



Professional Association of
Therapeutic Horsemanship
International



Rainbow
Therapeutic Riding Center

Rainbow Therapeutic Riding Center
P.O. Box 479
Haymarket, VA 20168
(703) 794-5308
www.rainbowriding.org

Rainbow Center Application

Client/Student Profile & Health History

Must be completed by the Parent or Legal Guardian if the student is underage

General Information:

Candidate Name: _____ Date of Birth _____

Height: _____ Weight: _____

Male: _____ Female: _____ Pronouns (please circle): He/Him She/Her They/Them

Street/Mailing Address: _____

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

☐ School ☐ Employer ☐ Residential Facility: _____

Parent or Legal Guardians: _____

Relationship to Applicant: _____

Address (if different from above) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

Caregiver (if applicable): _____ Phone _____

Referral Source: _____

How did you hear about Rainbow? _____

Do you have previous Therapeutic Riding Instruction? Y____ N____

If yes, please describe _____

Health History:

Diagnosis: _____ Date of Onset: _____

Seizures: Yes____ No____ Type: Controlled____ Uncontrolled____ Date of last Seizure _____

Independent Mobility: Yes____ No____ Braces:____ Wheelchair____ Walker____ Other _____

RTTC reserves the right to refuse service when activity is unsafe for participant, volunteer, equine, and staff.

Describe abilities/difficulties in the following areas (include assistance required or equipment needed). Please feel free to attach a separate sheet of paper if more space is needed in your description for any of the areas listed below:

ABILITY TO MAINTAIN SITTING BALANCE FOR: 30 Minutes Y____ N____
45 Minutes Y____ N____

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

Relationship to Student

I ☐ DO
☐ DO NOT

Client/Parent or Legal Guardian



Rainbow Center Physician's Referral

(Updated annually)

****The following is to be filled out by the Physician of Record****

Rider Name: _____

DOB: _____

Diagnosis: _____

Date of Onset: _____

Relevant Medical History _____

Current Weight: _____

Current Height: _____

****FOR PERSONS WITH DOWN SYNDROME: Neurologic symptoms of Atlanto-Axial Instability: Present or Not Present (please circle)**

Surgical Procedures: _____

Psychological (IQ where pertinent): _____

Medications: _____

Visual Defects: _____

Auditory Defects: _____

Speech Defects: _____

Circulation Problems: _____

Neuro-sensory: _____

Balance: _____

Coordination: _____

Braces: yes _____ no _____

Spasticity and/or rigidity: _____

Assistive Devices: yes _____ no _____

In my opinion, this patient can receive horseback riding instruction under appropriate supervision:

Precautions or contraindications to horseback riding therapy:

Date: _____ Physician's Name (print): _____

Signature: _____

Address: _____ Telephone: _____



****The following is to be filled out by the Physician of Record****

Date: _____

Dear Physician:

Your patient, _____ (participant's name), is interested in participating in supervised equestrian activities. Our center requests that you complete/update the attached Medical History and Physician's Statement Form to provide this service safely.

Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present and to what degree.

Orthopedic

Atlantoaxial Instability – including neurologic symptoms
Coxarthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossifications
Joint subluxation/dislocation
Osteoporosis
Pathologic fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation
Tethered Cord/Hydromyelia

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition

Physical/Sexual/Emotional Abuse

Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (e.g., RA, MS)
Fire Setting
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Other

Age – usually under 4 years
Indwelling Catheters/medical equipment
Medications, i.e., photosensitivity
Poor Endurance
Skin Breakdown

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

Sincerely,
Robin Firestone
Business/Intake Manager

Date: _____ Physician's Name (print): _____

Signature: _____



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Authorization for Emergency Medical Treatment Form

☐ Participant ☐ Staff ☐ Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physicians Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 Rainbow Therapeutic Riding Center 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.

Consent Plan

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/are unable to be reached.

Date: _____ Consent Signature: _____
Client, Parent, or Legal Guardian

Non-Consent Plan

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

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

Date: _____ Consent Signature: _____
Client, Parent, or Legal Guardian



Rainbow Therapeutic Riding Center Scheduling Request Form

Participant's Name _____

Parent / Guardian Name _____

Phone _____ Email _____

Availability

Please indicate 1st, the 2nd, and 3rd preferred times that you would be available to attend by marking appropriate boxes.

	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					

*****No shows or late cancellations (less than 24 hours) will be charged the rate of a lesson \$70.00*****

VIRGINIA EQUINE ACTIVITY LIABILITY ACT

As Amended 2003

Section 3.1-796.130. Definitions

As used in this chapter, unless the context requires a different meaning:

“Engages in an equine activity” means (i) any person, whether mounted or unmounted, who rides, handles, trains, drives, assists in providing medical or therapeutic treatment of, or is a passenger upon an equine, (ii) any person who participates in an equine activity but does not necessarily ride, handle, train, drive or ride as a passenger upon an equine (iii) any person visiting, touring or utilizing an equine facility as part of an event or activity, or (iv) any person who assists a participant or equine activity sponsor or management in an equine activity. The term “engages in an equine activity” does not include being a spectator at an equine activity, except in cases where the spectator places himself in an unauthorized area and in immediate proximity to an equine or equine activity.

“Equine” means a horse, pony, mule, donkey, or hinny.

“Equine activity” means (i) equine shows, fairs, competitions, performance, or parades that involve any or all breeds of equines and any of the equine disciplines, including, but not limited to dressage, hunter and jumper horse shows, grand prix jumping, three-day events, combined training, rodeos, driving, pulling, cutting, polo, steeple chasing, endurance trail riding and western games, and hunting; (ii) equine training or teaching activities; (iii) boarding equines; (iv) riding, inspecting, or evaluating an equine belonging to another whether or not the owner has received some monetary consideration or other thing of value for the use of the equine or is permitting a prospective purchaser of the equine to ride, inspect, or evaluate the equine; (v) rides, trips, hunts, or other equine activities of any type however informal or impromptu that are sponsored by an equine activity sponsor; (vi) conducting general hoof care, including but not limited to placing or replacing horseshoes or hoof trimming of an equine and (vii) providing or assisting in breeding or therapeutic veterinary treatment.

“Equine activity sponsor” means any person or his agent who, for profit or not for profit, sponsors, organizes, or provides the facilities for an equine activity, including but not limited to pony clubs, 4-H clubs, hunt clubs, riding clubs, school-and college-sponsored classes and programs, therapeutic riding programs, and operators, instructors, and promoters of equine facilities, including but not limited to stables, clubhouses, pony ride strings, fairs, and arenas at which the activity is held.

“Equine professional” means a person or his agent engaged for compensation in (i) instructing a participant or renting to a participant an equine for the purpose of riding, driving, or being a passenger upon an equine or (ii) renting equipment or tack to a participant.

“Intrinsic dangers of equine activities” means those dangers or conditions that are an integral part of equine activities, including but not limited to (i) the propensity of equines to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, person, or other animals (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant’s ability.

Please Initial _____

“Participant” means any person, whether amateur or professional, who engages in an equine activity, whether or not a fee is paid to participate in the equine activity.

Section 3.1-796.132. Liability limited; liability actions prohibited.

- A. Except as provided in Section 3.1-796.133, an equine activity sponsor, an equine professional, or any other person, which shall include a corporation, partnership, or limited liability company,
- B. shall not be liable for an injury to or death of a participant resulting from the intrinsic dangers of equine activities, and except as provided in Section 3.1-796.133, no participant nor any participant’s parent, guardian or representative shall have or make any claim against or recovery from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the intrinsic dangers of equine activities.
- C. Except as provided in Section 3.1-796.133, no participant or parent or guardian of a participant who has knowingly executed a waiver of his rights to sue or agrees to assume all risks specifically enumerated under this subsection may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or death of a participant engaged in an equine activity. The waiver shall give notice to the participant of the intrinsic dangers of equine activities. The waiver shall remain valid unless expressly revoked in writing by the participant or parent or guardian of a minor.

Section 3.1-796.133. Liability of equine activity sponsors and equine professionals.

No provision of this chapter shall prevent or limit the liability of an equine activity sponsor or equine professional or any other person who:

1. Intentionally injures the participant;
2. Commits an act or omission that constitutes negligence for the safety of the participant, and such act or omission caused the injury, unless such participant, parent, or guardian has expressly assumed the risk causing the injury in accordance with subsection B of Section 3.1-796.132; or
3. Knowingly provides faulty equipment or tack, and such equipment or tack was faulty to the extent that it did cause the injury or death of the participant.

HISTORY: Approved by the Governor on March 22, 2003

If legal advice or other expert assistance is required, the services of a competent professional person should be sought.

Rider

Parent or Guardian*

Printed Name

Printed Name

Date

Date

Parent or Guardian*

Printed Name

Date



Release, Waiver & Indemnity Agreement

The undersigned (hereinafter referred to as “rider”), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to enter upon the premises known as the Rainbow Therapeutic Riding Center, 16198 Silver Lake Rd., Haymarket, Virginia and/or to use horses and or facilities either owned or controlled by Rainbow Therapeutic Riding Center., and/or to receive training or instruction from the agents, volunteers or employees of Rainbow Therapeutic Riding Center., and being fully aware of the risk of injury and dangers inherent in entering upon said premises and/or the riding and handling of horses, hereby elects voluntarily to enter upon said premises and/or to participate in said activities and does hereby willingly enter into this Release, Waiver & Indemnity Agreement.

Therefore, in consideration of being permitted to enter the premises known as Rainbow Therapeutic Riding Center, and/or receive instruction or assistance from the agents, volunteers, or employees of Rainbow Therapeutic Riding Center. The rider knows and expressly waives Rider’s rights to sue Rainbow Therapeutic Riding Center. Its officers, directors, volunteers, employees, agents, successors, heirs, and assigns; for any injury, death, loss, or damage caused to Rider or to Rider’s property, and Rider agrees to assume all risks inherent in riding or otherwise coming in contact with horses, including, without limitation, the risks of injury, death, loss, or damage to Rider or to Rider’s property. Rider acknowledges that Rider has been given notice of the risks inherent in and intrinsic dangers of equine activities, including (i) the propensity of an equine to behave in dangerous ways which may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine’s reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant’s ability, and Rider expressly agrees to assume all such risks and waives all rights to sue for injuries caused by such risks. This waiver and express assumption of risks shall specifically apply to Rider and to any and all minor children and/or wards of Rider, in accordance with the terms of VA code ann.§§3.1-796.130 *et seq.*(chapter 27.5, code of Va. (1950)).

If Rider is a minor or otherwise under a legal disability, this agreement shall be signed by Rider’s parent or legal guardian. By signing, the parent or legal guardian agrees (i) to waive the parent’s, guardian’s, and Rider’s rights to sue the parties named in the immediately preceding paragraph; (ii) to assume, on behalf of the parent, guardian, and Rider, the risks set forth in the immediately preceding paragraph, in addition to all other risks of riding or otherwise coming into contact with horses; and (iii) to indemnify and hold harmless Rainbow Therapeutic Riding Center, its officers, directors, volunteers, employees, agents, successors, heirs, and assigns; from any loss, claim, suit or judgment resulting from any injury, death, loss or damage sustained or claimed by Rider (or Rider’s personal representative), and further to indemnify Rainbow Therapeutic Riding Center. Its officer’s directors, volunteers, employees, agents, successors, heirs, and assigns from any and all costs of defending such claims, including attorneys’ fees.

It is expressly agreed by Rider and any parent or guardian whose signature appears on this document that this Release, Waiver, and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, and that Rainbow Therapeutic Riding Center its Board of Directors, volunteers and employees; by the provisions of that Act. This Release, Waiver, and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver, and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

Rider has been advised to wear protective headgear and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses and expressly assumes the risks of injury resulting from failure to do so and/or from selecting headgear or footwear which does not adequately protect against injury.

CAUTION: READ BEFORE SIGNING

Rider

Parent or Guardian*

Printed Name

Printed Name

Date

Date

Parent or Guardian*

Printed Name

Date

***PARENT OR GUARDIAN MUST SIGN IN ADDITION TO RIDER UNDER EIGHTEEN YEARS OF AGE
BOTH PARENTS WITH LEGAL CUSTODY OF A MINOR MUST SIGN**



RAINBOW THERAPEUTIC RIDING CENTER JEWELRY POLICY

Rainbow Therapeutic Riding Center recommends that participants avoid wearing non-silicone or non-breakable rings during equine activities, as well as dangling necklaces/bracelets. Rings and other dangling jewelry can potentially get caught and result in significant injury.

If a participant chooses to wear rings or other potentially hazardous jewelry, they have acknowledged the inherent risk in doing so.

Name (printed)

Parent or Guardian (printed)

Signature

Parent or Guardian signature

Date

Parent or Guardian (printed)

Parent or Guardian signature

Date

**PARENT/GUARDIAN MUST SIGN IN ADDITION TO PARTICIPANT UNDER 18 YEARS OF AGE
BOTH PARENTS/GUARDIANS WITH LEGAL CUSTODY OF A MINOR MUST SIGN**

Dear Rainbow Parents and Students,

We are very excited to have you and your students here at Rainbow. Below is information to help our sessions run smoothly and maximize your riding experience here at RTRC. Please read through them carefully and let us know if you have any questions.

- Please dress appropriately for riding. Long pants are a must. Jeans or riding pants are preferred - no shorts. No scarves in the winter and no loose, floppy clothing - comfortable fit, not too tight or binding. A shoe with a heel is preferred for safety measures.
- A **\$35.00 administrative fee** will be billed at the beginning of each year.
- Makeups will only be available for (1) missed lesson during the 10-week session. If RTRC cancels, the lesson will be made up. No shows do not receive a makeup. If a student needs to reschedule a lesson, we will do our best to accommodate the request.
- Lesson semesters run in 10-week increments. All lesson payments are due upon receipt of the invoice. If a payment plan needs to be arranged, please contact Robin Firestone at rainbow@rainbowriding.org.
- Please arrive 10 mins before the lesson starts!
- Be sure your rider has had a snack, is well hydrated, and has used the restroom **before** the lesson starts.
- Lessons are typically once a week, but additional lessons can be scheduled through your instructor.
- **Not all lessons will include riding!** Horsemanship begins on the ground by forming a relationship with the horse. Please understand that groundwork, grooming, and in-hand work are extremely important for the therapy process. If a session is not mounted, your instructor is very open to explaining the goals and objectives for the groundwork that was done.
- Please respect the one-on-one aspect of lessons and allow students space to focus on their lesson.
- Horse selection may change without notice.
- RTRC requires that parents/guardians remain on the property of RTRC for the duration of the lesson for participants who experience conditions with potentially severe symptoms.
- If a mounted lesson ends prematurely due to weather or student/equine behavior issues, the instructors will have a modified lesson plan.
- Applications need to be updated on an **annual** basis. This ensures that instructors are updated with significant changes in health status, medications, and behavior issues. If you have found a behavioral intervention beneficial, please share it with your instructors so they can help their Riders get the most out of their lessons.

Thank you again for choosing Rainbow Therapeutic Riding Center as your therapeutic riding facility.

Please sign and return to RTRC.

Parent Signature

Date