



Heroes on Horseback

2023 OUTPATIENT RULES & REGULATIONS FOR PROGRAM PARTICIPANTS

We wish to thank you for your interest in our Equine-Assisted Services at Majestic Hills Ranch. We are sure you will find this to be a rewarding and beneficial experience. Before entering the program, Majestic Hills Ranch will need the following forms filled out completely:

- **Registration and Release.** Many times, we need to provide success and human-interest stories with pictures for advertising, grants, websites, etc. By signing the photo release on the registration form, you will give us permission to use your photo. Additionally, our funders require us to provide statistics of our success, so please complete the entire form.
- **Riding Schedule Request.**
- **Liability Release Form**
- **Emergency Medical Treatment Form.** This is filled out for every rider, volunteer, and staff.
- **Medical History/Physician Release.** We will need to have this signed and dated by the physician.

To ensure you receive the best treatment available while being in a safe environment, we do request the following:

1. Wear close-toed shoes at all times when at the ranch. Boots are preferable, sturdy shoes are okay, though boots with large tread is not ideal. Long pants are preferred but shorts are acceptable. Please ensure that you are dressed appropriately for the weather; wearing layers is best, and it is always windy at the ranch. If you get cold, the exercise can lose its effectiveness. **All** riders will be required to wear an ASTM F1163 rated equestrian helmet while riding and MHR will provide one if one is not owned by the rider.
2. We encourage family members to come with you, to visit and watch your equine sessions. Your time spent at the ranch will be fun and relaxing for everyone. For safety reasons, if you or your guests bring children, someone must be dedicated to keeping an eye on them. The animals at the ranch can be very intriguing but sometimes dangerous for little ones.
3. It is important that you call your Director/Instructor (please ask her/him for a business card) at least the day before your scheduled riding session or if you become ill, at least **two hours** before your scheduled class if you are unable to keep your appointment.

Majestic Hills Ranch
24580 Dakota Avenue, Lakeville, MN 55044
Mailing Address: 7850 Metro Parkway, Suite 100, Bloomington, MN 55425

4. Two missed, unexcused sessions may necessitate you being pulled from the program and put on a waiting list. If weather is questionable, we will make every effort to contact you prior to your session. Contact your instructor if you have concerns about the weather.
5. Starting in 2014, MHR implemented a **weight restriction** on veteran riders **of 250 pounds** and switching to using saddles for most riders. These changes will help our horses stay in better physical condition throughout the riding season. If you have questions or concerns, please contact the HOH Director.
6. For questions or general communication, please call HOH Executive Director Larry Johnson at 612-669-8846 or email at LJohnson@MajesticHillsRanch.com.
7. The riding season is from the first week in May until the last week of October (weather dependent). Each session is approximately 1 to 2 hours in length, and can incorporate grooming and tacking the horse, groundwork, and riding. Riding sessions are free to all veterans or active-duty military personnel who have a signed doctor's authorization.
8. Registration is on a first come, first served basis. Return your Registration and Release form as soon as possible to ensure your place in the program. Please indicate your 1st and 2nd choices for time on the attached Riding Schedule Request and return it with your registration materials. Every effort will be made to accommodate your schedule request.

When registration materials are complete, please send to our office via one of the following:

Mail to: Heroes on Horseback Director
Majestic Hills Ranch
7850 Metro Parkway, Suite 100
Bloomington, MN 55425

Email to: LJohnson@MajesticHillsRanch.com
Fax to: 952-595-5193

9. All new riders must have a one-on-one evaluation to review all materials in this registration packet, and to plan for your therapeutic riding schedule. During the evaluation process we will work with you to set the goals that you want to work toward and like to achieve.

10. *IMPORTANT INFORMATION: It is very important that once you register to participate in our Heroes on Horseback Program, you fulfill your commitment to arrive each week for your classes unless you have a very important reason for not being able to attend. You must contact your instructor at least the day before you are scheduled! If you become ill the day of class, please contact your instructor at least 2 hours prior to your class. We work very hard to ensure we have enough volunteers to provide you the best therapeutic activities while at the same time ensure that safety for everyone concerned is always met. If you do not show up for your scheduled classes, we could lose volunteers that truly want to help.*

11. Majestic Hills Ranch reserves the right to deny participation in any program activity that, in the professional opinion of the Majestic Hills Ranch Foundation's staff, presents a risk to the safety and/or well-being of the horses, staff, volunteers and/or other participants.

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Heroes on Horseback REGISTRATION FORM

Veteran Name: _____ Date of Birth _____
Branch of Service: _____ Age: _____ Race: _____
Address: _____ Phone Number: _____
City, State, Zip: _____ Cell Phone Number: _____
Emergency Contact: _____ Phone Number: _____
Email Address: _____

Learning more about you!

Do you enjoy being outdoors? Yes _____ No _____
Do you have any horse experience? Yes _____ No _____ How long ago? _____
How much experience? _____
Do you enjoy being around animals? Yes _____ No _____
What are your interests: _____
Do you have any fears about being on a ranch? _____
Other? _____

Your primary reason for interest in Equine Assisted Activities and Therapies:

New form of activity Relaxation Exercise Sport activity New challenge

Gaining: Strength Range of motion Circulation Motor skills
 Balance Self-confidence Hand-eye coordination

State your own reasons: _____

Signature of Veteran: _____ Date: _____

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 of Veteran: _____ Date: _____

All information is kept confidential at all times.

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2023 Riding Schedule Request

Every rider will have an experienced lead and up to two sidewalkers to start until their riding level and expertise warrants otherwise. This will be determined by the instructor. To develop a relationship with you, your leader and sidewalkers will be your team as consistently as scheduling allows:

Class Time	Tuesday	Wednesday	Thursday
11:00AM-1:00PM			
2:00PM-4:00PM			
5:00PM-7:00PM			

Tentative Times for 2022:

- Tuesdays: 11:00AM-1:00PM – MN State Veterans Adult Day Center (once CDL License is in Place for Therapist)
- Tuesdays: 2:00PM-4:00PM – Minneapolis Veterans Home
- Wednesdays: 5:15PM-7:15PM – Veteran Outpatients (to be determined)
- Thursdays: 2:00PM-4:00PM – Hastings Veterans Home
- Thursdays: 5:00PM-7:00PM – VA Medical Center – Poly Trauma Unit, Minneapolis (if they Decide to join us with COVID Variant still prevalent.)

PARTICIPANT LIABILITY RELEASE FORM



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.

MAJESTIC HILLS RANCH

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM A RIDER'S 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 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.

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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:

SIGNER 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 OF RIDER

DATE _____

Majestic Hills Ranch reserves the right to deny a participant in any program activity that, in the Professional opinion of the Majestic Hills Ranch Foundation's staff, presents a risk to the safety and/or well-being of the horses, staff, volunteers and/or other participants.

EMERGENCY MEDICAL TREATMENT FORM



Participant

Staff

Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ Zip: _____

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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Heroes on Horseback PHYSICIAN RELEASE FORM

Veteran's Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Allergies (examples: food, bee stings, animals, etc): _____

Height: _____ Weight: _____ Diagnosis: _____

(PHYSICIAN MUST COMPLETE PRIMARY DIAGNOSIS)

We need current weight so we can assign proper horses to our participants

Stated goals for Veteran participating in Equine Assisted Activities and Therapies:

- 1.) _____

- 2.) _____

- 3.) _____

Please circle all that apply to Veteran:

Mobility: Independent Cane Crutches Walker Braces Wheelchair

Amputee Prosthesis Paraplegic PTSD Chemical Dependency TBI

Other: _____

Please indicate any special precautions: _____

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

PHYSICIAN Signature: _____

PHYSICIAN Name (please print): _____ Date: _____