



Heartland Equine Therapeutic Riding Academy

Where horses and you make dreams come true!

Dear Parents, Participants or Caregivers,

Thank you for choosing HETRA. We look forward to working with you! Please read through all the information in this letter thoroughly. It contains very important information regarding registration of your Participant and participation in the HETRA program.

We are very excited about everything we have accomplished over the past few years! In order to keep the program affordable to all of the participants, HETRA continually hosts fundraising events and activities and looks for grants and foundations to help support our program. HETRA continues to be committed to provide services to our Participant regardless of their financial situation or ability to pay. With this commitment though, we need help from all of our HETRA families to assist with our fundraising efforts throughout the year.

We are very proud of our dedicated and motivated parents, guardians and Participants and all that you do for the HETRA organization. You are a very important part of our Team!!!! We are looking forward to embarking on another adventure with you.

Thank You!

Edye Godden

Edye Godden, OTR/L
Executive Director
www.HETRA.org
Edye@HETRA.org
402-359-8830

HETRA Participant Handbook

1. Getting Started

First please complete all paperwork included in this package. Then either mail (HETRA, 10130 S. 222nd Street, Gretna, NE 68028) or fax (866) 577-4598) your completed paperwork in to HETRA. Once your paperwork has been received & processed you will be contacted to set up a time for an evaluation with one of our therapists (new Participants) or to schedule your riding time (returning Participants). If you are a returning Participant your reevaluation, if needed, will be completed during your first riding session. All new Participants need to schedule an evaluation time. **There will be a \$30.00 annual registration fee for all Participants. Evaluation fees are \$60 for Therapeutic Riding/Driving Participants and \$90 for Hippotherapy Participants (see billing information for more details on fees).**

2. Programs

HETRA offers Therapeutic Riding, Therapeutic Driving, and Hippotherapy Programs. There is a description of each program below. At the time of your Participant evaluation one of our therapists will discuss each program with you and make a recommendation as to which program is most appropriate for the Participant. Riding time: If there are 2 or fewer riders, the riding session will be 30 minutes. If there are 3 participants, the riding session will be 45 minutes. This allows time for mounting and dismounting. It is up to the instructors' discretion to decrease the length of a session for any reason including the following: Participant fatiguing, Participant medical problems, Participant complaining of discomfort, Participant being unbalanced, Participant behavior problems, horse fatiguing or other horse related problems. If a horse problem occurs we will attempt to complete your session time, if possible, on another horse. Instructors will attempt to evaluate each individual Participants needs and continue the session if possible. **** We would highly encourage all parents to attend a volunteer training. Because our program relies heavily on volunteers there is always the chance that we may have volunteer no-shows or cancellations. It is very helpful to the HETRA staff to know that we have trained parents able to step in for absent volunteers, this will also enable your Participant to continue with their mounted session as planned. If there are not enough volunteers, or horses available to conduct a safe riding lesson a ground/grooming lesson may be offered in place of the riding session.

Therapeutic Riding Program: Therapeutic Riding Participants are scheduled to ride once a week for either 30 or 45 minutes. Therapeutic Riding Participants must be at least 4 years old. **Participants are eligible to ride more than once a week if there are available time slots.** All therapeutic riding Participants are instructed or supervised by PATH, Intl. certified riding instructors. These are typically group sessions with one instructor teaching 2 to 3 Participants. Goals for this program focus on horsemanship skills and leisure activities. Participants are screened by a therapist and their programs are periodically reviewed by the therapist for changes. At least once every 12 weeks your participant will participate in an unmounted ground activity. This will be designed to challenge and increase your participant's knowledge about horses & horse care.

Hippotherapy: Participants in this program will participate 1-3 times per week with the time frame and number of times per week being recommended by the therapist, physician and family. Hippotherapy Participants must be at least 2 years old. A licensed OT, PT, PTA, or COTA will conduct all sessions. Goals for this program focus on functional ability. This program is basically an outpatient OT or PT session with the horse being utilized as one of the treatment tools within this session.

Carriage Driving Program: Participants will participate one time per week for 30 minutes. These will be individual sessions instructed by a PATH, Intl. certified driving instructor. Participants are evaluated and periodically reviewed by one of our therapists.

3. Participant Dismissal & Discharge Policy

It is at the discretion of HETRA's Staff to accept or remove a Participant from the program. The results of a risk/benefit analysis will also be considered. Participants who do not adhere to the rules and procedures or meet the guidelines for eligibility are subject to dismissal or discharge. Possible grounds for dismissal may include, but are not limited to: conduct endangering another Participant or staff or the horse, conduct endangering themselves, consistent failure to follow safety procedures with respect to the horses & facility, a gain in weight above the HETRA maximum levels, frequent cancellations or no shows. The development of a contraindicated condition or the deterioration of a condition to the point horseback riding is no longer beneficial or could be harmful to the participant or where safety for the Participant or others has become a concern.

Participants at HETRA shall have no history of inappropriate behavior with fire or any tendencies or history of abuse or violence directed toward other people or animals. HETRA reserves the right to deny services to any individual based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, staff, facility, or for other reasons in accordance with PATH, Intl. operating center guidelines.

No Participant will be dismissed without an opportunity to discuss the reasons with supervisory staff. The Participant may at any time, for whatever reason, decide to sever the Participant relationship with HETRA. Notice of such a decision should be communicated as soon as possible.

4. Weight Limitations for All Participants

Maximum weights are listed below, but decisions regarding participation will be based on the availability of a suitable horse related to the height, weight, cognition and balance of the participant. The maximum weight for participants cannot exceed 220 pounds. The weight limit may be lower as determined by available equines and the ability of staff and volunteers to safely support the participant at the time services are requested. HETRA staff will evaluate the participant's weight and physical abilities to determine if riding is a safe and appropriate activity based on available equine, staff and volunteers.

- 220 lbs. for a well-balanced centered Participant not requiring sidewalkers.
- 180 lbs. for an unbalanced Participant needing sidewalker assistance.
- Each horse has individual weight limitations based upon the horses height, weight, age and physical and medical condition.

* Not all horses can manage the maximum weights listed above.

* Weights are checked once every 12 weeks using the HETRA scales with participant wearing the appropriate riding gear.

5. Scheduling of a weekly riding time for new Participants

Once the initial evaluation is completed we will make a program recommendation for your Participant and then see if we have a current opening in the HETRA schedule that are suitable to meet your Participants needs. If an opening does not currently exist, then we will put your Participant on a waiting list and you will be notified as soon as an opening becomes available. Riding sessions are typically offered late afternoon to evening on weekdays and mid-day on the weekends.

6. Billing: ****HETRA does not bill insurance or Medicaid****

Evaluations- Evaluations are performed by one of the HETRA therapists for all new Participants entering the program. Therapeutic Riding and Therapeutic Driving evaluation fees are \$60.00. Hippotherapy evaluation fees are \$90, and \$60 for a re-evaluation.

Therapeutic Riding & Driving Sessions - \$35 per ride/drive, \$420 for one 12-week course, a 10% early payment deduction is available if full payment is made by the due date posted on the bill. Therapeutic riding/driving is billed at the beginning of each 12-week course, and is due by the due date on the bill.

Payment Plan Options:

1. Two Payment Plan – 50% of the invoice due at the payment due date. The other 50% due 30 days after the payment due date.
2. Monthly Payment Plan – 3 Payments can be made on the date that works best for you in the amount of \$140.00.
3. Weekly Payment Plan – Payments can also be made weekly on the day of the week that works best for you.

*** In order to set up any of the above payment plans HETRA must have a credit card on file to process these payments automatically.**

Hippotherapy- \$30 for each 15-minute session, \$60 for a 30-minute session, and \$90 for a 45-minute session. All Hippotherapy sessions will be billed on a bi-weekly basis and payment is due by the due date posted on the bill. A 10% early payment deduction is available if full payment is made by the due date on the bill.

Registration Fees- All Participants will be billed an annual \$30.00 registration fee which helps HETRA cover insurance and other office fees.

Dropping off of a Course – If the Participant needs to drop out of a Course without finishing the 12 weeks, a \$50 fee will be assessed unless it is medically necessary.

Any Participant (in any program) with an outstanding balance from the previous course will not be allowed to participate until the balance on the account has been paid, payment arrangements have been made or scholarship application completed. All Participant fees that are past due by 30+days or are not paid according to the previous payment arrangements, will be assessed a minimum of \$20.00 charge per month to cover administrative expenses on the balance.

7. Cancellations

If HETRA should cancel a riding session (due to weather or instructor illness, etc.):

- **Therapeutic riding, & Carriage Driving** Participants your fees will be credited toward the next 12 week course, or these sessions can be made up if horse, instructor and riding times are available.
- **Hippotherapy** Participants you will not be billed for HETRA cancellations.

You will be notified by phone, email and/or text message for weather cancellations.

If you cancel a riding session: **Therapeutic Riding & Therapeutic Driving Participants** this session will not be refunded, but can be made up. You are allowed a maximum of 2 make up sessions per 12 week course and these must be made up during that course or the course immediately following the cancelled sessions. **Hippotherapy Participants** – if

72 hours' notice has been given there will be no charge for your cancellation. If less than 72 hours' notice is given there will be a \$15 cancellation fee. Each participant will receive one free late notice cancellation per course. There will be no charge for participants that have a doctor's note for their cancellation. If a participant does not show up and no notice is given there will be a \$25 no show fee charged.

Participant tardiness: Any time a Participant is late their session time will be decreased accordingly in order for the schedule to remain intact. **If a Participant is 15 or more minutes late for a session they will NOT be allowed to ride for that session.** We will do our best to provide other activities for the Participant to participate in while at the barn such as grooming.

HETRA running late: Any time the HETRA program is running late (as we will at times) we will do our best to get back on schedule however, we will offer the Participants their full session time.

8. Make-Up Lessons

Make up times are available on a first come, first serve basis. Contact the HETRA office if you are interested in scheduling a makeup lesson for your participant.

Therapeutic Riding & Therapeutic Driving: Only Participant cancelled sessions are eligible to be made up. If a Participant is a no-show (no previous notice given), this session will not be eligible to be made up.

Hippotherapy: Please contact the office to schedule make up sessions. Hippotherapy make ups **will** be billed to Participant.

10. Attire

No open toe shoes, sandals or clog type shoes. No slick (jogging type) pants. And we would prefer that your Participant wore pants instead of shorts as the saddle can get very uncomfortable with direct skin contact.

11. Children

We ask that children under the age of 12 be monitored and in direct vision of the adult at all times while at the facility. Please review the barn rules with your children prior to arriving at the barn.

12. Dogs and other Animals

Dogs and other animals are not permitted at the barn. The exception to this rule is service animals. Please let your instructor know if you will be bringing a service animal to the session with you

13. Questions

Please direct questions to your Participant's instructor. All Instructor & Therapist phone numbers are listed on the HETRA website. If you do not get a satisfactory answer to your question, please feel free to contact the office at 402-359-8830.

Thanks so much for your interest in our program, we look forward to working with you this year. If you have any questions or concerns, please contact the office at 402-359-8830.



Heartland Equine Therapeutic Riding Academy

10130 S. 222nd Street, Gretna, NE 68028 402-359-8830 www.HETRA.org

PRECAUTIONS & CONTRAINDICATIONS FORM

Dear _____,

Your patient, _____ is interested in participating or continued participation in supervised equine activities at our facility. In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions, if present may represent precautions or contraindications to equine activities. Therefore, when completing this form, please circle any conditions that are present, and explain below to what degree.

ORTHOPEDIC

- Spinal Joint Fusion/Fixation
- Spinal Joint Instabilities/Abnormalities
- Atlantoaxial Instabilities (including neurological symptoms)
- Heterotopic Ossification/Myositis Ossificans
- Joint Subluxation and Dislocation
- Osteoporosis – T-Score _____ Date of exam _____
- Pathologic Fractures
- Coxa Arthrosis
- Cranial Deficits
- History of Joint Replacement
- Scoliosis/Kyphosis/Lordosis
- Herniated/Slipped Disc

NEUROLOGIC

- Hydrocephalus/shunt
- Spina Bifida
- Chiari II Malformation
- Hydromyelia
- Seizure Disorders
- Tethered Cord

MEDICAL/PSYCHOLOGICAL

- Allergies
- Animal Abuse
- Cardiac Condition
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions (ie RA, MS)
- Hemophilia
- Fire Settings
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorders

OTHER

- Indwelling Catheter/Medical Equipment
- Age under 4 years
- Medications - ie photosensitivity
- Poor Endurance
- Skin Breakdown
- Poor Head & Neck Control
- Fatigue/Poor Endurance

None of these conditions are present: _____

Treating Physician Signature _____ Date _____

Treating Physician Name (please print) _____

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact me at 402-359-8830.



Heartland Equine Therapeutic Riding Academy
 10130 S. 222nd Street, Gretna, NE 68028 402-359-8830 www.HETRA.org
HETRA PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

Name _____ Date of Birth _____ Height _____ Weight _____

Address _____ Name of Parent/Guardian _____

Diagnosis _____ Date of Onset _____

Past/Future Surgeries _____ Medications: _____

***For Persons with Down Syndrome: Negative Cervical X-ray for atlantoaxial instability- X-ray date _____
 Negative for clinical symptoms of atlantoaxial instability

Seizure Type _____ Controlled Yes No Date of last seizure _____

Shunt Present: Yes No Date of Last Revision: _____

Tetanus Shot Yes No Date of last Tetanus _____

Please indicate current or past special needs in the following areas by checking yes or no. If yes, please comment.

AREAS	Yes	No	Comments
Auditory (hearing)	_____	_____	_____
Visual	_____	_____	_____
Speech (communication)	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
Pulmonary	_____	_____	_____
Neurological	_____	_____	_____
Muscular	_____	_____	_____
Orthopedic (Bone/Joint)	_____	_____	_____
Allergies (including medication)	_____	_____	_____
Thinking/Cognitive	_____	_____	_____
Emotional/Mental Health	_____	_____	_____
Behavioral	_____	_____	_____
Digestion	_____	_____	_____
Elimination	_____	_____	_____
Pain	_____	_____	_____
Sensation	_____	_____	_____

Mobility Independent Ambulation _____ Crutches _____ Braces _____ Wheelchair _____ Walker _____

Please indicate any special precautions/additional information _____

In my opinion, this person can participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review/screening of the person's abilities/limitations by a licensed/credentialed health professional (PT, OT, or Speech) in the implementing of an effective equestrian program.

Treating Physician Name (please print) _____ Phone _____

Treating Physician Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

HETRA PARTICIPANT REGISTRATION & EMERGENCY CONTACT INFORMATION

Participant _____ Date of Birth _____ Age _____ Gender: M F

Diagnosis _____ Weight _____

Address _____ City _____ State _____

Zip Code _____ County _____ Participant's School or Employer: _____ Email: _____

Ethnicity _____ Phone Number: _____ Program Interest _____

Referral Source: _____ Is participant a military Veteran? Yes No

Mother's/Guardian Information: (minor or dependent adult only)

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Place of Employment _____ Occupation _____

Best way to get a hold of you (Please circle one): Email Mobile Phone Text Message Home Phone Work Phone

Father's Information: (minor or dependent adult only)

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Place of Employment _____ Occupation _____

Best way to get a hold of you (Please circle one): Email Mobile Phone Text Message Home Phone Work Phone

Individual Responsible for payment:

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email _____

Cell Phone _____ Home Phone _____ Relationship to Participant: _____

Caregiver Name (if applicable): _____ Phone Number: _____

Emergency contact _____ Relation: _____ Phone _____

Emergency contact _____ Relation: _____ Phone _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

Allergies: _____ Current Medications: _____

Significant Medical History: _____

I have listed all significant medical information to the best of my knowledge.

Signature of Participant or Parent/Guardian: _____ Date _____

Heartland Equine Therapeutic Riding Academy

HETRA Participant Liability Release, Photo Release & Medical Consent Plan

Liability Release

_____ (Participant's name) would like to participate in the Heartland Equine Therapeutic Riding Academy program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward 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 Heartland Equine Therapeutic Riding Academy, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and Employees for any or all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Heartland Equine Therapeutic Riding Academy Programs.

WARNING - Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 25-21,249 to 25-21,253.

Date: _____ Signature _____
(Participant, Parent or Guardian)

Photo Release

- I do consent and authorize
 I do not consent

to the use and reproduction by Heartland Equine Therapeutic Riding Academy of any or all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or any other use for the benefit of the program.

Date: _____ Signature _____
(Participant, Parent or Guardian)

Medical 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 parent/guardian or emergency contact is unable to be reached.

Date _____ Consent Signature _____
(Participant, Parent or Guardian)

Parent/Guardian Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Consent To Treat

I _____ legal guardian of _____ hereby consent to evaluation by an occupational, physical, mental health or speech therapist prior to participation in HETRA programming. If physical therapy, occupational therapy, mental health or speech therapy is deemed appropriate I give consent for treatment as outlined by the therapist.

Date: _____ Signature _____
(Participant, Parent or Guardian)

NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED OR
DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS FORM CAREFULLY
OUR LEGAL DUTY

Heartland Equine Therapeutic Riding Academy is required by law to protect the privacy of your personal and health information, provide notice about our information management practices, and follow the information protocols described below.

USAGES AND DISCLOSURES OF HEALTH INFORMATION

Heartland Equine Therapeutic Riding Academy uses your personal and health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and assessing the quality of care we provide. We use your personal information to contact you for scheduling, billing and providing organizational information.

Heartland Equine Therapeutic Riding Academy will obtain your written permission and authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to stop disclosures at any time. If and when any changes are made in our privacy and confidentiality policies, a new Notice of Information Practices will be posted in the same area for public view. You may request a copy of our Notice of Information Practices at any time. Our HIPAA Compliance Officer is Edye Godden and can be reached by calling the office at (402) 359-8830.

PATIENTS INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You also have a right to request a list of instances where we disclosed your personal health information for any reasons other than for treatment, payment, or other related administrative purposes.

You may request in writing that we not use or disclose your personal health information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or in an emergency. Heartland Equine Therapeutic Riding Academy will consider all such requests on a case-by-case basis. The company is not legally required to accept the requests.

CONCERNS AND COMPLAINTS

If you are concerned that Heartland Equine Therapeutic Riding Academy may have violated your privacy right or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our HIPAA Compliance Officer, Edye Godden, at the office address listed below. You may also send a written complaint to the U.S Department of Health and Human Services.

Heartland Equine Therapeutic Riding Academy
HIPAA Compliance Officer
Edye Godden
10130 S. 222nd Street, Gretna, NE 68028
Phone: (402) 359-8830

Every patient must receive a copy of this form

Patient Name

Signature of Patient or Parent/Guardian if under 18

Date

HETRA Billing Policies

If you have any questions about HETRA's fees or billing please contact Erin Bevington at (402) 359-8830 or Erin@HETRA.org. To help HETRA save on postage, we send all invoices via email. If you do not have an email or would prefer to receive your billing via regular mail, please let us know.

Fees: **HETRA does not bill insurance or Medicaid**

Evaluations- Evaluations are performed by one of the HETRA therapists for all new Participants entering the program. Therapeutic Riding and Therapeutic Driving evaluation fees are \$60.00. Hippotherapy evaluation fees are \$90, and \$60 for a re-evaluation.

Therapeutic Riding & Driving Sessions - \$35 per ride/drive, \$420 for one 12-week course, a 10% early payment deduction is available if full payment is made by the due date posted on the bill. Therapeutic riding/driving is billed at the beginning of each 12 week course, and is due by the due date on the bill.

Payment Plan Options:

4. **Two Payment Plan** – 50% of the invoice due at the payment due date. The other 50% due 30 days after the payment due date.
5. **Monthly Payment Plan** – 3 Payments can be made on the date that works best for you in the amount of \$140.00.
6. **Weekly Payment Plan** – Payments can also be made weekly on the day of the week that works best for you.

*** In order to set up any of the payment plans HETRA must have a credit card on file to process these payments automatically.**

Hippotherapy- \$30 for each 15-minute session, \$60 for a 30-minute session, and \$90 for a 45-minute session. All hippotherapy sessions will be billed on a bi-weekly basis and payment is due by the due date posted on the bill. A 10% early payment deduction is available if full payment is made by the due date on the bill.

Registration Fees- All Participants will be billed an annual \$30.00 registration fee which helps HETRA cover insurance and other office fees.

Scholarships- Scholarships and outside funding is available for all Participants in any program. We can provide you with a list of outside funding sources that have been very supportive of HETRA families. We ask that you investigate these options prior to applying for a HETRA scholarship. HETRA Scholarships are based on your annual income with consideration made to your current family situation. We also offer a discounted services program which is based on how many hours you volunteer for HETRA or how much you help raise in donations. If you need to request a scholarship, outside funding sources or discounted services form please contact Erin Bevington at (402) 359-8830 or Erin@HETRA.org.

Dropping off of a Course – If the Participant needs to drop out of a Course without finishing the 12 weeks, a \$50 fee will be assessed unless it is medically necessary.

Cancellations - If HETRA should cancel a riding session (due to weather or instructor illness, etc.):

- **Therapeutic riding, & Carriage Driving** Participants your fees will be credited toward the next 12 week course.
- **Hippotherapy** Participants you will not be billed for HETRA cancellations.

You will be notified by phone, email and/or text message for weather cancellations.

If you cancel a riding session: **Therapeutic riding & Therapeutic Driving Participants** this session will not be refunded, but can be made up. You are allowed a maximum of 2 make up sessions per 12 week course and these must be made up during that course or the course immediately following the cancelled sessions. **Hippotherapy Participants** – if 72 hours' notice has been given there will be no charge for your cancellation. If less than 72 hours' notice is given there will be a \$15 cancellation fee. There will be no charge for participants that have a doctor's note for their cancellation. Each participant will receive one free late notice cancellation per course. If a participant does not show up and no notice is given there will be a \$25 no show fee charged.

Participant tardiness: Any time a Participant is late their session time will be decreased accordingly in order for the schedule to remain intact. **If a Participant is 15 or more minutes late for a session they will NOT be allowed to ride for that session.** We will do our best to provide other activities for the Participant to participate in while at the barn such as grooming.

Dropping out of a Course: If your Participant drops out of a 12 week course without finishing it there will be a \$50 fee assessed unless it was medically necessary.

Any Participant (in any program) with an outstanding balance from the previous course will not be allowed to participate until the balance on the account has been paid, payment arrangements have been made or scholarship application completed. All Participant fees that are past due by 30+days or are not paid according to the previous payment arrangements, will be assessed a minimum of \$20.00 charge per month to cover administrative expenses on the balance.

By signing below, I agree that I have read and understand HETRA's billing policies

Participant Name: _____

Date: _____ Parent/Participant Signature: _____

SAFETY RULES FOR ALL HETRA STAFF, VOLUNTEERS, FAMILIES AND PARTICIPANTS

**The following guidelines have been developed for your safety.
Failure to follow these rules can result in your dismissal from this facility.**

1. Please DO NOT pet the horses in any outside pens or indoor stalls. Some horses on the property are privately owned and are not part of the HETRA herd.
2. Please do not arrive at the barn before you are scheduled, there must be a HETRA Instructor, Staff Member, or Barn Leader on site when volunteers, students or guests arrive. For insurance purposes there cannot be visitors at the HETRA facility when there is not a staff member on site.
3. ONLY the Barn Leader or approved Horse Leader will be allowed to get horses from outside pens.
4. No untrained individual should enter a pen or stall with a loose horse in it.
5. You should not be in any outside pen UNLESS you have been asked by an Instructor or Barn Leader to complete a specific task in this area. Once this has been completed please return to the proper volunteer areas.
6. NEVER sit, kneel or lay on the ground near a horse.
7. All phones must be turned to silent or vibrate when in the arena - NEVER answer your phone while working in the arena.
8. Please only use HETRA tack and equipment and always return it to its appropriate place.
9. Always clean up after yourself and any horse you are working with (sweep up any hair, manure, and throw away any trash).
10. All riders during a HETRA riding session are required to wear approved safety helmets (this includes Instructors).
11. Please do not feed any horses treats. Treating horses tends to promote biting. Also some of the horses are on special diets and treats can be detrimental to their health. Please do not allow the horses to lick your hands this encourages biting.
12. Please DO NOT pet the horses on their heads or faces, this is a personal space for them and can make them crabby.
13. When approaching a horse, always consider the horse's limited field of vision. Horses cannot see directly behind or in front of them without moving their head. Always approach a horse at the shoulder, speak to them as you approach, and then extend your hand and pat them on the neck or shoulder. When moving around a horse, placing a hand on their hip as you move around them allows them to know where you are.
14. Avoid sudden movements when around the horse. This includes removing coats, raising arms suddenly, running, jumping, climbing, etc. Horses can spook easily, please keep this in mind at all times when around horses.
15. Please Do NOT reach into or pet a horse through the bars. If they can put their heads out it is ok to pet them. Please respect that they may need down time and do not want to be petted.
16. Only HETRA Instructors are allowed to put on or remove the bridles on the HETRA horses.
17. Please do not bring dogs or any other animals to the barn. (If you have a service animal please notify HETRA Staff).
18. The cats are cute and fun to play with but they can bite and scratch. Playing with the cats is done at your own risk. Please monitor any children during their interaction with the cats.
19. All children under the age of 12 must be DIRECTLY monitored by an adult at all times while on the property.
20. DO NOT enter any other buildings on the property unless directed by a HETRA Instructor or Staff Member.
21. If you are not directly involved with a session please keep all activities and conversations to the designated waiting areas or check with the Barn Leader Instructor as to additional tasks that need to be done around the barn. It is important to keep noise and conversation to a minimum when lessons are being conducted as it can be very distracting for the students and horses.
22. The session Instructors are ultimately responsible for all aspects of the session from the time the first horse is taken out until the last one is put away. Please listen and follow all directions given by the session Instructors. Please be aware of all situations around you and report any unsafe situation to the session Instructor or Barn Leader immediately.
23. HETRA strictly prohibits anyone, including individuals with permits, to carry concealed handguns, from possessing and/or carrying a concealed handgun while on HETRA's property. NO EXCEPTIONS will be made to this Policy. Any violation may result in the dismissal of Volunteer or Guest.
24. HETRA is a Tobacco Free Facility. Smoking or the use of any tobacco products is strictly prohibited on the HETRA property. This includes the arena/barn area as well as the parking lot and adjacent buildings on the property.

HETRA does not discriminate on the basis of race, color, religion, national origin, gender, age, or disability in admission to it's programs, services, or activities, or any other aspect of their operations.

HETRA Volunteer & Guest Dismissal Policy: HETRA reserves the right to dismiss a guest or volunteer from the facility and from the program if their behavior is putting themselves, a participant, staff, other volunteers or the horse's mental or physical health in jeopardy. The HETRA instructor in charge at the time of the incident will review the behavior with the volunteer and determine the level of intervention necessary. The level of intervention could include a verbal or written warning or immediate dismissal from the HETRA facility and program. Physical, emotional, mental or sexual abuse by a person at the HETRA facility will not be tolerated and will result in immediate dismissal from the HETRA facility. Alcohol consumption by a volunteer prior to a session is not allowed. A volunteer smelling of alcohol will not be allowed to assist with that night's session.

Please follow these rules at all times while at the facility. Anyone not following these rules will be asked to leave the facility.

My Family and/or I have read the Barn Rules and agree to follow them at all times while at the facility.

Signature _____ Date _____

(Parent or Guardian for _____ family)

Paperwork Checklist

All of the following paperwork must be signed and turned in before an evaluation can be scheduled

- Precautions & Contraindications Page (must be filled out completely, signed and DATED by treating physician)
- Participant's Medical History and Physician's Statement (must be filled out completely, signed and DATED by treating physician)
- Participant's Registration & Emergency Contact Information
- Participant's Liability Release, Photo Release & Medical Consent Plan
- HIPAA Policy
- Billing Policies (Must be signed and dated)
- Safety Rules

All paperwork can be faxed to (866) 577-4598 or mailed to HETRA, 10130 S. 222nd Street, Gretna, NE 68028