

# RULES & REGULATIONS 2022 [NEW RIDERS]

## 18+ YEARS [ADULT PROGRAM]



We wish 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:

- ❑ **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 of 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 yearly updated. (1 place for signature.)
- ❑ **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. (1 place for signature.)
- ❑ **Medical History / Physician Release.** We need to have a current medical history on file before allowing anyone 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 any major medical surgery or illness. [This needs to be signed by physician or nurse practitioner.]*
- ❑ **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)
  - **Down Syndrome Atlantoaxial Instability.** This needs to be filled out and signed by your physician every year 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 riding to programs already in place.
  - **Seizure Form.** For those riders that do experience seizures, filling this form out will help us know potential triggers and behaviors.

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

1. Due to horse availability, MHR has implemented a weight restriction on riders of **175 pounds** for the Adult's 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-in the rider.
2. All riders 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. 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. Remember, it's always rather windy at the Ranch and layers are easy to add / remove. Also remember that anything around your neck should be "breakaway" in case of emergencies. [No medals, large necklaces, or chewing/sensory toys unless attached properly.]

3. 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 are able to have 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 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. 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.
5. Registration is on a first-come, first-serve basis. Return all of 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> 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.
6. Registration fee for 2022 is as follows:

Equine Assisted Service (Therapeutic Riding) Class	1 x / week	\$385 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 23<sup>rd</sup>, June 11<sup>th</sup>, and August 13<sup>th</sup>. I will send out the invoice for winter classes after we know how volatile the weather will be.

Each seven-week session 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.

7. All new riders may have a one-on-one evaluation to review materials from the registration packet, and to plan for your child's therapeutic riding schedule. During the evaluation with the parents, MHR Staff will fill out a **Team Sheet** 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.
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 code: \_\_\_\_\_

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

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

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

Parent/Legal Guardian: \_\_\_\_\_

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

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

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

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			
<b>Allergies</b>			EpiPen? Yes No

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

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*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)

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

Parent 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:** \_\_\_\_\_

Parent or Legal Guardian

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

*Photos that are taken at the ranch that show students that are not your child or volunteers that you have not asked permission 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 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 services 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 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 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. 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 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

Signature (1): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (2\*): \_\_\_\_\_ Date: \_\_\_\_\_  
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: \_\_\_\_\_

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

# 2022 PROGRAM SCHEDULE



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

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

<b>Winter Session (Session 1)</b> January 25 <sup>th</sup> – March 10 <sup>th</sup> March 15 <sup>th</sup> & 17 <sup>th</sup> Make-Up Week	Tuesday & Thursday 4:00 pm & 5:30 pm
<b>Spring Session (Session 2)</b> May 2 <sup>nd</sup> – June 16 <sup>th</sup> June 20 <sup>th</sup> – 30 <sup>th</sup> Make-Up Weeks	Monday at 7 pm Wednesday at 4 pm Thursday at 5:30 pm Tuesday 5:30 pm & Wednesday 7 pm <b>[Advanced only]</b>
<b>Summer Session (Session 3)</b> July 5 <sup>th</sup> – August 19 <sup>th</sup> Aug. 23 <sup>rd</sup> – Sept. 2 <sup>nd</sup> Make-Up Weeks	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.
<b>Fall Session (Session 4)</b> September 6 <sup>th</sup> – October 21 <sup>st</sup> Oct 25 <sup>th</sup> – Nov. 4 <sup>th</sup> Make-Up Weeks	

Note: The Ranch will be closed: Memorial Day (Monday, May 31<sup>st</sup>) Make Up date: June 21<sup>st</sup>  
 Independence Day (Monday, July 4<sup>th</sup>) Make Up date: Aug. 22<sup>nd</sup>  
 Labor Day (Monday, Sept. 5<sup>th</sup>) Make Up date: Oct. 24<sup>th</sup>

## 2022 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 pm Tuesday and 7:00 pm Wednesday all season is for our **advanced riders**. An evaluation by one of our instructors will be needed before you 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.) This is NOT age restricted but could be for any ages.

Please note that **summer morning classes** are held on **Mondays** and **Wednesdays** in 2022.

# 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 you are engaged in at this time?

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

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

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4. What are your ...  
Interests: \_\_\_\_\_

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Fears: \_\_\_\_\_

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5. Do you have any sensory issues such as sensitivity to loud noises, smells, tactile defensiveness, etc.?

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6. Are there any sensory things that work best in calming you?

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7. Is there anything else that you would like us to know about you?

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

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

Signature

This is an initial letter to your 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 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
- 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 services, 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:** \_\_\_\_\_

Immunizations Up to Date: Yes  No

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

Scoliosis: Yes  No  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>			<b>Epi Pen Required? Yes No</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: \_\_\_\_\_