



Heartland Equine Therapeutic Riding Academy

Where horses and you make dreams come true!

Dear HETRA Participants,

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 your registration and participation in the HETRA program.

We currently have openings in the Veteran's Program but these spots could fill up so get your paperwork in quickly! If you need any assistance in filling out the paperwork, would like a private tour of the facility or to talk more about the program please contact me directly. We are looking forward to embarking on this adventure with you.

Thank You!

Edye Godden

Edye Godden, OTR/L
Executive Director
www.HETRA.org
edye@HETRA.org
402-708-6433

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 you have completed your paperwork please contact Edye (402) 708-6433, to schedule your evaluation (new students) or riding time (returning students). If you are a returning student your reevaluation if needed will be completed during your first riding session. All **new students** need to schedule a separate evaluation.

2. Student Dismissal & Discharge Policy

It is at the discretion of HETRA's Executive Director and Program Director to accept or remove a student from the program. The results of a risk/benefit analysis will also be considered. Students 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 student or staff or the horse, conduct endangering themselves, consistent failure to follow safety procedures with respect to the horses, a gain in weight above the HETRA maximum levels, failure to cancel in advance for more than three lessons or incomplete paperwork. Paperwork that is required is: Registration / Health History/Photo Release, Authorization for Emergency/ Medical Treatment, Consent for Release of Information, Participant's (Signed) Medical History and Physicians Statement, Policies, Procedures and Barn Rules Agreement. 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 student or others has become a concern.

Students 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, property owners, or for other reasons in accordance with PATH, Intl. operating center guidelines.

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

3. Weight Limitations for All Students for Mounted Activities

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.

- 220 lbs. for a well balanced centered student not requiring sidewalkers.
- 180 lbs. for an unbalanced student needing sidewalker assistance.
- Each horse has individual weight limitations based upon the horses height, weight, age and physical and medical condition.
- We are able to accommodate weights over the 220 range for ground or carriage driving programs.

5. Scheduling of a weekly riding time for new students

Once the initial evaluation is completed we will make a program recommendation for you and then see if we have a current opening in the HETRA schedule that is suitable to meet your needs. If an opening does not currently exist then we will put you 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, available riding times will be discussed at your evaluation.

7. Cancellations

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

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

If you cancel a riding session: **Please give the HETRA staff as much notice as possible, preferable a minimum of 24 hours notice.**

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 students their full session time. We will attempt to notify you upon arrival regarding the length of wait before your student will ride.

Student tardiness: Any time a student is late their session time will be decreased accordingly in order for the schedule to remain intact. **If a student 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 Student to participate in while at the barn such as grooming.

8. ATTIRE

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

9. CHILDREN

We ask that children 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. **Please make sure there is another adult to supervise children during your HETRA session.**

10. DOGS and OTHER ANIMALS

Do not bring dogs or other animals to the barn with you at anytime. 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.

11. QUESTIONS

Please direct questions to **your instructor**. If you do not get a satisfactory answer to your question please feel free to contact Edye at 708-6433.

Thanks so much for your interest in our program, we look forward to working with you this year. I can be reached and communicate best through email at edye@hetra.org. I can also be reached at 708-6433.

Thank You!

Edye Godden

Edye Godden

Executive Director, HETRA



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

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

None of these conditions are present: _____

Physician Signature _____ Date _____

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 708-6433.

Sincerely

Edye Godden

Edye Godden
HETRA Executive Director



Name _____ Date of Birth _____ Height _____ Weight _____

Address _____ Name of Parent/Guardian _____

Diagnosis _____ Date of Onset _____

Past/Future Surgeries _____ Medications: _____

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.

Physician Name (please print) _____ Phone _____

Physician Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

HETRA STUDENT REGISTRATION & EMERGENCY CONTACT INFORMATION

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

Student Diagnosis _____ Weight _____

Address _____ City _____ State _____

Zip Code _____ Student's Employer: _____

Email: _____ Phone Number: _____

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

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

Guardian's 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 Student Liability Release, Photo Release & Medical Consent Plan

Liability Release

_____ (student'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 _____
(Student, 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 _____
(Student, 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 _____
(Student, Parent or Guardian)

Parent/Guardian Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Consent To Treat (Public Riding Students skip this section)

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

Date: _____ Signature _____
(Student, 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

Date

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

**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 certified Horse Leader will be allowed to get horses from outside pens.
4. No individual should enter a pen or stall with a loose horse in it.
5. You should not be in any outside pens 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.
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 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 horses are on special diets and treats can be detrimental to their health. Please do not allow 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 a 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 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 cats is done at your own risk.
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 or Schedule Keeper 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 Instructor is 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 Instructor. Please be aware of all situations around you and report any unsafe situations 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.

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 physician)
- Student's Medical History and Physician's Statement (must be filled out completely, signed and DATED by physician)
- Student's Registration & Emergency Contact Information
- Student's Liability Release, Photo Release & Medical Consent Plan
- HIPAA Policy
- Safety Rules

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