



Horses of Hope Oregon

Equine Assisted Services

Health, Happiness and Healing through Horses since 1988

Dear Participant and Families:

Thank you for your interest in the equine-assisted services at Horses of Hope Oregon. Our programs are dedicated to 'health, happiness and healing through horses' and improving participants' lives by promoting wellness, enhancing capabilities, and fostering independence. Horses of Hope Oregon is a non-profit 501(c)(3) organization.

Horses of Hope Oregon does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

It is a pleasure to work with you in our equine-assisted services. These programs are only possible due to the generosity of the community, donors, and our volunteers. We're confident you will enjoy getting to know the volunteers and instructors working with you.

Horses of Hope Oregon (HOH) has been serving children and adults with challenges through equine-assisted activities since 1988, and you will find our staff to be experienced, skilled, and caring. HOH's instructors utilize our horses to facilitate interactive games and skill-building movements tailored to each participant's needs. Interactions with horses help people gain independence and self-esteem. We strive to find what each person is capable of and tailor each session to the participant's goals. Horseback riding is linked to cognitive and emotional benefits and physical improvements in balance, motor skills, sensory integration, and muscle strength. Our program horses allow people to find a sense of connection – these are emotional animals with unedited feelings. There is a straightforward, easy-to-read quality to horses that is comforting. Our horses are not just incredible athletes, they are also non-judgmental, dependable, caring and kind. They can bring emotional stability to our lives and renew confidence in our own abilities.

When you arrive: The driveway is on the east side of the stable. Please *drive slowly* and watch out for farm equipment, animals, and pedestrians. Proceed to the front of the stable (which faces Cloverdale Drive) where you will find parking.

Once inside: You will find a signup sheet on the table in the foyer. Please sign in as soon as you arrive. *Everyone* in your party must sign an inherent risk waiver, which is also on the table. You need only sign this waiver once, not on each visit. There might be other forms to fill out depending on State regulations we are mandated to follow.

Stay in the designated areas: Remember this is a working stable and although we maintain a warm and friendly environment, it is not appropriate to pet or feed the horses without consent from our Staff. Our work here is fun and easily generates excitement for siblings.

Please remember to keep siblings safe by staying with them at all times and within the designated areas. Please walk quietly or sit quietly at the facility. No running please. **Parents/ Guardian/ or Care Giver must remain on-site for the entirety of each session.**

We hope that you have begun to feel the spirit of health, happiness and healing that we strive for here at HOH. We look forward to seeing you soon.

Sincerely,

The Staff at Horses of Hope Oregon



Financial & Attendance Policy

Form #1

This form must be newly signed for the 2024 Annual Program

Getting Started

Horses of Hope’s (HOH) Scheduling Coordinator, or another qualified staff member, will go over our program with you on your first intake appointment (we call it a Meet & Greet). There is no charge for this appointment. The purpose of this on-site appointment is for the prospective participant and their caregiver to visit the stable, meet our staff and horses, and discuss objectives, needs, and goals for equine assisted sessions.

Program Fees

Payment for services is due prior to services being provided.

All Participants will receive an invoice around the 20th to 25th of each month and **payment is due and payable by the 5th of the following month**. Your invoice will reflect your monthly program fee for the following month. Your monthly program fee of \$206 takes in to account any dates on the calendar that Horses of Hope has planned to close for holidays, special events and trainings. This allows participants to plan their budgets by providing a consistent amount due every month.

Horses of Hope provides all sessions at approximately 50% of the actual cost incurred to provide sessions. We understand that even so, financial constraints are a barrier for participation for some of our participants. We have partnered with some generous donors to create a financial assistance fund to help those participants. Funds are dispersed usually in July of each year but may be available at other points in the year as well. *Financial assistance applications are available on request. Financial assistance covers between 35%-45% of the program fee; the application can be requested from the office in person or by emailing office@hohoregon.org or scheduling@hohoregon.org*

Our billing policy has been created to reflect our belief that participants are best served through consistent and long-term involvement with therapeutic equine assisted sessions. If participants cannot attend their scheduled session, they are required to notify Horses of Hope as soon as possible, preferably at least 24 hours in advance of the session. If there are two (2) no-shows (HOH was not notified in advance of client absence), or if the client’s participation becomes inconsistent, their sessions may be at risk of cancellation.

Because Horses of Hope offers equine assisted sessions to all our participants at a rate significantly lower than our actual cost, we respectfully request that you pay your bill on time every month, so we can continue to provide these services to everyone. *Outstanding balances that aren’t paid by the 15th of each month can lead to cancellation of services until paid in full.*

Finally, if Horses of Hope adds a canceled date to the calendar, or we need to cancel for weather or other reasons, participants whose sessions were cancelled by Horses of Hope will receive a credit to their account for the following month, calculated by prorating your monthly program fee.

**** I have read and understand the above policy:**

Participant Name: _____ Signature _____

If Participant is under 18, Parent or Guardian Name: _____ Signature: _____

Payment Options

We can accept client payments online, through our GoPayment invoicing program, by credit card, check or cash. You can also sign up for automatic payments with a debit/credit card.

Friends and family can help cover your program fees. We can bill them directly or you may suggest that they contact us for payment information. Please call Horses of Hope’s office at (503) 743-3890 with any questions.



Participant Information Form

Form#2

The following information will be used by HOH, to help create the most appropriate riding situation possible for prospective participant. Please answer these questions carefully and honestly to the best of your ability. If you do not understand a question, please don't hesitate to call and ask for assistance at 503-743-3890. If you find a question that does not apply to your situation, write N/A for non-applicable.

Participant name:	_____				
Address:	_____				
City:	_____	State:	_____	Zip:	_____ County: _____
Phone:	_____	Cell:	_____		
E-mail:	_____				
Height:	_____	Weight:	_____		
Date of Birth:	_____	Sex:	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other/prefer not to disclose		
Ethnicity:	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Alaska Native/Native American <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> I Prefer Not to Disclose				

We do not accept or bill insurance, so the Responsible party should be the person paying for the invoice when filling out the section below.

Responsible Financial Party Name:	_____				
Relationship to Participant:	_____				
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Phone:	_____	Cell:	_____		
E-mail:	_____				

I have read and understand the Financial & Attendance Policy:			
Signature: _____			
Print full name:	_____	Date:	_____



Participant Questionnaire

Form #3 (2 pages)

Please fill out this page so that we know of any conditions that could affect the participant's balance, health, or safety while riding.

DIAGNOSIS OR DISABILITY: (Please note multiple diagnoses if applicable)	<u>1.</u> <u>2.</u> <u>3.</u>
IS PARTICIPANT AMBULATORY:	<input type="checkbox"/> Y <input type="checkbox"/> N
ADAPTIVE APPLIANCES USED: (wheelchair, crutches, etc.)	_____
SEIZURES:	<input type="checkbox"/> Y <input type="checkbox"/> N
Explain: _____	
CONTRACTIONS:	<input type="checkbox"/> Y <input type="checkbox"/> N
Explain: _____	
SPASTICITY:	<input type="checkbox"/> Y <input type="checkbox"/> N
Explain: _____	
FUSIONS:	<input type="checkbox"/> Y <input type="checkbox"/> N
Explain: _____	
FRAGILITY:	<input type="checkbox"/> Y <input type="checkbox"/> N
Explain: _____	
FATIGUE:	<input type="checkbox"/> Y <input type="checkbox"/> N
Explain: _____	



VISION:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
HEARING:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
SPEECH:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
BALANCE:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
NECK STRENGTH:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
ARM STRENGTH:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
HAND DEXTERITY:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
EYE HAND COORDINATION:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
TRUNK STRENGTH:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
LEG STRENGTH:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
HIP FLEXION:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None

PRESSURE SORES?	<input type="checkbox"/> Y <input type="checkbox"/> N
CAN PARTICIPANT SIT WITHOUT SUPPORT?	<input type="checkbox"/> Y <input type="checkbox"/> N
CAN PARTICIPANT TRANSFER WITHOUT HELP?	<input type="checkbox"/> Y <input type="checkbox"/> N
DOES PARTICIPANT TIRE EASILY?	<input type="checkbox"/> Y <input type="checkbox"/> N
HAS PARTICIPANT RIDDEN BEFORE?	<input type="checkbox"/> Y <input type="checkbox"/> N

RATE PAIN SENSITIVITY:	<input type="checkbox"/> Normal	<input type="checkbox"/> Above Normal	<input type="checkbox"/> Below Normal
RATE HEAT SENSITIVITY:	<input type="checkbox"/> Normal	<input type="checkbox"/> Above Normal	<input type="checkbox"/> Below Normal
RATE COLD SENSITIVITY:	<input type="checkbox"/> Normal	<input type="checkbox"/> Above Normal	<input type="checkbox"/> Below Normal
RATE SENSITIVITY TO TOUCH OR TEXTURES:	<input type="checkbox"/> Normal	<input type="checkbox"/> Above Normal	<input type="checkbox"/> Below Normal

Additional Information: (use additional paper if necessary)

Please explain anything marked above with Fair, Poor or None



Emergency Preparedness Form

Form # 4

PARTICIPANT Name: _____	DATE OF BIRTH: ____/____/____
CONTACTS & PHONE #'S (RELATIONSHIP): 1. _____ 2. _____ 3. _____	MEDICAL INFORMATION & HISTORY: _ _____ _____ _____ _____
PHYSICIAN: _____ _____	ALLERGIES / ASTHMA: _____ _____
ALLERGIES TO MEDS:	OTHER:

CURRENT MEDICATION:

NAME OF MEDICATION	AMOUNT	HOW OFTEN?

Print Name of person completing this form: _____ Date _____

Relationship to Participant _____



Consent/Confidentiality Form Confidentiality Agreement

Form #5

I understand that each participant’s pertinent medical information may be discussed between staff and volunteers for the participant’s safety and benefit. We keep a record of each person’s medical diagnosis / disability / challenge. This allows staff to be informed of any special safety issues. Individualized emergency plans are developed accordingly. Riding sessions are also individualized based on the participant’s medical needs.

Any information regarding the participants at Horses of Hope Oregon will be held in strict confidentiality. For the purposes of grant funding and public relations, the participant’s success story may be shared at public meetings or conferences, with identity protected. Photos will only be shared with the participant’s permission (written photo release).

I AFFIRM THAT I AM MORE THAN 18 YEARS OF AGE

Participant Name: _____

Signature of Participant _____

Print Name _____

Address _____

Phone _____ Date ____/____/____

If participant is less than 18 years of age, parent or guardian must complete the following guardian consent.

I am the parent or guardian of the above-mentioned participant. I hereby approve the foregoing and consent to the terms mentioned above. I affirm that I have the legal right to issue such consent.

PLEASE PRINT

Name _____

Address _____ City _____ State _____

Zip _____ Phone _____

Signature _____ Date _____

Witnessed by _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by HOH to participate in its activities and to use its equipment, horses and facilities. I further agree to indemnify and hold harmless HOH from any, and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____

Date: _____



PARTICIPANT, VISITOR or VOLUNTEER AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Horses of Hope Oregon, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as 'HOHO'), I hereby agree to release, indemnify, and discharge HOHO, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horse activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, HOHO employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HOHO from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HOHO's equipment or facilities, **including any such claims which allege negligent acts or omissions of HOHO.**

4. Should HOHO, the property owner, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event the lessee files a cause of action against HOHO, the lessee agrees to do so solely in the state of Oregon, and further agrees that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. The lessee agrees that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if I am hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against HOHO, its Staff, Board of Directors, Volunteers, and Property Owner on the basis of any claim from which I have released them herein.

I was given the opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature: Participant / Visitor / Volunteer _____
(circle which one of the above applies) **Print Name** _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell: _____ E-mail: _____ Date ____/____/____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____
(Print minor's name)

("Minor") being permitted by HOH to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless HOH from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: _____ **Print Name** _____

Date: ____/____/____



PARTICIPANT ORIENTATION

Carefully read, sign, and return. If you do not understand the information provided, please ask our staff to explain.

- All participants, parents, and guardians are required to read and sign a liability risk waiver prior to participation.
- Our work here is fun and easily generates excitement for siblings. Please remember to keep siblings safe by staying with them at all times and within the designated areas. Please walk quietly or sit quietly at the facility. No running please. There is no childcare **Parents /Guardian/orCare Giver must remain on-site for the entirety of each session.**
- **Maximum weight for riding is 225 pounds.** We seek to accommodate everyone, so participants exceeding this weight limit can meet with staff to discuss full participation.
- Personal pets are not permitted. Please do not bring pets in your vehicle while visiting the barn if at all possible.
- **Long pants** are recommended. Please wear weather appropriate attire (coat & gloves in winter)
- **Closed-toed shoes with a closed heel are required** (no sandals please).
- Recreational use of drugs or alcohol is **not** allowed prior to or during equestrian activities.
- Horses of Hope Oregon staff and volunteers will not discriminate on the basis of a participant’s race, religion, gender, age, national origin, ancestry, economic status, or mental or physical disability.
- Each participant must wear an A.S.T.M. approved equestrian helmet before mounting. If you don’t have a helmet, we will provide you with one.
- Your cooperation will help us to provide an enjoyable and safe horseback adventure.
- Because equine-assisted sessions work best when participation is consistent, if your attendance falls below 75% for more than a month, we will contact you to determine if this program is the right fit for you at this time. Our session schedule often has a waiting list, and we will prioritize participants who can make their scheduled sessions consistently.
- If you have any questions regarding these procedures, please discuss them with staff prior to the beginning of your ride. Your participation in this activity signifies full acceptance of all rules and conditions.

Signature of Participant / Parent / or Guardian: Circle which one applies

Print full name:

Date:



PHOTO AGREEMENT

Form #8

I, the undersigned, grant to Horses of Hope Oregon, hereafter referred to as 'HOH', and/or their assignees permission in perpetuity throughout the world to use my likeness, performance, recording, and/or voice as photographed and/or recorded by them for still or motion picture uses, internet - including website and Facebook, or any other use connected with the promotion, exhibition, marketing or benefit of 'HOH's' programs.

I hereby release HOH, its assignees, licensees, and successors including, but not being limited to, all networks, stations, sponsors, publishers, distributors and exhibitors from any and all claims, liabilities, demands, or causes of action which I have or may hereafter have, by reason of photographing, recording, broadcast, exhibition, or any other uses of such films or recordings that may be from time to time made, or by reason of any occurrence or circumstance that may have taken place in or in conjunction with the photographing or recording of any scenes.

The undersigned further agrees that HOH shall own all rights, title and interest including any copyright in and to anything produced pursuant to the right granted HOH and that this waiver and release is binding on the heirs of the undersigned.

PLEASE PRINT

Participant Name _____ Signature _____

If Participant is under 18: Guardian or Parent Name _____

Guardian or Parent Signature _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

Photo taken within the last 12 months

PHOTO

Photo is not required, but requested, as it helps us identify the client



PLEASE COMPLETE, SIGN AND RETURN:

1. Form #1 Riding Schedule and Fees
2. Form #2 Participant Information Form
3. Form #3 Participant Questionnaire (2 pages)
4. Form #4 Emergency Preparedness Form
5. Form #5 Consent/Confidentiality Form
6. Form #6 Participant, Visitor or Volunteer Agreement, Release and Assumption of Risk
7. Form #7 Participant Orientation
8. Form #8 Photo Agreement

If mailing: PLEASE RETURN COMPLETED APPLICATION TO:

Horses of Hope Oregon
2895 Cloverdale Drive SE
Turner, OR 97392

If submitting online: email Completed Application to scheduling@hohoregon.org

For office use only:

Date received ____/____/____

Initials: _____