



VETERAN PARTICIPANT REGISTRATION & EMERGENCY CONTACT INFORMATION

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

Participant Diagnosis _____ Weight _____

Address _____ City _____ State _____

Zip Code _____ Participant's Employer: _____

Email: _____ Phone Number: _____

Ethnicity (optional, this information is often asked for when applying for grants) _____ County _____

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

Referral Source: _____

In the event of an emergency please contact:

Emergency contact _____ Relation: _____ Phone _____

Emergency contact _____ Relation: _____ Phone _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

Allergies: _____ Current Medications: _____

Guardian Information: (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

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 _____

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)

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 Legal Parent/Guardian if under 18

Date

Printed Name: _____

Consent To Treat Policy

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)

Printed Name: _____

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

COVID-19 Release

AS OF MAY 11, 2020 - REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS, PARTICIPANTS, PARTICIPANT CAREGIVERS AND FAMILY AS WELL AS ANY GUESTS TO THE HETRA FACILITY.

I am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Heartland Equine Therapeutic Riding Academy; attending an event; and/or receiving on site services from Heartland Equine Therapeutic Riding Academy during the time of a pandemic outbreak.

I am aware that on site services and experiences may increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Heartland Equine Therapeutic Riding Academy and its Board of Directors, staff, Medical Advisor Board, members, officers, managers, agents, employees, volunteers and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event, volunteering within this organization or visiting.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Heartland Equine Therapeutic Riding Academy; as well as my individual provider/practitioner. This may include, but is not limited to, maintaining social distance; limiting the number of people attending with me to what is outlined by the organization at the time, washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a mask and/or gloves.

I agree to stay home and/or cancel my time at Heartland Equine Therapeutic Riding Academy should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic.

Heartland Equine Therapeutic Riding Academy will engage in regular cleaning and sanitizing of the facility, horse tack, equipment, doors, and frequently touched areas in-between participants and on a daily basis as recommended by the CDC for the safety of participants, their families, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with Heartland Equine Therapeutic Riding Academy

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

*In the event that the undersigned is under the age of 19, the signature of a parent or guardian is required.

Signature of Patient or Parent/Guardian if under 18

Date



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

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

NEUROLOGIC

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

OTHER

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

Initial here if 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
HETRA PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

Name _____ Date of Birth _____ Height _____ Weight _____

Address _____ Name of Parent/Guardian _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

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 _____