



PARTICIPANT REGISTRATION FORM

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

Diagnosis _____ Height _____ Weight _____

Address _____ City _____ State _____

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

Ethnicity _____ Phone Number: _____ Program Interest _____

If you have preferred pronouns please share that information with us: _____

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

What branch of the military did you serve in? _____

Dates of service: _____

What was your rank in the military? _____

Are you a Wounded Warrior Project Alumni? Yes No Not Sure if I am eligible

Primary Parent/Guardian Information: (minor or dependent adult only) * This person will be our primary point of contact

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

I am the legal guardian of this participant and can provide documentation upon request. Yes No

Secondary Parent/Guardian Information:

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

I am the legal guardian of this participant and can provide documentation upon request. Yes No

Legal Guardian if different from above: Name _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____ Work Phone _____

Caregiver Name (if different from above): _____

Phone Number: _____ Email: _____

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: _____

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 equine-assisted activities. 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

Please Check One: 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)

Consent To Treat

I _____ legal guardian of _____ hereby consent to evaluation by an occupational, physical, speech, or mental health therapist prior to or during participation in HETRA programming. If physical therapy, occupational therapy, speech therapy, or mental health therapy as well as substance use therapy is deemed appropriate, I give consent for treatment and/or telehealth services as outlined by the therapist which could consist of individual or group programming. I understand my session may consist of a cofacilitation session (therapist and instructor both involved in session) or cotreatment session (two therapists from different disciplines involved in same session). I understand that volunteers will be part of the session as horse handlers, sidewalkers or assistants.

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



HETRA Billing Policies

If you have any questions about HETRA's fees or billing procedures please contact Erin Bevington at (402) 359-8830, ext 105 or Erin@HETRA.org.

To help HETRA save on postage, all invoices are sent via email.

If you would prefer to receive your billing via regular mail, please let us know.

Fee Structure - HETRA does not bill health insurance or Medicaid

*Financial assistance is available for all participants, see financial assistance section below

Life Skills Sessions: \$20 per session, \$240 for one 12-week course, a 10% early payment deduction is available if full payment is made by the due date posted on the invoice. This program is billed at the beginning of each 12-week course, and is due by the due date on the bill.

Evaluation: Evaluations are performed by one of the HETRA therapists for new Participants entering the program. Evaluation fees are \$100.

Equine-Assisted Learning or Mental Health Small Group - (3 or fewer participants): \$40 per session, \$480 for one 12-week course, a 10% early payment deduction is available if full payment is made by the due date posted on the invoice. GAP is billed at the beginning of each 12-week course, and is due by the due date on the bill.

Equine-Assisted Learning or Mental Health Large Group – (4+ participants): \$20 per session, \$240 for one 12-week course, a 10% early payment deduction is available if full payment is made by the due date posted on the invoice. GAP is billed at the beginning of each 12-week course, and is due by the due date on the bill.

Equine-Assisted Learning or Mental Health Services (private): \$35 for each 15-minute session, \$70 for a 30-minute session, and \$105 for a 45-minute session. Every participant will be invoiced for a Course Fee at the beginning of the 12-week session in the amount of \$300. Then all completed Therapy Services sessions will be billed on a bi-weekly basis in the amount of \$22.50 for each 15-minute session or \$45 for each 30-minute session completed. Payment is due by the due date posted on the invoice. Course Fee refunds will not be given for any Participant cancellations. If HETRA cancels a session a refund of \$25 per cancellation will be applied to your next invoice. 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 \$35.00 registration fee which helps HETRA cover insurance and other office fees.

Any Participant 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.

Cancellations

If HETRA cancels a session (due to weather or staff illness, etc.): The fees for each HETRA cancellation will be credited toward the next 12-week course invoice.

If a participant cancels a session: These sessions are not able to be refunded.

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.**

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

Individual Responsible for payment:

Name: _____ Relationship to Participant: _____

Email: _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

As we grow and expand our services, we are frequently asked by funders the income ranges of the participants we serve. This information will only be used for fundraising purposes and will not in any way influence your registration or participation at HETRA. Your voluntary response is greatly appreciated and will help HETRA continue to receive funding from our community:

1) Number of individuals your household: _____

2) What is your total household income:

Less than \$25,000

\$25,001 to \$45,000

\$45,001 to \$60,000

\$60,001 to \$75,000

\$75,001 to \$100,000

over \$100,000

By signing below, I agree that I have read and understand HETRA's billing policies and agree to pay all applicable fees.

Parent/Guardian/Participant Signature

Date

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

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

These guidelines have been developed for your safety. Failure to follow these rules can result in 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. Child must be in direct line of sight and adult must not be participating in any other activities such as volunteering or riding.
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. It is important to keep noise and conversation to a minimum when lessons are being conducted as it can be very distracting for the participants and horses.
22. The HETRA 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 its 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 _____

I am signing these rules as the Parent or Guardian for _____ family

HETRA Social Media Policy

Videos and Photography taken at the HETRA Facility Policy:

In order to protect you or your participants privacy as well as the privacy of others at the HETRA facility and due to the sensitive, private, and personal nature of our participants and the services we offer, we must exercise every precaution when taking photos or videos at HETRA. At this time we ask that all participants and families follow this process if they would like a picture of their participant while at the HETRA facility. Please do not take any picture or video at any time while at the facility on your own, please use the following procedure for any picture or video requests.

Procedure for pictures or videos of their participants while at HETRA.

1. Please notify your instructor or therapist that you would like a particular picture or video taken of your participant.
2. HETRA instructor or therapist will supervise taking of the picture on a HETRA approved device.
3. Once the picture/video has been taken it will be sent to the designated staff for approval (this allows the staff to check photo releases on everyone and make sure other participants/volunteers are not in the photo and there is no confidentiality issues related to the photo). Designated staff includes - CEO, COO, Equine Operations Manger and Program Manager.
4. Once approved the photo will be sent to the requesting party. We will do our best to make this a very timely process.

Social Media:

Heartland Equine Therapeutic Riding Academy (HETRA) embraces social media and relies on our participants, staff, and volunteers to increase our online presence and build our brand. It is one of the most powerful platforms we have to share our mission, create positive awareness for our organization, and engage with our community on a daily basis. We highly encourage participants to engage with HETRA's social platforms by liking, commenting, and sharing our posts.

Where to find HETRA:

| | |
|-----------|---------------|
| Facebook | TeamHETRA |
| Twitter | @HETRA |
| Snapchat | Team HETRA |
| Instagram | team_HETRA |
| You Tube | HETRANebraska |
| Linked In | HETRA |

ALWAYS:

- Help HETRA spread the good word - share, retweet, and regram HETRA posts on your own social platforms.
- Refer to HETRA horses in a positive manner and forward inquiries about HETRA horses to a staff member
- Think twice before posting. If you have any doubt, please do not post.

NEVER:

- Claim to be an official representative of HETRA
- Share confidential information about a participant, volunteer, employee or the organization
- Take photographs or video of a HETRA participant, volunteer, HETRA facility, horse or employee unless specifically approved to do so by a designated staff member
- Use language that is profane, harassing, racial, political, religious, or that is considered biased or slurred when posting about HETRA.
- Refer to a HETRA horse or the HETRA barn environment negatively.

Violation of Social Media Policy

If a social media post is discovered that is in violation of this policy, you will be asked by a staff member to remove the post. Failure to remove a post could result in verbal or written warning or immediate dismissal from the HETRA facility and program.

Signature of Patient or Parent/Guardian if under 18

Date

Paperwork Checklist

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

- 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
- Social Media Policy

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