RULES & REGULATIONS 2019 *[NEW RIDERS]*

We wish to thank you for your interest in having your child or children join 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:

- ***Application & Health History.*** Many times we need to provide success and human-interest stories with pictures of our participants for advertising, grants, web-sites, etc. By signing the photo release on the application form, you will give us permission to use your child's photo or video. Additionally, our funders require us to provide statistics of our success, so please complete the entire form. (2 places for signature.)
- ***Liability Release Form, Confidentiality, & Payment Agreement***. (3 – 4 places for parent / guardian signature.) This definitely needs to be signed yearly!
- ***Riding Schedule Request***. Please put down your first, second, and third choice for class time.
- ***Emergency Medical Treatment Form*.** This is filled out every year for every rider & volunteer.
- ***Rider Information Form (new riders only).*** This needs to be filled out for all new riders. Riders already participating in the program can use ones that have been filled out in previous years unless updates need to be made.
- ***Medical History / Physician Release.*** We need to have a current medical history on file before allowing your child to participate in our program. Certain diagnosis will need this signed yearly; otherwise MHR will need one every other year. *MHR will need a new form signed by your pediatrician after <u>any major medical surgery or illness</u>.*
- ***Specialty Forms:*** These forms need to be filled out only if they are applicable to your child. They are <u>*not*</u> sent with this packet but can be downloaded from our website. www.MajesticHillsRanch.org
  - ***Seizure Form.*** For those riders that 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 <u>every year</u> before the program begins.
  - ***Release of Information (if desired).*** This is so we may speak to physicians, therapists, or school assistants so that we can try to adapt your child's riding to programs already in place.

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

1. <u>Children riding must wear closed-toed shoes at all times when on the Ranch - a riding boot is preferred, rubber shoes (Crocs) or hiking boots with large tread are **not** allowed.</u> 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 your children appropriately for the weather conditions; if they are cold, the riding might not be optimally effective. Remember, it's always rather windy at the Ranch and layers are easy to add / remove. Also remember that anything around your child's neck should be "breakaway" in case of emergencies. [No medals, large necklaces, or chewing/sensory toys unless attached properly.]

2. We encourage family and sibling presence at the Ranch. For safety purposes, we need parents to keep an eye on their children not involved in the riding session.

3. If possible, call Kris at (952) 426-5688 before your child's scheduled riding session if they are unable to keep his or her appointment. <u>*We are able to have make-up classes for ONLY those classes that the Ranch has to cancel.*</u>

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 of the parents prior to the start of each session in order to notify them of current weather conditions at the Ranch. **Weather updates will be left on the voicemail of Kris' cell phone. If the weather is questionable in your area, please call the voicemail for an update before you head out. 952-426-5688**

4. Due to horse availability, MHR has implemented a weight restriction on riders of **175 pounds** for the Children's Program. We still have limited horses for our larger riders, so that may also impact class times available.

5. All riders must wear helmets rated by the ASTM-SEI for **Horseback Riding** (Code F1163 Equestrian) and the label must be present. MHR will provide helmets if the riders do not have their own.

6. Registration is on a first-come, first-serve basis. Return your ***Application & Health History*** form as soon as possible to ensure your child's place in the program. Please indicate your 1st, 2nd and 3rd choices 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 2019 is as follows:

Therapeutic Riding Class	1 x / week	$385 for the seven-week session

Each session will be billed out and will need to be paid *BEFORE* each riding session. The due dates for each session are: April 12th, June 14th, and August 16th.

In 2012 we changed to having (3) seven week sessions per riding season and we will continue this in 2019. The sessions will have 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 that 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, nor if a rider drops out of a session. If you have questions, please call Kris at (952) 426-5688.

8. PATH, Intl has changed the age for young riders, and they **no longer** recommend children younger than 4 years old be a participant in equestrian activities. Because of this, we are changing the range of our program accordingly: 4 years through 25 years of age.

9. All new riders will have a one-on-one evaluation to review materials from this registration packet, and to plan for your child's therapeutic riding schedule. During the evaluation with the parents, we will fill out a ***Participant's Profile*** on each child. The volunteers will have access to this information as well as the ***Rider Information Form***, to better understand the likes, dislikes, and needs of your child as an individual.

10. 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

Phone: **952-426-5688**

Application & Health History

General Information

Participant: _____ Gender: M F

DOB: _____ Age: _____ Height: _____ Weight: _____ Race: _____
(Used only for Grants)

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Alt. #: _____ Email: _____

Employer/School: _____

Parent/Legal Guardian: _____

Caregivers: _____

Address (if different from above): _____

City: _____ State: _____ Zip code: _____

Phone: _____

How did you hear about the program? _____

Health History (filled out by primary caregiver of 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			
Allergies			

MEDICATIONS (include prescription and over-the-counter, name, dose and frequency) _____

_____

_____

_____

_____

Describe your child's 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)

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

Signature: _____ Date: _____

Client (over 18), Parent or Legal Guardian

Photo / Video Release

I consent to and authorize the use and reproduction by Majestic Hills Ranch of any and all photographs 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: _____ Date: _____

Client (over 18), Parent or Legal Guardian

PARTICIPANT LIABILITY RELEASE FORM / CONFIDENTIALITY & PAYMENT AGREEMENTS

PREMISES OWNER'S NAME IS KAREN (KIM) HOWARD & 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 CHILD'S PARTICIPATION IN THIS ACTIVITY. MAJESTIC HILLS RANCH DOES NOT GUARANTEE THE SAFETY OF YOU, YOUR CHILD, 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 activities and therapies on premises of MAJESTIC HILLS RANCH.

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon me 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 from 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.

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 a completely safe horse. 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 a distance of from 3½ to 5½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where a much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. 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 or legal ward 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 and Parents or 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

_____ Date: _____
SIGNATURE OF RIDER (If they are over 18 years old.)

Signature (1): _____ Date: _____
Parent or Legal Guardian

Signature (2*): _____ Date: _____
Additional Parent or Legal Guardian

* For riders that live in 2 households, we ask that the parent / legal guardian of each home sign the liability form. *Thank you kindly!*

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: _____
Client (over 18), Parent 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 my child is 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: _____
Client (over 18), Parent or Legal Guardian

2019 Riding Schedule

Dates of sessions (depending on weather)	Week days	Session times – (max. five riders per class)
Spring Session (Session 1) April 29th – June 13th June 17th – 27th Make Up Weeks	Monday – Thursday	4:00 pm, 5:30 pm, 7:00 pm
Summer Session (Session 2) (Morning classes) June 17th – July 31st (Morning classes) August 5th – 14th MU	Monday & Wednesdays (Mornings)	9:00 am, 10:30 am (Mornings)
July 1st – August 15th August 19th – 29th Make Up Weeks	Monday – Thursday	4:00 pm, 5:30 pm, 7:00 pm
Fall Session (Session 3) September 2nd – October 17th Oct. 21st – 31st Make Up Weeks	Monday – Thursday	4:00 pm, 5:30 pm, 7:00 pm

Note: The Ranch will be closed:

Memorial Day (Monday, May 27th) — *Make Up date: June 17th*
Independence Day (Thursday, July 4th) — *Make Up date: Aug. 22nd*
Labor Day (Monday, Sept. 2nd) — *Make Up date: Oct. 21st*

2019 Riding Schedule Request

Every rider will have an experienced leader and up to two sidewalkers. The leader and sidewalkers will be your child's team as consistently as scheduling allows, in order for them to develop a relationship.

Please mark your first, second and third choices for session times:

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

* There are a few classes that are restricted to skill level. Please note that the 7:00 pm Wednesday all season is for our **advanced riders**. An evaluation by one of our instructors will be needed before your child will be 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. These are smaller groups of riders because the horses are worked at faster speeds.)

Please note that **summer morning classes** (held on ***Mondays*** and ***Wednesdays*** in 2019) begin in June rather than in July as the evening classes do. This may mean that if your child is scheduled for Spring Session you could run into having multiple classes for the first 2 weeks of the morning classes. We will try to make corrections if this causes a conflict.

Winter Season Classes
January – March 2020

With the building of an indoor arena in 2018, we are currently working on policies and schedules for winter classes. We know that the winter session will be from the middle of January through the beginning of March in 2020, but the days of the week and the times are still being adjusted. If you are interested in participating with any of these classes, please fill in the following information:

Rider's Name: _____

Parent's Name: _____

Phone Number: _____

TIMES*	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
	Session 1 *Winter 2020*	Session 1 *Winter 2020*	Session 1 *Winter 2020*	Session 1 *Winter 2020*
4:00 pm				
5:30 pm				

* This does not reflect when classes will actually be held, just an estimation of interest in particular days and times. Final decisions will be made at the end of 2019.

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-ray, 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, Client, Parent, or Legal Guardian

Health Notes:

_____

_____

_____

_____

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Rider Information

This form is to be completed by a parent or caregiver.

The information on this form will be used to help the instructors and volunteers customize the riding experience for your child. Please be as detailed as possible. (Community volunteers will have access to this information.)

Rider's Name: _____ **Date:** _____

1. Are there any specific activities, exercises or therapy that your child is engaged in at this time?

   _____

   _____

   _____

   _____

2. What are the specific skills/areas that you would like your child to be working on during their riding sessions and time spent at the Ranch?

   _____

   _____

   _____

   _____

3. Are there other areas in which you would like your child to gain from his or her riding sessions?

   _____

   _____

   _____

   _____

4. What are your child's …

   Interests:_____

   _____

   _____

   Fears:_____

   _____

   _____

5. Does your child exhibit any behaviors that we need to be aware of?

   _____

   _____

   _____

If yes, are there any known triggers to the behavior?

_____

_____

_____

6. If a behavior occurs, how would you like us to handle it?
   Note: Please be aware that we have safety in mind at all times and if your child is having difficulties, he or she may need to be removed from the horse; suspended for the remainder of the class for everyone's safety.

_____

_____

_____

_____

7. Does your child have any sensory issues such as sensitivity to loud noises, smells, tactile defensiveness, etc.?

_____

_____

_____

_____

8. Are there any sensory things that work best in calming your child? *(e.g. Fidget toys)*

_____

_____

_____

_____

9. If there is anything else that you would like us to know about your child?

_____

_____

_____

_____

I HAVE READ ALL OF THE ABOVE QUESTIONS AND HAVE ANSWERED THEM TO THE BEST OF MY KNOWLEDGE & ABILITY.

✘ _____ **Date:**_____

Signature of Parent or Caregiver

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

Date: _____

Dear Health Care Provider:

Your patient _____
(Participant's name)

is interested in participating in supervised equine activities.

In order to safely provide this service, 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 - include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
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, Children's Program Director Majestic Hills Ranch 952-426-5688

MEDICAL HISTORY / PHYSICIAN RELEASE FORM

MAJESTIC HILLS RANCH
7850 Metro Drive,
Suite 100
Bloomington, MN 55425
(f) 952-595-5193

Patient Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

Diagnosis: _____ Date of Onset: _____

Shunt Present: Yes ❑ No ❑ Date of last revision: _____ **Height:** _____ **Weight:** _____

Seizure Type: _____ Controlled: Yes ❑ No ❑ Date of last seizure: _____

Past/Prospective Surgeries: _____

Medications: _____

Mobility: Independent Yes ❑ No ❑ Assisted Ambulation Yes ❑ No ❑ Wheelchair Yes ❑ No ❑

Braces / Assistive Devices: _____

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			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			

Please indicate any special precautions: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. 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): _____ MD DO NP PA Other

Signature: _____ Date: _____

Clinic Name: _____

Phone: _____ License/UPIN Number: _____