

# Policies and Procedure Handbook

*Trinity Therapeutic*



*Riding Center*

Our Mission:

To rescue, rehab, and retrain horses for the use of a variety of Equine Assisted Activities for adults and children with special needs.

A 501C(3) Non-Profit Organization

EIN: 47-504-6030

[trinityridingcenter@gmail.com](mailto:trinityridingcenter@gmail.com)

## GETTING READY TO RIDE

Horse related activities have inherent risks, therefore each new and returning student will be evaluated by out PATH Intl., certified instructors (Professional Association of Therapeutic Horsemanship International). This assessment is important to promote safety and learn how to best serve the student's needs. Each student is unique, "one size does not fit all" in therapeutic riding.

All riders must have completed, signed and dated all forms from the student/rider's packet.

It is the parent/guardian/student's responsibility to notify Trinity Therapeutic Riding Center (TTRC) of any changes in the student's medical, physical or mental behavior.

Trinity Therapeutic Riding Center adheres to the standards set by PATH Int., for conditions in which horseback riding is contraindicated, including the safety and comfort of the horse.

The Maximum upper weight limit for students is 200 lbs.

Young student must be 4 years of age.

## DRESS CODE FOR THE ARENA

Student and volunteer attire should be comfortable, safe and appropriate:

- Closed-toe shoes only, riding boots with a heel preferred for riders.
- Comfortable pants, non-restrictive, not falling or exposing the behind.

- T-shirts or long sleeve shirts, weather appropriate. No low cut tops or exposed undergarments.
- ASTM-SEI approved helmets required for all riders.
- No jewelry/necklaces/long earrings or other items that could flap in the wind or get caught on a rider or horse.
- Sun block for skin, hat, or visor.
- Pull long hair back into low set ponytail or braid, as not to interfere with proper fit of helmet.

## CANCELLATION AND ATTENDANCE POLICIES

Lessons may be cancelled due to unsafe weather conditions such as: rain, mud, extreme temperatures or wind. This is determined by the Certified Instructor to ensure the safety of the students, volunteers and horses.

If a lesson is cancelled due to weather, a new date for the student will be given and agreed upon by Trinity Therapeutic and the student/parent/guardian. If the rescheduled lesson is missed by the student/parent/guardian no refund will be given for that lesson.\*\*

\*\*Some students have special arrangements with Trinity Therapeutic Riding, those agreements/contracts supersede these policies.

PLEASE CALL if you aren't sure about weather conditions. Weather can be very different even within the same town. It may be sunny and dry at your home and raining and windy at the TTRC arena. We will make every effort to notify you as soon as possible if weather conditions change or become a hazard.

### Punctuality

All volunteers/parents/students are asked to call TTRC if you will be late. Students should allow 10-15 minutes preparation time before their scheduled lesson time. This will maximize the student's time on horseback.

If a rider is 10 minutes late, the instructor has the option to consider it a missed lesson without a refund.

## Attendance

Riders need to attend their class weekly to maximize therapeutic value.

All volunteers/students/parents are asked to contact TTRC as soon as possible if they are unable to attend their scheduled times. A 24-hour notice is appreciated but understandably not always possible. Please make every effort to notify us in a timely manner.

If a student is unable to attend 3 lessons, or no-shows without notifying TTRC, their lesson time slot may be given up. A no-show without notification will not receive a refund of riding fees.

These policies are in place to protect and respect the time of our volunteers. Our students cannot ride without their presence; they are an essential part of our program and we wholeheartedly honor them for their service.

### REASONS FOR STUDENT DISMISSAL (Includes but not limited to:)

- Student's condition changes or deteriorates in a manner that safety and/or therapeutic benefit is of concern for the riders or others.
- Student's lack of head and neck control presents a safety issue.
- Surpassing weight that is manageable by staff, volunteers and horses.
- Incomplete forms and required documents.
- Threatening behavior, abuse of people or animals, verbal abuse, under the influence or drugs or alcohol, unusual disruptive behavior.
- Vulgar language and disrespect of staff, volunteers or other students
- Frequent missed lessons without notification.

## REASON FOR VOLUNTEER DISMISSAL (Includes but not limited to:)

- Being under the influence of alcohol or illicit drugs at the arena or during sessions.
- Violation of confidentiality policy.
- Verbal/physical abuse, sexual harassment or other inappropriate behavior toward students, fellow volunteers or staff members.
- Mistreatment of the horses or other animals on the property.
- Vulgar or disrespectful language.
- Frequent missed volunteer times without notification or explanation.
- Smoking near the arena or stables.
- Inappropriate cell phone use (Cell phones should be put away as not to be a distraction, they should not be used to take photos of students, other than ones own child).
- Any behavior deemed inappropriate by property owner.

Dismissal will be documented, discussed and brought to the Board of Directors for a final decision.

## TTRC RULES

These apply to ALL visitors, students, volunteers and staff members.

- In all circumstances **SAFETY FIRST!** Be aware of where horses and people are positioned.
- A parent or caregiver is required to remain onsite during student lesson.
- Children must be supervised at all times.
- Guests and spectators should remain in viewing area.
- Violent behavior will not be tolerated.
- No smoking.
- No running or screaming allowed around the horses.
- Do not feed, handle or pet horses without supervision of staff.
- No one may enter the arena or stall with horses without supervision of staff.

- No one may ride a horse unless supervised by staff and have a completed packet on file.
- All riders must wear an ASTM-SEI approved helmet.
- All volunteers must be 12 years old, have required forms on file, be supervised and trained by Certified instructor or senior volunteer until they prove their competency for independence.
- Report all accidents, hazards or injuries to a staff member immediately.

THE SIGNATURE BELOW INDICATES THE READING AND UNDERSTANDING OF THE POLICIES AND PROCEDURES OF TRINITY THERAPEUTIC RIIING CENTER BY SIGNING THIS DOCUMENT I/WE AGREE TO ABIDE BY THE ARENA RULES, POLICIES AND PROCEDURES.

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STUDENT DATE

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PARENT/GUARDIAN DATE



**A 501 (C)(3) Non-Profit Organization**

**EIN: 47-504-6030**

## **Ranch RULES**

Adult volunteers must be 18 years of age or older and, anyone under the age of 18 years (herein referred to as children) must have a parent or guardian, sign a "Release of Liability Form" before entering and participating in Trinity Therapeutic Riding Center, Inc. activities with regard to contact with horses/ponies/donkeys/animals, farm equipment, feed and supplies kept on property. **ALL** volunteers/visitors must sign a "Release of Liability Form", will be given the following set of guidelines and understand that they must be followed at all times.

- Volunteers/Visitors must orally and physically check in with a Trinity Therapeutic Riding Center, Inc. representative before entering the property and present the signed Trinity Therapeutic Riding Center, Inc. Release of Liability/Waiver form prior to engaging in ANY activity on the property.
- No drugs or alcohol is permitted on the ranch.
- No running at any time while on Trinity Therapeutic Riding Center, Inc.
- No climbing on pipe rails, fences, walls or equipment
- Notify Trinity Therapeutic Riding Center, Inc. personnel if you or a horse is injured or involved in an accident. This includes damage to ranch property, fencing, stalls, etc.
- Immediately notify Trinity Therapeutic Riding Center, Inc. personnel if you notice any hazardous conditions on or around the premises.
- Dogs owned by Volunteers/Visitors are not allowed at any time on the premises, in vehicles parked outside the premises or tied outside the premises.
- Motorcycles or bicycles are not allowed on the premises.
- All children (under age 18) must be accompanied and under the direct supervision of an authorized Trinity Therapeutic Riding Center, Inc. representative at all times while on the property.
- If you wish to visit the facilities after ranch hours you must first contact Trinity Therapeutic Riding Center, Inc. for access. After hours access is subject to the discretion and at the convenience Trinity Therapeutic Riding Center, Inc.
- At no time will Volunteers/Visitors hand feed a horse/pony/donkey on the Trinity Therapeutic Riding Center, Inc. .Appropriate treats may be given in feeders only.
- Please do not feed, touch horses or enter stalls unless accompanied by a Trinity Therapeutic Riding Center, Inc. representative.
- Forks, wheel barrows, shovels, rakes, hand trucks, hay forks, hoses, tack etc. must be returned to the storage area.
- All volunteers/visitors must wear appropriate clothing. No open toed shoes/sandals are allowed.

- Do not litter, litter is not only unsightly it can pose a health and safety hazard to our horses. Trash cans are provided around the property.
- All gates must be closed and securely fastened when entering or exiting a gated enclosure.
- Volunteers/Visitors are aware and understand that some chores may be physically strenuous and will/ will not participate in accordance to their own judgment regarding possible injury or physical limitations on the part of said adult volunteer.
- Volunteers/Visitors acting in any unsafe or unkind manner towards humans or animals on the Trinity Therapeutic Riding Center, Inc. property will be asked to leave immediately and can/will be denied further access to Trinity Therapeutic Riding Center, Inc.
- If Volunteers/Visitors witness a horse/pony/donkey acting in an unsafe or unwell manner, they will immediately leave the area, securing any gates, and make an authorized Trinity Therapeutic Riding Center, Inc. representative aware of the problem.
- Volunteers/Visitors will, at all times, follow the written guidelines and/or verbal instructions given by a Trinity Therapeutic Riding Center, Inc. representative. Failure to do so will result in immediate dismissal from the property and program due to safety concerns.
- Always remember that equestrian activities are inherently dangerous. Accidents do happen but with your help and observation of these rules, we hope to minimize injury and damage. If you have any questions in regards to these rules please contact Trinity Therapeutic Riding Center, Inc. personnel and we will be glad to spend the time to explain the rules and reasoning behind the rules.
- By signing Page 2 of the Trinity Therapeutic Riding Center, Inc. Release of Liability and Waiver, I hereby acknowledge that I have read thoroughly and fully understand the above Ranch Rules. Any items that I did not understand I discussed with Trinity Therapeutic Riding Center, Inc. personnel and I now have an understanding of. I agree to observe these rules while on the premises and to practice common courtesy towards other visitors, guests, and ranch personnel. I have been provided a copy of these rules and acknowledge that by not abiding with these rules I risk losing the privilege of visiting the facilities.
- ALWAYS Remember....
  - If you open it, close it
  - If you turn it on, Turn it off
  - If you unlock it, lock it
  - If you break it, Repair it
  - If you Cannot Fix it, Call someone who Can
  - If you borrow it, return it
  - If you use it, take care of it
  - If you make a mess, clean it up
  - If you do not know how, Ask
  - If you move it, put it back

**Be safe and have fun !!**





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

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

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### Release of Liability and Waiver

PLEASE READ CAREFULLY BEFORE SIGNING Serious injury may result from participation with and proximity to horses. Your safety cannot be guaranteed.

The undersigned hereby releases, waives, discharges and covenants not to sue Trinity Therapeutic Riding Center, Inc, its representatives, agents, directors, officers, sponsors or volunteers, jointly or severally, for any loss or claim as a result of negligence, personal injury, wrongful death or property damage which might arise from undersigned's participation in any program or activity directly or indirectly involving Trinity Therapeutic Riding Center, Inc, whether or not upon premises then occupied by Trinity Therapeutic Riding Center, Inc,

At any time that Trinity Therapeutic Riding Center, Inc, does not own the premises it occupies but premises are leased or donated, the owner(s) of said premises are incorporated herein and held harmless by this waiver and release from liability.

This release of liability and waiver includes, but is not limited to, heirs, assigns, personal representatives or others who might seek to claim loss or injury on behalf of the undersigned.

**I UNDERSTAND AND AGREE that the handling and riding of horses is an extremely dangerous activity and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. No horse is a completely safe horse and if frightened or provoked may divert from its training and act according to its natural survival instincts which may include, but are not limited to stopping short, changing direction or speed or both at will, bucking, rearing, biting, kicking, and/or running from perceived danger.**

Undersigned is fully aware of the risks to person and property inherent in entering the premises and in handling or contacting the animals there present. Undersigned, with full knowledge, voluntarily assumes all risks of loss, damage or injury that s/he may sustain upon such entry. Undersigned further voluntarily assumes all risks of loss, damage or injury that s/he may sustain while participating in the care, handling, transport, and/or riding of any such animal under the aegis of Trinity Therapeutic Riding Center, Inc, whether or not upon the immediate premises then occupied by Trinity Therapeutic Riding Center, Inc. By signing **Page 2 of the Trinity Therapeutic Riding Center, Inc, Release of Liability and Waiver**, undersigned hereby acknowledges that they have read thoroughly and fully understand the **Ranch Rules**, which have been sent as a separate document and retained by undersigned.

Undersigned acknowledges that Trinity Therapeutic Riding Center, Inc, its representatives, agents, directors, sponsors and volunteers have relied upon the foregoing to grant permission to enter the premises and participate in the programs, care and handling of the animals there sheltered.

If undersigned is determined to be somehow detrimental and/or uncooperative with the policies and procedures then in place for the safety and protection of the animals and other persons present, undersigned may be denied further permission to participate in the activities and programs of Trinity Therapeutic Riding Center, Inc, wherever they may occur. Notwithstanding, the foregoing release of liability and waiver shall remain in full force and effect.

**Trinity Therapeutic Riding Center, Inc, Release of Liability Waiver page 2**

PHOTO RELEASE - **Permission for Publication of Photo (Check One)** YES \_\_\_\_ NO \_\_\_\_

I understand that my photo may be taken at various events and projects. By signing below I also hereby grant Trinity Therapeutic Riding Center, Inc. permission to use my likeness in photograph(s) and/or video(s) in any and all of its publications or on the internet, whether now known or hereafter existing. I will make no monetary or other claim against Trinity Therapeutic Riding Center, Inc, for the use of the photograph(s) and/or video(s).

I/WE, the undersigned, have received, read and understand the foregoing agreement, Trinity Therapeutic Riding Center, Inc, warnings, release and waiver of all liability. I/WE further understand and agree that I/WE are assuming all risk attendant to the handling and/or riding of horses. I/WE attest that all facts relating to physical condition, age and experience are correct and are being relied upon as such. I certify that all of the information I have provided is true and complete.

By signing and returning to Trinity Therapeutic Riding Center, Inc. Page 2 of the Trinity Therapeutic Riding Center, Inc. Release of Liability and Waiver I hereby acknowledge that I have been provided a copy of the Ranch Rules, Page 1-2 of the Release/Waiver, which I have read thoroughly, fully understand, and agree to by signing this Release/Waiver below. I also acknowledge that by not abiding with these rules I risk losing the privilege of visiting the facilities.

(Please print)

Name \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Parent (Guardian if under 18)

\_\_\_\_\_

\_\_\_\_\_

Printed name

Signature

**PHOTO RELEASE/MINOR (sign only if Applicable)**

Parent/Guardian Permission for Publication of Photo (Check One) YES \_\_\_\_ NO \_\_\_\_

It is our practice when preparing work for external publications or on the Internet to seek parent permission before including your child's photo. In order to include your child's photo, we must have your signed permission. Last names will not be used. Please review the information, sign it, and return the Permission for Publication of Photo & Release/Waiver of Liability form to Trinity Therapeutic Riding Center, Inc. Trinity Therapeutic Riding Center, Inc, has my permission to publish photos of my likeness or my child's \_\_\_\_\_ likeness in photograph(s) and/or video(s) in any and all of its publications or on the internet, whether now known or hereafter existing . I will make no monetary or other claim against Trinity Therapeutic Riding Center, Inc. for the use of the photograph(s) and/or video(s).

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact (if different from above) \_\_\_\_\_



# Participant's Medical History & Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Past/Prospective Surgeries: \_\_\_\_\_  
 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: \_\_\_\_\_

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability:  Present  Absent

*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			

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 Trinity Therapeutic Riding Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the Trinity Therapeutic Riding Center for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO NP PA Other

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

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

Phone: ( ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_



## Participant's Application & Health History

### General Information

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alt. #: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Caregivers: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about the program: \_\_\_\_\_

### Health History

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

*Please indicate current or past special needs in the following areas (continued on page 2) :*

**Psychosocial Function** (e.g., 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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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release

I

Do

Do Not

Consent to and authorize the use and reproduction by Trinity Therapeutic Riding Center 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.

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

Client, Parent or Legal Guardian  
*Signed in the presence of center 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: \_\_\_\_\_  
(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
- Speech 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: \_\_\_\_\_

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

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

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

# **CONFIDENTIALITY POLICY**

TTRC preserves the right to privacy and confidentiality for all persons involved in the program.

All the staff and volunteers are to keep confidential any medical, social, referral, personal and financial information regarding a person and his/her family. Persons who unintentionally obtain personal information must not disclose it without proper authorization.

Persons over age 18 may give consent for disclosure of medical or sensitive information. If under the age of 18, a parent, or legal guardian must give consent for disclosure. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make healthcare decisions. If a substitute decision maker has been appointed, written consent from that individual is required.

Disclosure of private or sensitive information will not be given without a person's consent based on perceived need to protect the student or anyone else from possible exposure through casual contact. All riders and volunteers should practice infection control procedures assuming anyone could have HIV, hepatitis, or other blood-borne diseases. NO RISK is associated with transmission of blood-borne disease through casual contact.

**Breach of this confidentiality policy may be result of dismissal.**

I understand and uphold the confidentiality policy at Trinity Therapeutic Riding Center

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**SIGN**

**PRINT**

**DATE**