

# RULES & REGULATIONS 2024

## [RETURNING RIDERS]

### OVER 18 YEARS [ADULT'S PROGRAM]



We want to thank you for your interest in joining the Majestic Hills Ranch family; we are confident that all participants will find this to be a rewarding and fulfilling experience. Before entering the program, several forms need to be completed. **For returning riders, only the \*asterisked items need to be filled out on the first 2 pages unless there were changes from last year.**

- Application & Health History.** Many times, we need to provide success and human-interest stories with pictures of our participants for advertising, grants, websites, etc. By signing the photo release on the application form, you will give us permission to use your photo or video. Additionally, our funders require us to provide statistics on our success, so please complete the entire form. (2 places for signature.)
- Liability Release Form, Confidentiality, & Payment Agreement.** (3 – 4 places for signature.) This needs to be signed yearly!
- Riding Schedule Request.** Please put down your first and second choice for class time.
- Emergency Medical Treatment Form.** This needs to be filled out and then updated yearly.
- Medical History / Physician Release.** We need to have a current medical history on file before allowing anyone to participate in our program. Certain diagnoses will need this signed yearly; otherwise, MHR will need one every other year. *MHR will need a new form signed by your physician after any major medical surgery or illness.* [This needs to be signed by your Physician.]
- Specialty Forms:** These forms need to be filled out only if they are applicable to you. They are *not* sent with this packet but can be downloaded from our website. [www.MajesticHillsRanch.org](http://www.MajesticHillsRanch.org)
  - Seizure Form.** For those riders who do experience seizures, filling this form out will help us know potential triggers and behaviors.
  - Down Syndrome Atlantoaxial Instability.** This needs to be filled out and signed by your physician every year before the program begins.

To ensure you and your family enjoy the safest experience, we request the following:

1. *In 2020, we initiated our Adult Equine Assisted Services Program for riders over the age of 18. **Riders are considered over 18 if their birthday is on or before October 31, 2006.***
2. Due to horse availability, MHR has implemented a weight restriction on riders of **175 pounds** for the Adult Program. We have limited horses for our larger riders, so that may also impact class times available. All application forms need to have current weight filled out, or we will have a scale available at the ranch to weigh the rider.
3. All riders must always wear closed-toed shoes when at the Ranch - riding boots are preferred, and rubber shoes (Crocs) or hiking boots with large treads are **not** allowed. Anyone wearing sandals will not be allowed to ride. Long pants are preferred, but shorts are acceptable in hot weather. Dresses or long, flowing garments are not permitted for safety reasons. Please dress appropriately for the weather conditions; if you are cold, the riding might not be optimally effective, and it's always rather windy at the Ranch, and layers are easy to add/remove. Also, remember that anything around the rider's neck should be "breakaway" in case of emergencies. [No medals, large necklaces, or chewing/sensory toys unless attached properly.]

4. If possible, call or text Kris at 952-426-5688 or your instructor before your scheduled riding class if you are unable to keep your appointment. We provide make-up classes for ONLY those classes that the Ranch has to cancel.

If the weather is questionable, we will make every effort to contact you prior to your session, but please be aware that it is extremely difficult to try to reach all participants prior to the start of each class to notify them of current weather conditions at the Ranch. **Weather updates will be left on Kris' cell phone voicemail. If the weather is questionable in your area, please call the voicemail for an update before you head out. 952-426-5688**

5. All riders must wear helmets rated by the ASTM-SEI for Horseback Riding (Code F1163 Equestrian). The label must be present, and the helmet needs to be less than 5 years of age. MHR will provide helmets if the riders do not have their own.
6. Registration is on a first-come, first-serve basis. Return **all** your forms as soon as possible to ensure your place in the program. Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice for times on the attached **Riding Schedule Request** and return it with your registration materials. Every effort will be made to accommodate your schedule request.
7. Registration fee for 2024 is as follows:

Equine Assisted Services (Therapeutic Riding) Class	1 x / week	\$455 for seven-week session
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Each session will be billed out and will need to be paid **BEFORE** each riding session. The due dates for each session are April 19<sup>th</sup>, June 14<sup>th</sup>, and August 16<sup>th</sup>

Each seven-week session will have up to two weeks in between each so that we will be able to schedule make-up days for classes that the Ranch needs to cancel due to the heat, cold, rain, or wind. We are not able to offer make-up classes for individuals who miss a class. (If there is an opening on another day, we may be able to switch days temporarily – but there is no guarantee.) If the Ranch has to cancel more than 3 weeks of classes or if we cannot have a make-up class for some reason, the amount of that class will be reimbursed. We will NOT be able to reimburse individual classes that are missed or if a rider drops out of a session. If you have questions, please call Kris at 952-426-5688.

8. When your registration materials are complete, please mail, fax, or email to:

Kris Zieska, Majestic Hills Ranch  
7850 Metro Parkway, Suite 100  
Bloomington, MN 55425

Fax: **952-595-5193**

Email: [KZieska@MajesticHillsRanch.com](mailto:KZieska@MajesticHillsRanch.com)

Phone: **952-426-5688**

# APPLICATION & HEALTH HISTORY



Majestic Hills Ranch  
 7850 Metro Pkwy, Suite 100  
 Bloomington, MN 55425  
 Fax: 952-595-5193

## GENERAL INFORMATION

**\*Participant:** \_\_\_\_\_ Gender ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
(Used only for Grants)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. #: \_\_\_\_\_

**Email:** \_\_\_\_\_

Employer/School: \_\_\_\_\_

Caregivers: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

## HEALTH HISTORY (filled out by primary caregiver or participant.)

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

### **\*Please indicate current or past special needs in the following areas:**

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
<b>Allergies</b>			EpiPen? Yes No

**MEDICATIONS** (include prescription and over-the-counter) \_\_\_\_\_

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*Describe your abilities/difficulties in the following areas (include assistance or equipment needed):*

**PHYSICAL FUNCTION** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHO / SOCIAL FUNCTION** (e.g., work/school including grade completed, leisure interests, relationships - family structure, support systems, companion animals, fears/concerns, etc.)

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**GOALS** (i.e., why are you applying for participation? What would you like to accomplish?)

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**Signature:** \_\_\_\_\_

Participant or Legal Guardian

Date: \_\_\_\_\_

### Photo / Video Release

I consent to and authorize the use and reproduction by Majestic Hills Ranch of any and all photographs, video, and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

*I do NOT consent or authorize use of my likeness by MHR.*

**Signature:** \_\_\_\_\_

Participant or Legal Guardian

Date: \_\_\_\_\_

*Photos that are taken at the ranch that show students who are not with you or volunteers whom you have not asked permission from should not be posted to social media. Please respect the privacy of others before posting!*

# PARTICIPANT LIABILITY RELEASE FORM / CONFIDENTIALITY & PAYMENT AGREEMENTS



PREMISES OWNER'S NAME IS MAJESTIC HILLS RANCH FOUNDATION hereinafter known as MAJESTIC HILLS RANCH with a PHYSICAL LOCATION / ADDRESS of: 24580 DAKOTA AVENUE, LAKEVILLE, MN 55044; SCOTT COUNTY, MN.

## PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. MAJESTIC HILLS RANCH DOES NOT GUARANTEE THE SAFETY OF YOU OR THAT OF ANY GUEST. IT IS HEREBY AGREED TO AS FOLLOWS THAT:

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE: I, the following individual hereinafter known as the "RIDER", and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in equine assisted services on premises of MAJESTIC HILLS RANCH.

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon the registered RIDER, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of Scott County, Minnesota. Any disputes by the RIDER shall be litigated in and venue shall be Scott County, Minnesota.

The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" or "RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse on the ground. The terms "I", "me", "my" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor, and any guests that are brought onto the property.

C. ACTIVITY RISK CLASSIFICATION: Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

D. NATURE OF RIDING HORSES: No horse is completely safe. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to ground it will generally be at from a height of 3½ to 5½ feet, and the impact may result in injury to the rider. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will; shifting its weight; bucking; rearing; kicking; biting; or running from danger.

E. CONDITIONS OF NATURE: MAJESTIC HILLS RANCH is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

F. LIABILITY RELEASE: In consideration of MAJESTIC HILLS RANCH allowing my participation in this activity, under the terms set forth herein, I, the RIDER, and the parent or guardian thereof if a minor, do agree to hold harmless and release MAJESTIC HILLS RANCH, its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to MAJESTIC HILLS RANCH ordinary negligence; and I do further agree *that except in the event of gross negligence and willful and wanton misconduct*, I shall not bring any claims, demand, legal actions and causes of action,

against MAJESTIC HILLS RANCH and/or its associates for any economic and non-economic losses due to bodily injury, death, or property damage sustained by me and/or my minor child / legal ward, or guests that accompany us in relation to the premises and operations of MAJESTIC HILLS RANCH, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of MAJESTIC HILLS RANCH

**All Riders or Parents / Legal Guardians must sign below after reading this entire document:**

SIGNED STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE, AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

\_\_\_\_\_  
PRINT RIDER'S NAME

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Participant or Legal Guardian

**Confidentiality Agreement**

Majestic Hills Ranch shall maintain the right to privacy and the right of confidentiality of all individuals (participants, volunteers, and staff) involved in its programs and services. Participants, instructors, volunteers, and staff given access to any information on any individual participating in any program or service at Majestic Hills Ranch agree to keep all medical, personal, social, or other information strictly confidential. Any person violating the terms of this Confidentiality Agreement may be immediately reassigned or terminated from participation in the program.

*I have read, understand, and agree to abide by this Confidentiality Agreement.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Participant or Legal Guardian

**Payment Agreement**

I understand that I am responsible for all charges for the services provided by Majestic Hills Ranch. MHR will only bill directly to the family; it is up to me to submit for reimbursement from a third party if I am eligible for a waiver or funds. I will pay all fees up to and including collection, court costs, and reasonable attorney fees if necessary.

*I have read, understand, and agree to abide by this Payment Agreement.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Participant or Legal Guardian



# 2024 PROGRAM SCHEDULE

**Dates of sessions**  
(Depending on weather)

**Class times –**  
(4 to 5 riders per class)

<b>Winter Session (Session 1)</b> January 30 <sup>th</sup> – March 7 <sup>th</sup> March 12 <sup>th</sup> & 14 <sup>th</sup> are Make-Up Days	Tuesday & Thursday 4:00 pm & 5:30 pm
<b>Spring Session (Session 2)</b> April 29 <sup>th</sup> – June 13 <sup>th</sup> June 17 <sup>th</sup> – 27 <sup>th</sup> Make-Up Weeks	Wednesday at 9 am in summer session Monday at 7 pm Wednesday at 4 pm Thursday at 5:30 pm Wednesday at 5:30 & 7 pm <b>[Advanced only]</b>  <i>These times are set aside for our adult riders. If these times don't work, please write in times that do fit, and if we have a time that is not filling up in the children's program, we could possibly make it for adults. I am still trying to keep the ages separate so we have adults only in the class.</i>
<b>Summer Session (Session 3)</b> July 1 <sup>st</sup> – August 15 <sup>th</sup> Aug. 19 <sup>th</sup> – 29 <sup>th</sup> Make-Up Weeks	
<b>Fall Session (Session 4)</b> September 3 <sup>rd</sup> – October 17 <sup>th</sup> Oct 21 <sup>st</sup> – Nov. 7 <sup>th</sup> Make-Up Weeks	

*Note: The Ranch will be closed*

<i>Memorial Day (Mon., May 27<sup>th</sup>)</i>	<i>Make-Up date: June 17<sup>th</sup></i>
<i>Independence Day (Thurs., July 4<sup>th</sup>)</i>	<i>Make-Up date: Aug. 22<sup>nd</sup></i>
<i>Labor Day (Mon., Sept. 2<sup>nd</sup>)</i>	<i>Make-Up date: Oct. 21<sup>st</sup></i>
<i>Halloween (if needed) (Thurs., Oct. 31<sup>st</sup>)</i>	<i>Make-Up date: Nov. 7<sup>th</sup></i>

## 2024 Riding Schedule Request

Every rider will have an experienced leader and up to two sidewalkers. The leader and sidewalkers will be your team as consistently as scheduling allows for you to develop a relationship.

*Please mark your first and second choices for session times:*

TIMES	MONDAY			TUESDAY				WEDNESDAY			THURSDAY			
	Session 2 Spring	Session 3 Summer	Session 4 Fall	Session 1 Winter	Session 2 Spring	Session 3 Summer	Session 4 Fall	Session 2 Spring	Session 3 Summer	Session 4 Fall	Session 1 Winter	Session 2 Spring	Session 3 Summer	Session 4 Fall
9:00 am														
10:30 am														
4:00 pm														
5:30 pm								*	*	*				
7:00 pm								*	*	*				

\* Please note that the 5:30 and 7:00 pm classes on Wednesdays all season are for our **advanced riders**. An evaluation by one of our instructors will be needed before you are assigned to this class. (Riders must be able to start, stop, turn the horse, and control them in case of an emergency - independent of a leader.) *This is NOT age-restricted but could be for any age.*

Please note that **summer morning classes** are held on **Mondays** and **Wednesdays** in 2024.

# Emergency Medical Treatment Form



**Participant**       **Staff**       **Volunteer**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Allergies to medications:** \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Majestic Hills Ranch to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in emergency treatment

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

**Consent Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
*Volunteer, Staff, Participant, Parent, or Legal Guardian*

Health Notes:

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This is an initial letter to your child's physician. Please make sure that both sides are filled out and the back is **SIGNED & DATED.**



Date: \_\_\_\_\_

Dear Health Care Provider:

Your patient \_\_\_\_\_  
(Participant's name)

is interested in participating in supervised equine-assisted services – which may include riding or groundwork.

In order to provide this service safely, our center requests that you complete and sign the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present and to what degree.

**Orthopedic**

- Atlantoaxial Instability - includes neurologic symptoms
- Coxarthrosis
- Cranial Defects
- Heterotopic Ossification/Myositis Ossificans
- Joint Subluxation/Dislocation
- Osteoporosis
- Pathologic Fractures
- Scoliosis
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

**Neurologic**

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

**Other**

- Indwelling Catheters/Medical Equipment
- Medications - e.g., Photosensitivity
- Poor Endurance
- Skin Breakdown

**Medical/Psychological**

- Abuse: Physical/Sexual/Emotional
- Allergies
- Animal Abuse
- Blood Pressure Control
- Cardiac Condition
- Dangerous to Self or Others
- Exacerbations of Medical Conditions (e.g., RA, MS)
- Fire Setting
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder

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 the center at the phone indicated below.

Kris Zieska, Program Director

Majestic Hills Ranch

952-426-5688

# MEDICAL HISTORY / PHYSICIAN RELEASE FORM

**MAJESTIC HILLS  
RANCH**

7850 Metro Drive,  
Suite 100  
Bloomington, MN  
55425

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

**(f) 952-595-5193**

**Diagnosis:** \_\_\_\_\_ **Date of Onset:** \_\_\_\_\_

Scoliosis: Yes  No

**Height:**

**Weight:**

Degrees and Region: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Seizures: Yes  No  Seizure Type: \_\_\_\_\_

Controlled: Yes  No  Date of last seizure: \_\_\_\_\_

*Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.*

Areas	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary / Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
<b>Allergies</b>			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			

Mobility (please circle): Independent Assisted Ambulation: \_\_\_\_\_ Braces Wheelchair

Please indicate any special precautions: \_\_\_\_\_

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted services. I understand that Majestic Hills Ranch will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to MHR for ongoing evaluation to determine eligibility for participation.

Name/Title (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Stamp Address Here:

Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_