardian (if under 18): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (Home) _____ (Work) _____ (Cell) _____
 Physicians Name: _____ Preferred Medical Facility: _____
 Health Insurance Company: _____ Policy # _____
 Allergies to Medications: _____
 Current Medications: _____

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes:

In Case of Emergency contact:

Name: _____ Relationship _____ Phone: _____
 Name: _____ Relationship _____ Phone: _____
 Name: _____ Relationship _____ Phone: _____

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 MANE SOLUTIONS to

- 1) Secure and retain medical treatment and transportation if needed.
- 2) Release client 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 "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____
 Client, Parent or Legal Guardian
Signed in the presence of Mane Solutions staff.

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during process of receiving services or while being on the property of Mane Solutions

- Parent or legal guardian will remain on the site at all times during equine assisted activities
 In the event of emergency treatment/aid is required; I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____
 Client, Parent or Legal Guardian
Signed in the presence of Mane Solutions staff.



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 www.manesolutions.org

Participant's Application & Health History

GENERAL INFORMATION

Participant: _____
 DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M _____ F _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____
 Phone: _____ Alternate phone (cell or work) _____
 School/Employer: _____
 Parent/legal Guardian/Caregivers: _____
 Address (if different from above): _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alternate phone (cell or work) _____ Email: _____
 Reference: _____ Phone: _____
 How did you hear about the program? _____

HEALTH HISTORY

Medical Diagnosis: _____ Date of Onset: _____

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			
Allergies			
Other			

Medications (including over-the-counter and prescription, with NAME, DOSE, FREQUENCY):

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):
Physical Function (i.e mobility skills such as transfers, walking wheelchair use, driving/bus riding)

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

GOALS: (i.e. Why are you applying for participation? What would you like to accomplish?)

Date:

PHOTO RELEASE

I _____ Do
_____ Do Not

Consent to and authorize the use and reproduction by Mane Solutions, Inc. of any and all photographs and other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program. Signature:

Date: _____

Participant/Legal Guardian/Parent
Signed in the presence of Mane Solutions Staff

Participant's Consent for Release of Information

I hereby authorize: _____
(person or facility)

to release information from the records of _____ DOB: _____
(participant's name)

The information is to be released to: Mane Solutions Inc.
(center or therapist's name)

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
- Occupational therapy evaluation, assessment and program plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychological 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: _____

Print Name: _____

Relationship to Participant: _____

Please send materials to:

Mane Solutions at Oxford Farm
312 Five Forks Road
Anderson, SC 29621

This is an initial letter to your participants physician.
Attach the Participants Medical History & Physician's Statement

**Mane Solutions at Oxford Farm
312 Five Forks Road
Anderson, SC 29621**

Date: _____

Dear Health Care Provider:

Your patient

is interested in participating in supervised equine activities. In order to safely provide this service, we request that you complete (or update) the attached Participant Medical History one-sided 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.

Orthopedic

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

Medical/Psychological

Allergies Animal Abuse Physical/Sexual/Emotional Abuse Blood Pressure Control Dangerous to self or others Exacerbations of medical conditions Fire Setting Heart Condition Hemophilia Medical Instability Medications – e.g. photosensitivity Migranes PVD Poor Endurance Respiratory Compromise Recent Surgeries Skin Breakdown 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 contact me at Mane Solutions

Sincerely,

This is an update for your participants physician.
Attach a copy of the previous Participants Medical History & Physician's Statement

**Mane Solutions at Oxford Farm
312 Five Forks Road
Anderson, SC 29621**

Date: _____

Dear Health Care Provider:

Your patient

has been in participating in supervised equine activities at Mane Solutions. and is due for an update of their medical status. Please review their previous medical history and provide an update of the information in the space below. Address occurrences over the past year including surgeries, illnesses , hospitalizations, changes in medications, treatment, weight or behavior. Please indicate current height/weight. For your reference , potential precautions/contraindications are listed on the reverse

Diagnosis: _____

Height: _____ Weight: _____

Update Status

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that the center Mane Solutions will weight the medical information given against the existing precautions and contradictions. Therefore, I refer this person to Mane Solutions for ongoing evaluations to determine eligibility for participation.

Name/Title _____ MD DO NP PA Other _____

Signature _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ License/UPIN Number: _____

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Diagnosis: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____
 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 Atlanto Axial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

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

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assistive activities and/or therapies. I understand that Mane Solutions will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer the person to Mane Solutions for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ License/UPIN Number: _____

Participant's Profile

Name _____ Date: _____

Disability: _____

Ambulatory Status: _____

Adapted Equipment Required: _____

Mounting/Dismount (method, number of volunteers): _____

Helpers Required (indicate Gait **W**-Walk; **ST**-Sitting Trot; **PT** Posting Trot; **C** Canter) Update as needed

Type of Assistance	Date	Gaits	Date	Gaits	Date	Gaits
Leader and 2 Side Walkers						
Leader and 1 Side Walker						
Leader Only						
Side Walker						
Independent						

Riding Position: (Describe) _____

Task	Date	Gaits	Date	Gaits	Date	Gaits
Holds Reins						
Holds Handhold						
Able to control horse						
Able to Halt from the...						
Able to Circle at the...						
Rides without Stirrups						
Able to maintain Half Seat						
Able to Post at the...						
Knows Diagonal or Lead						
Able to steer over cavalletti						
Able to jump crossrail						

Rider can walk _____ Sitting Trot _____ Posting Trot _____ Canter _____

Horse Recommendations: _____

(write any additional comments on the reverse side)

Oxford Farm Liability Release Form

312 Five Forks Road, Anderson, SC 29621

Date: _____

Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

UNDER SOUTH CAROLINA LAW: AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.

Assumption of Risk:

I acknowledge that the enjoyment and excitement of Horseback riding or otherwise handling horses is derived in part from the inherent risk incurred by this activity. I am solely responsible for my decision to participate in this activity. I understand and accept that Horseback riding or otherwise handling horses involves dangers and risks which may include, but are not limited to the following:

- Horse behavior or temperament which includes biting, kicking or stepping on a person;
- Falling off or being thrown from a horse, such risk increases at higher speeds;
- Unforeseen maladjustment or malfunction of saddles and tack;
- Horseback riding on rugged terrain, including slippery trails;
- Injuries inflicted by animals, insects, plants or other participants;
- Accidents or illness in remote places without medical facilities;
- The forces of nature including lightning, unsuspected changes in terrain, weather changes, and others not named;
- The physical exertion associated with Horseback riding or otherwise handling horses.
- This facility is not considered a Spectator property. Anyone entering property is considered a participant.

Release Agreement

In consideration of Oxford Farm furnishing either horses and/or a place to enable me to participate in equine and farm related activities, I hereby assume all risk of injury or loss of life to myself, and loss of or damage to property arising out of my participation in such activities, including hazards associated with any defect in a manufacturer's product. I specifically release and hold harmless Oxford Farm, its owners, operators, agents, volunteers, guides, employees, and participants from any and all liability, including negligence (active or passive), as to any right of action or claim to relief that may accrue either to me or to my heirs or personal representatives for any such injury, loss of life, medical costs, attorney's fees, court costs, or loss of or damage to property which I may suffer while participating in equine activities, including activities preliminary and subsequent thereto. I declare that I carry medical insurance fully covering any and all injuries incurred. I further understand Oxford Farm carries no medical insurance for the protection of participants, and any insurance coverage existing with respect to Oxford Farm, shall not alter the terms of this waiver nor impose any liability on Oxford Farm. I have carefully read this release and fully understand its contents. I am aware that this is a complete release of liability and I sign it of my own free will. This release will remain in full force and effect for all visits by me to Oxford Farm unless I explicitly revoke it in writing and deliver such revocation in person to Oxford Farm. I hereby give permission to the medical personnel selected by Oxford Farm personnel to order X-rays, routine tests and treatment for family, minor children and myself and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Oxford Farm personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my family, minor children or myself as named above. I also agree to obey all Stable Rules and all other posted signs or verbal directions while participating in any and all equine and/or farm related activities.

Signature of Participant: _____

(For participants under 18 years of age)

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

I further understand and acknowledge that wearing a protective helmet may reduce the risk of head and spinal cord injuries to persons participating in equine related activities; nevertheless, I hereby voluntarily choose not to wear a helmet against advice of farm owners, my riding instructor and/or leader of the equine related activities.

Signature: _____

(It is Oxford Farm Policy that participants under 25 MAY NOT ride horseback without a helmet.)

RIDING LESSON CONTRACT

Date: _____

I (print legibly) _____

have contracted with Mane Solutions Therapeutic Riding Program at 312 Five Forks Road, Anderson, SC to give _____ riding lessons.

Riding Lessons are to be paid in full prior to the start of each session. Prepaid lessons are optional. I understand that it is my responsibility prior to entering the lesson area to inform the Head Riding Instructor of any new medical or physical problems which may impact my safety or ability to perform correctly during my scheduled riding lesson. I further agree to handle all other questions or suggestions according to Mane Solutions Policy

I understand that lesson times are planned and that I need to be on time. If I am late more than 15 minutes from my scheduled time, my mount will be un-tacked, unless I have made prior arrangements. I further understand that even if I am late the time for ending the lesson will remain as scheduled. The Head Riding Instructor or Volunteer Director are the only persons with authority to cancel any lesson. Considerations for approved cancellation of a lesson are bad weather conditions (heat advisory, thunderstorms, extreme cold, etc.), schedule conflicts with the Head Riding Instructor's commitments, a rider's medical absence with a written doctor's excuse, or a death in the family. All approved make-up lesson scheduling will be at the discretion of the Head Riding Instructor.

I understand that proper attire must be worn for riding lessons which is to be pants, shirt, shoes/boots with at least a half inch heel (this is a requirement unless medically approved by a physician) and an SEI-ASTM approved riding helmet which fits properly with an attached harness. A safety helmet will be provided by Mane Solutions, unless the rider has his/her own approved safety helmet. A rider must wear a helmet whenever horses are present.

I further understand that Mane Solutions Head Riding Instructor reserves the right to discipline a rider in the form of a documented verbal warning for the first offense. Second offense will be a written warning. For third offense, a final written warning will be documented. Some examples of reasons for disciplinary actions: disruption to lesson, behavior problems that are unacceptable or unsafe, sexual comments and conduct, disrespect to instructor and/or volunteers, failure to follow program stated policies, rules or instructions, etc.

I further accept that Mane Solutions Head Riding Instructor reserves the right to release a rider due to unsafe situations, physical stress to the rider resulting from riding and/or any safety/medical problems that may arise. This type of release from the program will require a prorated refund be issued. Rider's information files will be held in confidentiality and only shared when necessary to insure the safety of a rider in the lesson or during an official incident review. MANE SOLUTIONS THERAPUTIC RIDING PROGRAM, 501(c) at Oxford Farm, 312 Five Forks Rd. Anderson SC 864-642-0086. NARHA certified instructor; Liz Hartman, Program Director: 910-538-5575, Karen Buccino, Volunteer Director: 864-356-5208.

SOUTH CAROLINA LIABILITY LAW

Under South Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, S.C. Code Ann. § 47-9-710 (1993)

I am aware of the inherent risks of horseback riding. I further understand that I must be careful while on the property of Mane Solutions and particularly while horses are being handled. Mane Solutions Therapeutic Riding Program cannot and does not assume any liability for accidents, injury, or death to person or persons. I further have reviewed and understand the content of the South Carolina Liability Law which is posted at drive entrance, barn and riding area. Likewise I accept full responsibility for friends and visitors accompanying myself to Mane Solutions Therapeutic Riding Program and Oxford Farm property.

MANE SOULTIONS THERAPEUTIC RIDING PROGRAM POLICIES AND RULES:

Program Enrollment Policy:

Enrollment in the Mane Solutions Therapeutic Riding Program begins upon the program's receipt of a fully completed enrollment packet. Official acceptance into the program will only take place after the rider completes an on site evaluation by the Head Riding Instructor and the OK is given to complete a program riding contract.

INITIALS: _____

Riders Goal Setting Policy:

Mane Solutions Therapeutic Riding Program policy is that each rider will have a personal set of documented goals:

- The goals will be set and documented upon their 2-3 month anniversary in the Mane Solutions Therapeutic Riding program.
- Documented riders goals will be located in the rider's file.
- Head Riding Instructor will be the sole responsible party for setting each rider's goals and may use input from the rider, volunteers, and parent or guardian in setting the monthly goals.
- The weekly progress record on each rider, will be maintained and will be transferred into the rider's file.

Lesson Policy Standard:

A lesson is 50 minutes in length and is to consist of mounting each rider and tack adjustments, exercises while mounted; 20-30 minutes actual riding time, cool down time, and dismounting. For those riders who are skilled enough and the facility can provide the needed safety for the special needs rider, grooming, tacking up, and putting up the horse may be included into the 50 minute riding lesson. The Head Riding Instructor additionally has the responsibility of safety for riders, volunteers, and horses at all times so therefore, the instructor has the right to deviate from the above lesson outline when safety is a concern.

Example: the lesson could be full time as barn management-classroom activities, grooming, tacking up, types of tack, tack cleaning, etc.

General Conduct Policy for Parents, Riders, and Guests during a Mane Solutions Riding Lesson Time:

Important areas used during riding lesson:

- Parent/Rider waiting area is located outside by the outdoor riding ring area, or in the tack room in the barn.
- A message board is located outside the office. Any questions, concerns, or suggestions that does not concern the immediate lesson should be written on a suggestion card located next to the message board. Staff members will review cards and make contact with the card owner.

Arrival to lesson:

- If previous lesson or dismounting is in progress please go quietly to parent/ rider waiting area.
- All riders are to wait at parent/ rider waiting area until volunteer or instructor comes to escort them to the grooming/tack area. The only people who are to be in the grooming/tack area are the instructors, volunteers and riders that are getting ready to ride in current lesson.
- If you need to talk to the Riding Instructors about medical or physical problems which may have a safety implication for the current lesson, please do so before the mounting phase of the lesson gets started.
- If parent or guardian leaves the premises during the lesson time you are required to leave a number where the Mane Solutions staff can contact you, put your name and number on the dry erase board on side of office.

During lesson:

- While a riding lesson is in progress all parents, family members, and guests must stay in waiting area.
- You may only enter fenced areas and arenas if asked by an instructor or volunteer. Ask permission before taking any pictures.
- No umbrellas
- No ball playing, tag games, or fast type movement games allowed outside arena.

After lesson:

- After lesson the rider will return to their parent, or guardian.

Attendance Policy:

Mane Solutions Therapeutic Riding Program's attendance policy ask for a two hour notification for cancelling lessons.

Make-up Lesson Policy:

Mane Solutions Therapeutic Riding Program make-up lesson policy is a make-up lesson will only be rescheduled for a lesson missed.

- Lesson canceled by Head Riding Instructor (bad weather, heat index, instructor schedule conflict, etc.)
- Rider's medical emergency.
- Death in the immediate family.

INITIALS: _____

Disciplinary Policy:

Mane Solutions Therapeutic Riding Program disciplinary policy has been developed to ensure a safe and conducive environment for all involved in our therapeutic riding program.

Warning Policy:

Mane Solutions Therapeutic Riding Program Head Riding Instructor has the right to discipline a rider, parent/guardian, and/or volunteer

1. First offense a documented verbal warning. If this is a rider, he or she will be removed from the horse and will sit in waiting area until lessons end.
 2. Second offense a written warning. If a rider, he or she will be dismissed from the riding lesson for that day.
 3. Third offense is final warning. The rider will be removed from horse and dropped from the program.
 4. Likewise if the offender is a parent, guardian or volunteer, they will follow the same disciplinary policy and can be dropped from the program on the third offense, in the case of a parent or guardian this will include the rider.
- Examples of reasons for disciplinary actions: disruption to class, behavior problems that are unacceptable or unsafe, disrespect to instructor and/or volunteers, failure to follow program stated policies, rules, and instructions.

Immediate Termination Policy:

A rider, parent or guardian, volunteer, or instructor will be immediately removed from the program for inappropriate sexual comments or inappropriate sexual conduct.

General Rules:

- All gates and stall doors to be keep closed.
- No climbing, sitting, or standing on stall doors, fences, or gates (this includes ring).
- Smoking is prohibited.
- No dogs are allowed unleashed during lesson hours.
- No running around horses or riding areas.
- All trash to be disposed of in trash barrels.
- No horses to be handled in or out of the stalls without program staff 's permission and/or supervision.
- No Sandals. Only closed toe shoes.
- No entry into tack room areas unless accompanied by program staff or directed to by program staff.

I agree to abide by in total and I have received a copy of this contract which includes the policies and rules. I further understand that if any of the policies or rules are not followed Mane Solutions Therapeutic Riding Program has the right to cancel this contract in full without any refund of moneys remaining for this session.

ACCEPTED BY:

Signature Rider: _____ Date: _____

Signature Parents or Guardian: _____ Date: _____

Signature Witness: _____ Date: _____

Rider's Name: _____

Rider's Address: _____

Phone (Home): _____

Phone (Parent or Guardian): _____ Phone (Cell or Emergency): _____