



## Hello, and thank you for your interest in Mitey Riders!

Within the contents of this packet, you will find all the necessary forms that need to be completed so your child may be considered for the Mitey Rider program. Please make sure all forms are COMPLETE before you send in your application, otherwise the process will take longer. *\*Please note: Part Two of this application must be completed by your child's physician, PT and/or surgeon.*

Once we receive your application by fax, mail or hand, we will confirm with you that all forms are complete. At this time we will also give you the status of our waiting list. After your application is reviewed, you will be contacted to let you know the status of your application - if your child has been placed on our waiting list, or if we would like to have you and your child out for an evaluation.

Our riding season begins in September and ends in May of each year. For this reason, most new riders are accepted over the summer in preparation for the upcoming season. Once classes are underway, we have very limited openings to bring new students in until the following year. However, we do encourage you to come visit and observe classes during the year if your child is on the waiting list for any reason, or your application has not yet been submitted. Riding horses is not for everyone, and by watching other children ride in our program, you can get a clear idea of how your child might react to the process.

Please review the checklist below before submitting your application. This will ensure your application is complete and ready for review.

### **PART ONE**

- Rider Profile & Health History
- Consent for Release of Information
- Rider Authorization for Emergency Medical Treatment

### **PART TWO**

- Physician's Letter
- Physician Statement & Medical History
- Prescription & Medical Team Consent

### **PART THREE**

- Parent-Volunteer Application Form
- Parent-Volunteer Release Form
- Parent-Volunteer Authorization for Emergency Medical Treatment
- Parent Contract
- Parent Agreement to Notify Form
- Marketing Release
- Rider & Family-Volunteer Guidelines (*keep these at home for reference!*)

Rider applications are valid for up to two years from the date of submission. If your child has not been placed into the program within 2 years, a new application must be submitted. Please do not hesitate to contact us directly with any questions or concerns. We look forward to meeting you and your child very soon!

Sincerely,  
The Team at Misty Meadows Mitey Riders

**P.S. For more info, visit our web site at [www.miteyriders.org](http://www.miteyriders.org)!**



PART ONE > RIDER APPLICATION > **Rider Profile & Medical History**

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Rider Name (First/Middle/Last): \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ lbs. Gender: M / F

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

City: \_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_

School: \_\_\_\_ School City: \_\_\_\_

Parents/Guardians(First/Middle/Last): \_\_\_\_\_

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

City: \_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail: \_\_\_\_\_

Siblings (List names and ages): \_\_\_\_\_

CAP Worker/Therapist (if applicable): \_\_\_\_\_

How did you hear about Mitey Riders? \_\_\_\_\_

Has your child participated in an equine-assisted therapy program before? YES NO  
If yes, what program? \_\_\_\_\_

**ELIGIBILITY VERIFICATION**

I certify that my child/ward meets the eligibility requirements outlined below.

To be eligible, riders at Misty Meadows Mitey Riders, Inc.:

1. Must be five years of age or older.
2. Must provide, annually, a prescription for riding from a qualified physician.
3. May not have a history of having uncontrolled Grand Mal seizures.
4. For Down Syndrome riders: Must have a recent Atlantoaxial instability verification.
5. Parents/guardians of riders will support the Mitey Riders through the contribution of their time to our Volunteer Program. (see Parent Contract)

\*We reserve the right to refuse any rider (of any disability) based on our ability to safely accommodate his/her needs.

\*We also reserve the right to refuse or discontinue any rider for whom the program is deemed by us not to be beneficial.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Client, Parent or Legal Guardian]



PART ONE > RIDER APPLICATION > **Rider Profile & Medical History**

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Date of last Tetnus Shot: \_\_\_\_\_

*Please indicate if child has an issue and/or surgeries in any of the following areas by checking "yes" or "no." If "yes," please comment.*

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Emotional/Mental Health			
Behavioral			
Bone/Joint			
Leaning Disability			
Independent Ambulation			
Crutches			
Braces			
Wheelchair			
Other:			

*Please complete the following if your child is affected by the following conditions:*

CONDITION	YES	NO	QUESTIONS
Is your child affected by seizures?			Date of last seizure: _____ Are they controlled? _____ How frequent? _____
Does your child have Down Syndrome?			Negative X-Ray for Atlantoaxial Instability? _____ Date of last X-Ray: _____ Negative symptoms for Atlantoaxial Instability? _____
Does your child have any tactile sensitivities?			Examples: _____
Does your child have any allergies to dust, hay, animals, pollen or seasonal environments?			Examples: _____



PART ONE > RIDER APPLICATION > **Rider Profile & Medical History**

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

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*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)

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

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

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**LIABILITY RELEASE**

\_\_\_\_\_ [Child's name] would like to participate in The Misty Meadows Mitey Riders, Inc. ("Mitey Riders") at the farm owned by Misty Meadows Farm LLC. ("The LLC") and operated by Misty Meadows Farm, Inc. ("Misty Meadows"). I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my respective heirs, successors, assigns, executors and administrators, do hereby waive and forever discharges, and agrees to hold harmless, Harry Swimmer and Marilyn Swimmer, Mitey Riders, Misty Meadows, The LLC and its members, employees and agents, and their respective successors and assigns (collectively the "Released Parties") from and against any and all liability, claims, for any and all injuries and/or losses my son/daughter/ward may sustain while participating in Misty Meadows Mitey Riders, Inc. This includes without limitation, any liability or claim that I may have against any of the Released Parties with respect to any bodily injury, personal injury illness death or property damage, whether caused by the negligence of the Released Parties or otherwise. I also understand and agree that the Released Parties do not assume any responsibility for or obligation to provide medical assistance, including but not limited to medical, health or disability insurance in the event of any such injury illness death, or damage.

I, \_\_\_\_\_, the undersigned, have read this release and assumption of risk and understand all its terms, including the warning above. I execute this release and assumption of risk voluntarily and with full knowledge of its significance.

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



[Client, Parent or Legal Guardian]

PART ONE > RIDER APPLICATION > **Consent for Release of Information**

I hereby authorize: \_\_\_\_\_  
*[medical person or facility]*

to release information from the records of: \_\_\_\_\_  
*[child's name]*

The information is to be released to: \_\_\_\_\_  
*[equine therapy person or facility]*

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
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- 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.

Parent/Gaurdian Signature: \_\_\_\_\_

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

Relation to Participant: \_\_\_\_\_

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

Please send materials to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



PART ONE > RIDER APPLICATION > **Rider's Authorization for Emergency Medical Treatment**

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Misty Meadows Farm, I authorize The Misty Meadows Mitey Riders, Inc. to:

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

Rider Name (First/Middle/Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

General Physician's Name: \_\_\_\_\_

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

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

Health Insurance Policy Number: \_\_\_\_\_

**CONSENT PLAN**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if I am not on the premises at the time, cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Client, Parent or Legal Guardian]

Parents/Guardians (PRINT NAME): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**NON-CONSENT PLAN**

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property utilized by Misty Meadows. In the event emergency medical aid/treatment is required, I wish the following procedure to take place: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Client, Parent or Legal Guardian]

Parents/Guardians (PRINT NAME): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_



PART TWO > RIDER APPLICATION > **Physician's Letter**

**NOTE: Send this letter, in addition to the following 2 pages to your General Physician.**

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

Dear Health Care Provider:

Your patient, \_\_\_\_\_ [Child's name] is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete the attached 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.

**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

**Other**

Age – under 4 years  
Indwelling Catheters/Medical Equipment  
Medications – i.e. Photosensitivity  
Poor Endurance  
Skin Breakdown

**Medical/Psychological**

Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions  
Fire Settings  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorders

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

Sincerely,  
Misty Meadows Mitey Riders



### Annual Physician Prescription for Therapeutic Horseback Riding

**NOTE: This section MUST be filled out by your child's General Physician. Mitey Riders may request clearance from an additional medical professional including, but not limited to: PT, OT, Orthopedic Surgeons or others.**

Rider Name (First/Middle/Last): \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Gender: M / F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Prescription for Therapeutic Horseback Riding

*This person is NOT medically precluded from participation in equine-assisted activities and therapeutic horseback riding.*

Rider Name (First/Middle/Last): \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Recommended Frequency \_\_\_\_\_  
Precautions (all riders must wear helmets) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician's Name \_\_\_\_\_ MD / DO / NP / PA / Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

### For patients with Down syndrome:

Therapeutic horseback riding is contraindicated by the Professional Association of Therapeutic Horsemanship International if any of the following conditions are present: neurologic symptoms of atlantoaxial instability (AAI) or positive neurologic clinical signs as evaluated by a physician, significant AAI measurement as determined by a physician, or excessive head/neck instability with or without a helmet.

**Physicians: Please verify that this patient has no evidence of AAI and no decrease in neurologic function:**

AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + / -  
Neurologic Symptoms of Atlanto Axial Instability: \_\_\_\_\_





PART THREE > RIDER APPLICATION > Parent-Volunteer Applications

NOTE: There are two identical forms included in this section. If both parents/guardians are present, please be sure to fill out the information completely for both individuals separately.

Parent/Guardian Name (1): \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_
E-mail: \_\_\_\_\_
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rider's last name (if different than yours): \_\_\_\_\_

I intend to volunteer for Mitey Riders during my child's lesson time: Y / N

If you wish to volunteer during a time OTHER than your child's lesson time, please indicate below (circle):

Table with 6 columns: Wednesday PM, Thursday AM, Thursday PM, Friday PM, Saturday AM, Saturday PM. Rows show time slots from 3.30 PM to 12.00 PM.

Please indicate which areas of the program you would like to volunteer:

During Classes

- \_\_\_ Grooming & Tacking Horses
\_\_\_ Leading\*\* a Horse in Class
\_\_\_ Side-walking with a Student
\_\_\_ Shed & Stable Maintenance
\_\_\_ Volunteer Coordinator

Outside of Classes\*

- \_\_\_ Mitey Rider Council
\*Visit miteyriders.org for more information
\_\_\_ Marketing & PR
\_\_\_ Fundraising
\_\_\_ Administrative Office Work

\*Parents are expected to volunteer during the Annual Spring Festival if their child will be riding that day.

\*\*New volunteers who wish to lead will need to first complete one full year as sidewalkers. We are requiring this to ensure a basic understanding of how our program works and the various roles interact.

I am a horse owner: Y / N If yes, for how long? \_\_\_\_\_
I have kept horses at my home: Y / N If yes, for how long? \_\_\_\_\_
I have had formal training in working with horses: Y / N If yes, what type of training? \_\_\_\_\_
I have ridden for \_\_\_\_\_ years in the following disciplines: \_\_\_ English \_\_\_ Western \_\_\_ Other
If other, please describe: \_\_\_\_\_

I understand that before I may volunteer, I must complete a Safety Orientation each year: Y / N

I can commit to volunteer on a weekly basis: Y / N

Since I cannot volunteer regularly, consider me for a substitute for the following days: \_\_\_\_\_



PART THREE > RIDER APPLICATION > **Parent-Volunteer Applications**

**NOTE: There are two identical forms included in this section. If both parents/guardians are present, please be sure to fill out the information completely for both individuals separately.**

Parent/Guardian Name (1): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rider's last name (if different than yours): \_\_\_\_\_

I intend to volunteer for Mitey Riders during my child's lesson time: Y / N

If you wish to volunteer during a time OTHER than your child's lesson time, please indicate below (circle):

Wednesday PM	Thursday AM	Thursday PM	Friday PM	Saturday AM	Saturday PM
3.30 PM	9.30 AM	3.30 PM	3.30 PM	9.00 AM	12.00 PM
4.30 PM	10.30 AM	4.30 PM	4.30 PM	10.00 AM	1.00 PM
5.30 PM	11.00 AM			11.00 AM	

Please indicate which areas of the program you would like to volunteer:

**During Classes**

- \_\_\_\_\_ Grooming & Tacking Horses
- \_\_\_\_\_ Leading\*\* a Horse in Class
- \_\_\_\_\_ Side-walking with a Student
- \_\_\_\_\_ Shed & Stable Maintenance
- \_\_\_\_\_ Volunteer Coordinator

**Outside of Classes\***

- \_\_\_\_\_ Mitey Rider Council
- \_\_\_\_\_ \*Visit [miteyriders.org](http://miteyriders.org) for more information
- \_\_\_\_\_ Marketing & PR
- \_\_\_\_\_ Fundraising
- \_\_\_\_\_ Administrative Office Work

\*Parents are expected to volunteer during the Annual Spring Festival if their child will be riding that day.

\*\*New volunteers who wish to lead will need to first complete one full year as sidewalkers. We are requiring this to ensure a basic understanding of how our program works and the various roles interact.

I am a horse owner: Y / N If yes, for how long? \_\_\_\_\_  
I have kept horses at my home: Y / N If yes, for how long? \_\_\_\_\_  
I have had formal training in working with horses: Y / N If yes, what type of training? \_\_\_\_\_  
I have attended workshops/seminars on horsemanship: Y / N  
I have ridden for \_\_\_\_\_ years in the following disciplines: \_\_\_\_\_ English \_\_\_\_\_ Western \_\_\_\_\_ Other  
If other, please describe: \_\_\_\_\_

I understand that before I may volunteer, I must complete a Safety Orientation each year: Y / N

I can commit to volunteer on a weekly basis: Y / N



Since I cannot volunteer regularly, consider me for a substitute for the following days: \_\_\_\_\_

PART THREE > RIDER APPLICATION > **Parent-Volunteer Release Forms**

**NOTE: There are two identical forms included in this section. If both parents/guardians are present, please be sure to fill out the information completely for both individuals separately.**

**PARENT/GUARDIAN ONE**

**Liability Release**

As a volunteer at Misty Meadows Mitey Riders, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the riders I work with 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 Marilyn and Harry Swimmer, Misty Meadows Farm, Inc., Misty Meadows Mitey Riders, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Misty Meadows Mitey Riders, Inc.

**Photo Release (check one)**

\_\_\_\_\_ I consent to and authorize the use and reproduction by Misty Meadows Mitey Riders, Inc., of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the Program.

\_\_\_\_\_ I do not give my consent for the Photo Release.

**Confidentiality Agreement**

I understand the expectation that all information related to the students of Misty Meadows Mitey Riders is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Parent or Legal Guardian]

**PARENT/GUARDIAN TWO**

**Liability Release**

As a volunteer at Misty Meadows Mitey Riders, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the riders I work with 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 Marilyn and Harry Swimmer, Misty Meadows Farm, Inc., Misty Meadows Mitey Riders, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Misty Meadows Mitey Riders, Inc.

**Photo Release (check one)**

\_\_\_\_\_ I consent to and authorize the use and reproduction by Misty Meadows Mitey Riders, Inc., of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the Program.

\_\_\_\_\_ I do not give my consent for the Photo Release.

**Confidentiality Agreement**

I understand the expectation that all information related to the students of Misty Meadows Mitey Riders is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Parent or Legal Guardian]



PART THREE > RIDER APPLICATION > **Parent-Volunteer Authorization for Emergency Medical Treatment**

**NOTE: There are two identical forms included in this section. If both parents/guardians are present, please be sure to fill out the information completely for both individuals separately.**

PARENT/GUARDIAN ONE

**Authorization for Emergency Medical Treatment**

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Misty Meadows Farm, I authorize The Misty Meadows Mitey Riders, Inc. to:

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

Name (First/Middle/Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

General Physician's Name: \_\_\_\_\_

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

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

Health Insurance Policy Number: \_\_\_\_\_

**CONSENT / NON-CONSENT PLAN (check one)**

I understand that in the event of an emergency I will be taken to the nearest medical facility.

\_\_\_\_\_ This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if I am not on the premises at the time, cannot be reached.

\_\_\_\_\_ I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property utilized by Misty Meadows. In the event emergency medical aid/treatment is required, I wish the following procedure to take place: \_\_\_\_\_

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

[Client, Parent or Legal Guardian]



PART THREE > RIDER APPLICATION > **Parent-Volunteer Authorization for Emergency Medical Treatment**

**NOTE: There are two identical forms included in this section. If both parents/guardians are present, please be sure to fill out the information completely for both individuals separately.**

PARENT/GUARDIAN TWO

**Authorization for Emergency Medical Treatment**

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Misty Meadows Farm, I authorize The Misty Meadows Mitey Riders, Inc. to:

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

Name (First/Middle/Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

General Physician's Name: \_\_\_\_\_

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

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

Health Insurance Policy Number: \_\_\_\_\_

**CONSENT / NON-CONSENT PLAN (check one)**

I understand that in the event of an emergency I will be taken to the nearest medical facility.

\_\_\_\_\_ This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if I am not on the premises at the time, cannot be reached.

\_\_\_\_\_ I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property utilized by Misty Meadows. In the event emergency medical aid/treatment is required, I wish the following procedure to take place: \_\_\_\_\_.

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



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[Client, Parent or Legal Guardian]

PART THREE > RIDER APPLICATION > **Parent Contract**

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In exchange for \_\_\_\_\_ [Child's name]

being an active participant in the Misty Meadows Mitey Riders program, I agree to volunteer, in some needed capacity, the equivalent of **at least thirty hours\*** in the course of each program year in which my rider participates.

**PARENT/GUARDIAN ONE**

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

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

[Client, Parent or Legal Guardian]

**PARENT/GUARDIAN TWO**

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

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

[Client, Parent or Legal Guardian]

\*The required thirty hours is per family, NOT per family member. Siblings, relatives and CAP workers are invited and encouraged to volunteer as well, but must fill out a Volunteer Application Form, and attend Safety Training each year.



PART THREE > RIDER APPLICATION > **Parent Agreement to Notify Form**

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I agree to notify Misty Meadows Mitey Riders in writing in the event that I/my son/daughter/ward is unable to ride, for any period of time during the course of the Program year, due to:

- medical procedures
- illness
- injury
- other incidents that may affect the child's ability to safely be on a horse.

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

**PARENT/GUARDIAN ONE**

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

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

[Client, Parent or Legal Guardian]

**PARENT/GUARDIAN TWO**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ [Client, Parent or

Legal Guardian]



PART THREE > RIDER APPLICATION > **Marketing Release**

**I  DO  DO NOT** consent to and authorize the use and reproduction by **Misty Meadows Mitey Riders, Inc.** of any and all photographs and any other audio/visual materials taken of me and/or my child and family for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program. Additionally, **I  DO  DO NOT** consent to and authorize the use of any testimonials and/or written and spoken quotations from me and/or my child and family for promotional materials, marketing purposes or any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Client, Parent or Legal Guardian]

**Please add the following family members and friends to your mailing list:**

Name (First/Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Relationship to Rider: \_\_\_\_\_

Name (First/Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Relationship to Rider: \_\_\_\_\_

Name (First/Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Relationship to Rider: \_\_\_\_\_

Name (First/Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



E-mail: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

PART THREE > RIDER APPLICATION > **Rider Guidelines**

**NOTE: Below you find a list of our Rider and Family-Volunteer Guidelines. Please keep these pages for your records at home. You can also find this information on our web site at [www.miteyriders.org](http://www.miteyriders.org).**

Our goal is to provide a safe and beneficial experience for our riders, volunteers, horses and staff. To do so, we rely on all of our families to follow these guidelines.

### General

- All new students will be evaluated prior to acceptance in the program.
- Once a student is accepted, on-going evaluations will determine if riding therapy continues to be beneficial and our horses/volunteers are able to safely and effectively accommodate the student.
- Approved helmets must be worn at ALL MOUNTED TIMES.
- All releases, medical and consent forms must be updated annually prior to participation in classes.
- All students with Down Syndrome must have Atlantoaxial instability verification annually on file.
- All students MUST have 2 doctor prescriptions on file with the farm – one from a general physician and one from a specialist or approved therapist, stating that the rider is fit to participate.

### Cancellations & Weather

- If a rider has to cancel, a call to both the farm and your Volunteer Coordinator should be made AHEAD of his/her scheduled day. See our full attendance policy below.
- If we do not have enough volunteers present to provide a safe ride, sessions may be canceled.
- If the weather is below 32 degrees or there is snow/ice, sessions may be canceled.
- If there is a severe thunderstorm, mounted sessions may be canceled.

### Rider Attire & Equipment

- All riders should be dressed in proper riding attire!
- Long pants and shoes or boots with a heel are required.
- Approved helmets must be worn at all times.
- Dangling jewelry may be unsafe and should not be worn!
- NO perfume or cologne, as it can attract insects.
- NO open-toe shoes, sandals, dress shoes, shorts or skirts are allowed.
- If you need help finding appropriate attire for your rider, just ask!

### Etiquette

- Rider's (young) siblings and/or their friends should not come to weekly lessons.
- Please arrive 15 minutes prior to class start time
- Please do not bring your pets.
- Stay in the designated waiting areas until class begins.
- Parents...Please do not leave the farm during your riders lesson.
- Parents...NO DROP OFF POLICY – please supervise your rider before and after class.
- Please do not give treats to the horses.

### Our Attendance Policy

Attendance is taken at every lesson through our sign-in sheets. If a rider is unable to attend a lesson, the barn and Volunteer Coordinator must be contacted as soon as possible. Advance notice is very important to ensure proper care of the horses and proper use of our volunteers.

If you know a rider cannot attend a future lesson, advise us in writing as soon as possible so we can make the necessary staff/horse adjustments.

If a rider is unable to attend a lesson and we do not receive a call, it will be considered a “no show.” Due to the size of our program and the number of families on our waiting list:

- Three “no shows” in one program season will result in the rider being moved into appointment-based lessons. This means that the rider will no longer have a set class in which to ride, but will continue by appointment only.
- Six “no shows” in one program season will result in the rider being removed from the active program.

*\*Note: "No shows" are different than noted absences.*

PART THREE > RIDER APPLICATION > **Family-Volunteer Guidelines**

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**NOTE: Below you find a list of our Rider and Family-Volunteer Guidelines. Please keep these pages for your records at home. You can also find this information on our web site at [www.miteyriders.org](http://www.miteyriders.org).**

#### **General Volunteer Guidelines**

- Must be at least 15 years of age
- Volunteering involves moderate physical activity. Make sure you are comfortable with the physicality of the role you have selected
- Volunteers do not need to have previous horse experience but a level of comfort is necessary.
- Volunteers must be available a minimum of 1 hour per week (same day and time each week).
- ALL volunteers are required attending a Volunteer Orientation and Training session
- ALL volunteers wanting to be leaders or work in the barn must attend Leader/Barn Training once a year
- Mitey Riders reserves the right to make the final determination as to the appropriateness of volunteers for our organization.
- Mitey Riders does enforce a dress code to ensure the ability of volunteers to perform in their roles as well as to set examples for our riders.

#### **Horse Leaders and Sidewalkers Guidelines**

- Leaders must be at least 16 years of age
- LEADERS are responsible for the horse at all times while leading
- SIDEWALKERS are responsible for the stability and safety of the rider while mounted at all times
- Time commitment is 1 and a half hours per week for the length of the session
- Arrive at least fifteen minutes prior to class
- When you're in the arena, the instructor is in charge
- If you have suggestions or ideas, talk with the class Instructor or Volunteer Coordinator
- Return all equipment used to its place
- Keep talking to a minimum this lets you and others listen and pay attention to the Instructor's directions
- When in doubt, ask!

#### **Volunteer Dress Code Guidelines**

- Hard-soled shoes with a low heel are preferred but sneakers with heavy tread are OK
- Shoes must be tied securely
- Open-toed shoes, sandals, and slip-on shoes are not permitted
- Dress appropriate for the Weather; dressing in layers is often a good choice
- No tops with spaghetti straps/shelf bras. Proper undergarments must be worn and tank tops must have thick straps and cannot be too low in the front.
- Shirts must cover your stomach/back.
- No t-shirts with beer/alcohol/drug references or foul language.
- Shorts must be at mid-thigh or longer (No skirts please!)
- Please no perfume or colognes
- Please no dangling jewelry

Consistency is extremely important in keeping our programs progressive and running smoothly. Every volunteer is encouraged to have a regular schedule for the length of the session in the day(s) and hour(s) they volunteer. As dependability is essential, be sure to contact the Volunteer Coordinator as soon as you are aware of any circumstances that will delay/keep you from your scheduled lesson time(s).

*\*Misty Meadows Mitey Riders reserves the right to amend these guidelines at any time.*