



Horses of Hope, Inc.

“Giving Hope One Individual at a Time”

Horses of Hope is excited to offer Equine Assisted Activities for individuals with special needs. This packet includes forms that are necessary to be able to safely meet the needs of our participants. Please complete and sign all applicable forms and return to Horses of Hope at the address below.

Following is a checklist of **Required** forms, etc. to assist you:

- Registration Form
- Participant Questionnaire
- Photo & Video Release
- Waiver and Release
- Authorization for Emergency Medical Treatment
- Participant Policies and Procedures (a copy of Policies has been provided at the back of this packet for you to keep)
- Payment Policy
- Participant Volunteer Survey
- Participant's Medical History and Physician's Release (2 pages)
NOTE: THIS FORM MUST BE COMPLETED BY PHYSICIAN

The following forms are to be used if applicable to the Participant.

- Occupational/Physical Therapy Evaluation Form (**Please request 2 page form, if applicable**)
- Down Syndrome X-Ray Form (**If applicant has this diagnosis, please request form**)
- New - Sponsorship Application Request (Included for those requesting help with lesson fees)

When your packet is received, we will notify you to set up your first lesson. We may also ask you to make an appointment for an evaluation at the farm. This evaluation will allow us to determine any specific adaptive equipment and tack that may be needed. This meeting time would also give the prospective participant an opportunity to meet with the Horses of Hope staff, get acquainted with the horses, and become familiar with the layout of the farm.

We look forward to meeting with you and serving your individual needs. If you have any further questions, please feel free to contact me.

Sincerely,

Laurie Flanagan
Executive Director

Mailing Address: PO Box 94, Lock Haven, PA 17745

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570) 660-6881 Email: horsesofhopeinc@gmail.com www.horsesofhope.org



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REGISTRATION FORM

The Horses of Hope program is located at 101 Stoltzfus Lane in Mackeyville.

After completion of this form, please mail to Horses of Hope, PO Box 94, Lock Haven, PA 17745

If you do not receive a phone call within 2 weeks, please call 570-660-6881 to make sure we received your packet.

Participant: _____ Phone: _____

DOB: _____ Age: _____

Address: _____

Email Address of Participant or Guardian: _____

School or institution presently attending: _____

Is participant over 21, legally competent and able to sign for him/herself? _____

If participant is not over 21, not legally competent, and/or unable to sign for him/herself, a legal guardian, not the participant, must sign all of these forms.

Parent, Spouse or Guardian: _____

Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Horses of Hope, Inc. conducts equine assisted activities several days a week. Please write the days of the week in top boxes that you are available for lessons. Below, circle morning or afternoons available.

AM	AM	AM	AM
PM	PM	PM	PM

*All efforts will be made to accommodate the days of the week that you are available, as well as assigning you with the Instructor of your choice. You will be contacted with available dates and riding times as soon as your completed packet, to include 2 page medical history to be **signed by your physician.***

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PARTICIPANT QUESTIONNAIRE

The following questionnaire is designed to give Horses of Hope, Inc. information pertaining to each individual rider's behavior and ability. This will help us prepare lesson plans and assist you in attaining individual goals. Please complete the questionnaire in as much detail as possible using the back of the page or attaching an additional sheet if necessary.

Participant Name: _____ **Age:** _____

1. Briefly describe his/her special need:
2. What are the physical symptoms of the special need?
3. What goals do you hope he/she will achieve by participating in this program?
4. What other treatments or therapies has he/she undergone? *(Please specify when and for how long)*
5. How would you describe his/her concentration, attention span and general awareness?
6. Would you characterize him/her as happy, aggressive, easy-going, enthusiastic, passive, excitable, depressed, introverted, or extroverted?
7. How does he/she communicate? *(Expressive and Receptive language)*
8. Is there a history of incontinence?
9. What positive reinforcements does he/she respond to?
10. Please use the reverse side to indicate any other areas of the potential participant's behavior and personality that will help us to best communicate, understand and work with him/her at Horses of Hope, Inc.

Completed by *(signature)*: _____ Date: _____

Please print name and relationship to Participant: _____

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PHOTO & VIDEO RELEASE

Name of Participant:

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Horses of Hope, Inc. permission to take or have taken, still and moving photographs and films of the above named Participant, and consents and authorizes Horses of Hopes, Inc., its advertising agencies, news media, and any other persons interested in Horses of Hope, Inc. and its work, to use and reproduce the photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, web sites, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of Horses of Hope, Inc. to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting Horses of Hope, Inc. and its work.

I give consent: _____

Print Name

Signature of participant, parent, or guardian (*if participant is a minor*)

Date: _____

I **do not** give consent: _____

Print Name

Signature of participant, parent, or guardian (*if participant is a minor*)

Date: _____

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RELEASE: ALL VISITORS/PARTICIPANTS/VOLUNTEERS (OR PARENT OR GUARDIAN, IF UNDER 21) MUST SIGN THIS RELEASE, WAIVING LEGAL RIGHTS AGAINST HORSES OF HOPE, INC. and KYLE and SUSAN JOHNSTON. IF YOU DO NOT SIGN A RELEASE, YOU WILL NOT BE PERMITTED ON THE PROPERTY.

WAIVER AND RELEASE

I, _____, a visitor to/participant of/volunteer in the Horses of Hope, Inc. equine assistance program (the “Program”) or _____, the parent or legal guardian of a visitor to/participant of/volunteer in the program, am aware that all activities involving horses, including, but not limited to, riding, driving, grooming, leading, and/or any events involving horses, pose many inherent dangers, risks, and hazards. These include, but are not limited to, bodily injury and physical harm to riders, instructors, therapists, aides, groomers, leaders, handlers, side walkers, photographers, spectators, and/ or any other helpers. I freely and fully assume all dangers, risks, and hazards and the possibility of injury, death, property damage or other loss resulting from such dangers, risks, and hazards. I understand that I or my child or ward should not participate in the Program or visit the properties unless medically able. I agree to comply with Program rules and regulations, directions, instructions, and/or safety precautions given by Program employees, instructors, therapists, aides, and volunteers. My or my child’s or ward’s participation in the Program or visit to the properties is upon the express agreement and understanding that I have received, read, and understand this Waiver and Release.

In consideration of my or my child’s or ward’s participation/volunteering in the Program or visit to the properties, I hereby, for myself and any participant for whom I am a parent or legal guardian, release, discharge, hold harmless, and forever acquit Horses of Hope, Inc. together with its officers, directors, agents, representatives, employees, instructors, therapist, aides, and volunteers, and Kyle and Susan Johnston, in their individual capacities, from any and all actions, causes of action, losses, claims, or any liabilities whatsoever, including, but not limited to, illness or injury, known or unknown, now existing or which may arise in the future, which may accrue to me, my heirs, my guardians, administrators, executors, or assignees, including attorney’s fees and court costs, on account of or in any way related to or arising out of my or my child’s or ward’s participation in the Program or visit to the properties. Finally, I assume all liability for any non-participants who accompany me.

I have had the opportunity to ask any questions that I may have and such questions have been answered to my satisfaction. I have read, understood, and agree to the above. I understand and confirm, by signing this Waiver and Release that I have given up considerable future legal rights. My signature is proof of my intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

PARTICIPANT/VOLUNTEER/VISITOR’S NAME *(please print)*: _____

PARTICIPANT/VOLUNTEER/VISITOR’S SIGNATURE: _____ **Date:** _____

AGREEMENT AND CONSENT OF PARENT OR GUARDIAN OF MINOR

I, as the parent or guardian of the above visitor or participant, give my permission for my child or ward to participate in the Program or visit the properties, and further, in consideration of allowing my child or ward to participate in the program or visit the property, I agree individually and on behalf of my child or ward to the terms of the above Waiver and Release.

PARENT/GUARDIAN’S NAME *(please print)*: _____

PARENT/GUARDIAN’S SIGNATURE: _____ **Date:** _____

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT – PARTICIPANT

NAME _____ DOB _____ PHONE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHYSICIAN'S NAME _____ MEDICAL FACILITY _____

HEALTH INSURANCE COMPANY _____ POLICY # _____

ALLERGIES TO MEDICATIONS OR FOODS

CURRENT MEDICATIONS

IN THE EVENT OF AN EMERGENCY, CONTACT

Name _____ Relation _____ Phone #1 _____ Phone #2 _____

Name _____ Relation _____ Phone #1 _____ Phone #2 _____

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 Horses of Hope, Inc. to:

1. Secure and retain medical treatment and transportation if needed. _____ (initial)
2. Release participant's records upon request to the authorized individual or agency involved in the medical emergency treatment. _____ (initial)

CONSENT PLAN: This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed “life saving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature _____ Date _____

Signature of participant, parent or guardian (if participant is a minor)

NON-CONSENT PLAN: I **do not** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedure to take place: _____

Non-Consent Signature _____ Date _____

Signature of participant, parent or guardian (if participant is a minor)

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PARTICIPANT POLICIES AND PROCEDURES (Page 1 of 3)

(Please initial all sections. A copy of P&P is attached at the end of packet for you to keep for your files)

Limitations

Horses of Hope, Inc. offers Equine Assisted Activities on horseback. We provide this service to adults and children. A weight limit of 225 lbs. or less for ambulatory persons has been established for horseback riding. Individuals over the weight limit can still participate in other fun, horse related activities at the farm. Most activities have some type of precautions and contraindications (is a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient) for participation and horse riding is no exception. Horseback riding may not be a suitable recreational activity for certain individuals. Behavioral issues that may cause harm to the animals, instructors, or volunteers, or place the participant in a dangerous situation cannot be tolerated. Individuals who have severe spinal curvatures or stabilization devices that are unable to accommodate the movement of the horse, or those who lack neck and trunk control to name a few may not be suitable participants. _____(initial)

Clothing

Participants must wear long pants such as riding breeches, jeans or leggings to prevent chafing of legs. **Participants may not ride in shorts or skirts.** Please also avoid slick athletic pants and swishy snow pants and jackets. Participants may not ride in sandals, clogs, or slip-on shoes. Shoes or boots with a rounded toe and small heel are the safest form of footwear. Riding boots with a heel should be worn when saddles without safety stirrups, are used. No dangling jewelry is permitted. Safety helmets that meet ASTM-SEI requirements are required to be worn by all participants. Helmets will be available, but it is suggested that participants acquire their own helmet. Please ask an instructor about how to determine proper fit. Participants must wear closed-toe shoes. If a participant arrives wearing inappropriate shoes, he/she will not be able to participate. _____(initial)

Cancellation Policy

It is difficult to reschedule both horses and volunteers on short notice. If you know in advance that you have prior commitments and will be unable to attend a class, please advise us as soon as possible by calling the Instructor that normally oversees your lesson. The instructor's number will be given to you when setting up your first lesson.

Participants who are a “no-show” or cancel within two hours of the scheduled lesson time, will forfeit the lesson cost and will not receive a make-up lesson. Horses of Hope staff reserve the right to discontinue lessons immediately for participants who do not give the required two-hour notice of participant's cancellation. This means your assigned lesson time will be lost and possibly given to another rider. Reinstatement may be considered at a later date but will be at the discretion of the Instructor / Program Director. Participants who arrive late for their lesson will only groom and ride for any time remaining. Participants who must cancel remaining classes due to extreme medical situations may receive a refund for the lessons missed, if paid for in advance. _____(initial)

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PARTICIPANT POLICIES AND PROCEDURES (Page 2 of 3)

(Please initial all sections. A copy of P&P is attached at the end of packet for you to keep for your files)

Inclement Weather

Classes may be canceled due to bad weather (rain/thunder/high wind). All efforts will be made to contact participant of cancellation within two hours of scheduled lesson time. For some participants and situations, an option may be that a stable management/horse care class can take place in the stables. A lesson may be canceled if the wind chill reaches 40° or below, or if the heat index reaches 90° or higher. Horses of Hope, Inc. reserves the right to reschedule, cancel and amend classes and the operating calendar at any time. _____(initial)

Safety Rules & Code of Ethics

Your safety and well-being is our most important concern. All forms will need to be updated on an annual basis. Should the physical condition of the participant change at any time, Horses of Hope must be notified immediately, and a new Physician Release Form must be completed. (Please note that Physical Therapy and Occupational Therapy forms may not apply to each applicant). _____(initial)

Participants that display behaviors that are abusive and/or disruptive in manner to other participants, horses, staff, or volunteers will not be allowed to participate for the safety of everyone involved. _____(initial)

Please do not hand feed the horses. All treats will be given to the horses at the end of the day and at the discretion and under the supervision of the instructor. _____(initial)

In order to comply with this facility’s standards, **only participants and volunteers will be allowed in the stable and arena area during lessons.** For the safety of our participants, please stay off the mounting ramps and out of the mounting ramp area. Parents and other spectators are asked to watch from the visitor area until students are finished with their class. _____(initial)

No dogs are allowed on property without prior permission from the Executive Director or Program Director. _____(initial)

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PARTICIPANT POLICIES AND PROCEDURES (Page 3 of 3)

It is important that participants and their families understand HoH is run primarily by volunteers. HoH is meant to be a place where people can come and find healing and support. Negativity, gossip and rumor related talk will not be tolerated by Participants or Participant’s family and could result in dismissal from the program. If you find you are dissatisfied with any aspect of the program, you should speak with your instructor first. If you need further assistance, please contact the Program Director, Vickie Hancock. We appreciate your help in making HoH the positive environment for all that come to the farm.

_____(initial)

We strive to make this a fun, safe experience for everyone. Please do not hesitate to call the office (570) 660-6881 with any questions you may have.

I have read and understand the Policies and Procedures outlined on pages 1, 2, and 3 concerning limitations, clothing, cancellations, inclement weather, and safety rules.

Participant’s Name: _____ **Date:** _____
(Please print)

Signature: _____ **Date:** _____
(Participant, parent, or legal guardian over 21 and legally competent)



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PAYMENT POLICY

For the Horses of Hope’s season, the participant will partake in a lesson that will be 45 minutes in duration. The fee for each lesson is \$40. Payments must be received prior to each lesson. There is a payment lockbox located in the community room for all payments. If you are in need of a receipt, please make a notation with payment and a receipt will be mailed to you.

_____ We are able to meet this payment schedule and will pay by check/money order made payable to **Horses of Hope, Inc.**

_____ Sponsorship funds are available for participants that are requesting assistance with lesson fees. **A minimum payment of \$5.00 by the participant, per lesson.** \$35.00 of your lesson fee may be subsidized if:

1. Sponsorship Application is completely filled out.
2. Financial documents are attached.

By signing below, I agree that I have read and understand the above written payment policy.

Participant’s Name: _____
Print Name

Signature: _____ **Date:** _____

(Participant, Parent, or Legal Guardian over 21 and legally competent)



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VOLUNTEER OPPORTUNITES (Participants)

There are many ways to help Horses of Hope and we would be most appreciative of your assistance in administrative, fundraising, and even planning tasks. If you are interested, please contact the office.

Horses of Hope depends on the funds made available through a variety of events held throughout the year. These funds help us to offset some of the costs associated with our program. Please indicate below the fundraising events that you would like to participate in.

_____ Walmart Donation Days

_____ Kiwanis \$1 ticket sales

_____ Food booth at event

_____ Spaghetti Dinner

_____ Open House

_____ Benefit Bingo (must be 21)

_____ Restaurant promotion (HOH gets a % of proceeds)

_____ Baked goods for events

_____ I have a great idea for a fundraising event _____

Please provide your contact information below to be notified by text and / or emails about upcoming events.

Name: _____ Home Phone: _____

Cell Phone: _____ (Text)

E-mail address: _____

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PARTICIPANT’S MEDICAL HISTORY AND PHYSICIAN’S RELEASE MUST BE COMPLETED BY PHYSICIAN

Name: _____ Date of Birth: _____

Address: _____

Name of Parent / Guardian: _____

Diagnosis: _____ Date of Onset: _____

Height: _____ Weight: _____ Tetanus Shot: Yes ___ No ___

Seizure Type: _____ Controlled: _____ Date of last seizure: _____

Medications: _____

Any contagious diseases? _____

Please indicate if patient has a problem and / or surgery in the following areas. If yes, please comment using the back of the form, if necessary.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disabilities			
Mental Impairment			
Phycological Impairment			
Inconstance			
Coordination			
Balance			

Mobility: Independent Ambulation: Yes ___ No ___ Crutches: Yes ___ No ___
Wheelchair Yes ___ No ___ Braces: Yes ___ No ___

Please indicate any special precautions: _____

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Physician Information

Contraindication to Assisted Horseback Riding

The following conditions, if present, may represent precautions and contraindications to assisted horseback riding. Please be sure to clearly identify, if any, of the following conditions are present and to what degree.

Orthopedic	Yes	No	Medical/Surgical	Yes	No
Spinal Fusion			Allergies		
Spinal Instabilities / Abnormalities			Cancer		
Atlantoaxial Instabilities			Poor Endurance		
Scoliosis			Recent Surgery		
Kyphosis			Diabetes		
Lordosis			Peripheral Vascular Disease		
Hip Subluxation and Dislocation			Varicose Veins		
Osteoporosis			Hemophilia		
Pathologic Fractures			Hypertension		
Coxas Arthrosis			Serious Heart Condition		
Heterotopic Ossification			Stroke (Cerebrovascular Accident)		
Osteogenesis Imperfecta			Muscular		
Cranial Deficits			Hypotonic		
Spinal Orthoses			Hypertonic		
Internal Spinal Stabilization Devices			Trunk Control, Upper/Lower extremity, specify		
Fractures			Neurologic		
			Seizure disorders		
Secondary Concerns			Hydrocephalus / shunt		
Behavior problems			Spinal Bifida		
Age under two years			Tethered Cord		
Age two – four years			Chiari II Malformation		
Acute exacerbation of chronic disorder			Hydromyelia		
Indwelling catheter			Paralysis due to Spinal Cord injury		

****If Participant has Down Syndrome, an additional Atlantoaxial Dislocation X-Ray form is required****

If yes was checked for Scoliosis, Kyphosis, or Lordosis, please list the Degree and the date of last X-Ray below.

Scoliosis: Degree: _____ Last X-Ray Date: _____
 Kyphosis: Degree: _____ Last X-Ray Date: _____
 Lordosis: Degree: _____ Last X-Ray Date: _____

To my knowledge, there is no reason why this persona cannot participate in supervised equine activities. However, I understand that this facility will weigh the medical information above against this existing precautions and contraindications.

Printed Name of Professional	MD DO NP PA Other
Signature	Date
Address	City / State / Zip
Phone	License / UPIN Number

Further comments / Notes, please use the back of this sheet:

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Horses of Hope is dedicated to making our services available to all who can benefit from therapeutic riding. Through the **sponsorship grant funded by the Clinton County United Way, Sonja Barner’s Memorial Scholarship Fund** and **private donations** received, Horses of Hope is able to offer financial assistance to families and individuals who qualify and cannot afford the program fees. This assistance is provided in the form of adjusted fees to those who demonstrate need.

The cost of each lesson is \$40.00. Sponsorship funds will be awarded based upon financial need to subsidize \$30.00 of each lesson fee. Our hope is that no rider be turned away for lack of funds. In order for the financial committee to determine eligibility and to be fair, we ask that a copy of your previous year’s tax return be included with your application.

Please keep a copy of the following sponsorship policy for your records:

- * A Sponsorship Application Form must be completed at the time of your application for the program, including tax-returns or supporting documentation of financial need. Please note all information is kept confidential.
- * A sponsorship committee will review all completed applications. If necessary, a meeting will be arranged with a member of this committee to review your application with you.
- * Final determination of sponsorships given will be based on the demonstrated financial need of the Rider’s family, the amount of the requests for assistance and the funds available.

Here is a list of ways you can help:

- * Parents/care providers are welcome to volunteer during their child’s lesson (requires attendance at one volunteer orientation & training – dates on calendar or speak with Volunteer Coordinator.
- * Volunteer for an event – Wal Mart Can Days, Bingo’s, Open House, etc.
- * Assist in selling for fundraisers – Candy bars, sandwiches, Kiwanis raffle tickets, etc.
- * Hold your own fundraiser for Horses of Hope!!

It is important to emphasize that sponsorship funds are limited. Sponsorship requests are reviewed on household income, number of dependents, and possibly special circumstances. It is our goal to assist as many children and adults with special needs as possible who need our services and not have anyone turned away due to finances.

If you have any questions about the sponsorship application or process, please contact Laurie Flanagan at 570-295-2904.

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Sponsorship Application

This application is for sponsorship assistance at Horses of Hope, Inc. The information will be kept **confidential** and made available only to our Sponsorship Committee.

Completion of an application is required annually.

If you think a sponsorship is required, it is important that applications be completed on time and that the most current tax return is included at the time of the application.

Rider / Participant's Name: _____

Parents/Guardian (if applicable): Father: _____ Mother: _____

Please list all pertinent information: Home phone: _____ Cell phone: _____

E-mail Addresses: _____

Home Address: _____

City, Zip Code: _____

Occupation(s): _____

Employer(s): _____

What is your total annual gross household income? \$ _____

Please attach a copy of your most recent tax-return and (if applicable) a copy of your SSI check.

Is SSI your only source of income? Y ___ N ___

Has there been any change in status since you filed your tax return? Y ___ N ___

If yes, please explain: _____

Please list dependent children: _____

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Please list any medical expenses that you have that are not covered by your health insurance:

Please list below any other special circumstances that you would like to be considered when determining eligibility for assistance.

I certify that all of the information provided in this Sponsorship Application is true and correct.

Name: _____

Relationship to applicant: _____

Signature: _____ Date: _____



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(This is your copy keep for your files)

Inclement Weather

Classes may be canceled due to bad (rain/thunder/high wind) weather. All efforts will be made to contact participant of cancellation within two hours of scheduled lesson time. For some participants and situations, an option may be that a horse care class can take place in the stables. A lesson may be canceled if the wind chill reaches 40° or below, or if the heat index reaches 90° or higher. Horses of Hope, Inc. reserves the right to reschedule, cancel and amend classes and the operating calendar at any time.

Safety Rules & Code of Ethics

Your safety and well-being is our most important concern. All forms will need to be updated on an annual basis. Should the physical condition of the participant change at any time, Horses of Hope must be notified immediately, and a new Physician Release Form must be completed. (Please note that Physical Therapy and Occupational Therapy forms may not apply to each applicant).

Participants that display behaviors that are abusive and/or disruptive in manner to other participants, horses, staff, or volunteers will not be allowed to participate for the safety of everyone involved.

Please do not hand feed the horses. All treats will be given to the horses at the end of the day and at the discretion and under the supervision of the instructor.

In order to comply with this facility’s standards, **only participants and volunteers will be allowed in the stable and arena area during lessons.** For the safety of our participants, please stay off the mounting ramps and out of the mounting ramp area. Parents and other spectators are asked to watch from the visitor area until students are finished with their class.

No dogs are allowed on property without prior permission from the Executive Director or Program Director.

Mailing Address: PO Box 94, Lock Haven, PA 17745

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