



RHYTHM OF THE REIN
THERAPEUTIC HORSEMANSHIP

MAILING: PO Box 86, Waterbury Center, VT 05677 | PHYSICAL: 388 US Rt.2, Marshfield, VT 05658
802 426-3781 | rhythmoftherein1@gmail.com | A PATH Premier Accredited Center

PARTICIPANT MEDICAL HISTORY and PHYSICIAN STATEMENT

Participant: _____ DOB: _____ Height: _____ Weight: _____
Address: _____
Diagnosis(es): _____ Date of Onset: _____
Past/Prospective Surgeries: _____
Medications: _____
Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____
Shunt Present: Y N Date of last revision: _____
Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N
Braces/Assistive Devices: _____

Please indicate current or past special needs in the following systems/areas, including surgeries: all YES answers require a response in the comment section.

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

I have reviewed the list of precautions and contraindications to therapeutic horseback riding as listed on the following page. To my knowledge, there is no reason why this person cannot participate in supervised equine activities. I understand that the PATH center will weigh the medical information above against existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Printed Name/Title: _____ MD DO NP PA Other: _____ UPIN: _____
Address: _____ Phone: _____
Signature _____ Date: _____

PRECAUTIONS AND CONTRAINDICATIONS FOR MOUNTED ACTIVITIES

While a contraindication may rule out mounted activities, there may still be suitable program offerings. Please feel free to contact us with any questions or concerns you might have. Thank you.

PRIMARY MEDICAL CONDITIONS THAT MAY BENEFIT:

TBI, MS, CVA, FUNCTIONAL SPINAL CURVATURE, PTSD, AMPUTATION, ARTHRITIS, SPINAL CORD INJURY, CP, AUTISM, ANXIETY, DEPRESSION

PRECAUTIONS:

Abnormal fatigue	Allergies to horse hair, hay, dust, mold
Arnold Chiari Malformation	Cardiac conditions
Diabetes	Heterotrophic ossification
Hydrocephalus	Incontinence
Peripheral vascular disease	Osteoporosis/osteopenia
Recent surgery	Sensory impairments
Shunts(s)	Tethered cord
Substance abuse	Hip dislocation/subluxation/dysplasia
History of skin breakdown or graft over bony or weight bearing areas	
Obesity where combined weight of rider & tack exceed 20% of weight of horse	

CONTRAINDICATIONS:

Acute herniated disc	Atlanto-axial instability
Coxa arthrosis	Severe osteoporosis
Pathological fractures	Spinal fusion – organic or surgical (Harrington rods)
Spondylolisthesis	Unstable spine (including cervical subluxation)
Acute arthritis flare	RA with cervical instability
MS exacerbation	Hemophilia
Uncontrolled seizures	Complete quadriplegia d/t SCI
CVA d/t unclipped aneurysm or presence of other aneurysms	
Open pressure sores or wounds on contact surfaces	
Mental states of agitation, confusion or disruptive behaviors inappropriate for safety in riding environment	



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**EAAT ADMISSION FORM AND CONSENT TO PARTICIPATE
AND CONSENT FOR MEDICAL TREATMENT**

Client Name: _____ Date of Birth: _____ Phone: _____

Guardian 1 Name (if applicable): _____

Guardian 2 Name (if applicable): _____

Address: _____

Email: _____

Emergency Contact Name: _____ Emergency contact#: _____

☐ Please check this box if you would like your email address added to Rhythm of the Rein's email list for periodic updates from the program. You can unsubscribe anytime.

Referring MD (if applicable): _____ MD phone #: _____

Healthy Insurance Company: _____ Policy #: _____

Allergies: _____ Medications: _____

CONSENT TO TREATMENT: I/We, the client or parents/legal guardians, agree that Rhythm of the Rein, its employees, program volunteers, and others associated with Rhythm of the Rein may provide Equine Assisted Activities and Therapies (EAAT) as directed by my physician to me or my minor child/legal ward and have duly executed Rhythm of the Rein's Alternative Riding Program Agreement, Liability Release, and Assumption of Risk Agreement and hereby affirm my consent to release any and all of Rhythm of the Rein's owners, employees, agents and associates from liability from any risk, injury or harm that may occur as a result of the minor child's/legal ward's participation in EAAT. I further acknowledge that the possible benefits to myself or child/legal ward are greater than the risks assumed.

NO CALL/NO SHOW: I/we agree to pay all fees for any missed scheduled sessions that I/we do not give at least 48 hours prior notice of cancellation. (There are no charges for sessions canceled by the provider.)

_____ Initial

WARNING –Under Vermont law, an equine activity sponsor is not liable for any injury to, or the death of, a participant in equine activities resulting from inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. Section 1039. For purposes of this agreement, I/we understand that the term "Equine Activity Sponsor" includes Rhythm of the Rein, and its instructors, therapists, volunteers, and/or employees.

_____ Initial

MEDIA RELEASE

I do _____\do not _____ consent to and authorize the use of photos and video containing images of myself, child/legal ward for use on social media, promotional information, and/or for educational activities, or for any other use for the benefit of Rhythm of the Rein.

_____ Please initial here to confirm your media release choice above.

EMERGENCY TREATMENT

In the event emergency medical aide/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 Rhythm of the Rein 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 the emergency medical treatment.

This authorization includes x-ray, surgery, hospitalization, medications, and any treatment procedures deemed “lifesaving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached. I/we _____ consent _____do not consent to emergency medical treatment.

Signature of Client or Legal Guardian(s): _____

Date: _____

*****IF POSSIBLE, PLEASE EMAIL THESE FORMS TO THE EMAIL ADDRESS ABOVE. IF MAILING, PLEASE USE OUR MAILING ADDRESS IN WATERBURY.*****



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**ALTERNATIVE EQUINE PROGRAM AGREEMENT, LIABILITY RELEASE
AND ASSUMPTION OF RISK AGREEMENT**

READ CAREFULLY – SIGNATURE DENOTES AGREEMENT WITH ALL SECTIONS

REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE: We, the parents or legal guardians of the minor identified below, or I, the participant, do hereby VOLUNTARILY AGREE to have said individual participate in Rhythm of the Rein's alternative horsemanship program.

Participant Name (Please Print): _____ DOB: _____ Age: _____

We/I attest to the fact that the participant has been certified by a physician to be eligible to participate in this program, and have provided Rhythm of the Rein with a copy of that certification.

Medical Insurance: I/WE AGREE THAT should medical treatment be required, we, or our medical insurance, shall pay for ALL such incurred expenses.

Signature: _____ **Date:** _____

A. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon the registered participant, and the parents or legal guardians thereof, their/my heirs, estate, assigns, including all minor children, and personal representatives, and it shall be interpreted according to the laws of Washington County in the state of Vermont. This agreement is intended to be valid and binding at all times now and in the future when Rhythm of the Rein permits US to enter their program, be near any horse, receive equine related services from its associates and/or when the participant rides and/or is near any horses on the host site's property only when accompanied by parents or legal guardians (directly or indirectly). Any disputes by the participant and his/her parents or guardians shall be litigated in, and the venue shall be the county in which Rhythm of the Rein is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME" "US" and "MY" shall herein refer to the above registered participant and the parents or legal guardians.

B. INHERENT RISKS/ASSUMPTIONS OF RISKS: I/WE ACKNOWLEDGE THAT: Although in the accompaniment of attendants, horseback riding has risks, conditions and dangers that are inherent to (meaning an integral part of) horse / equine / animal activities, regardless of all feasible safety measures which can be taken, and which the minor and his/her parents or legal guardians agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including but not limited to, surface or subsurface conditions; A collision, encounter with a person, or an object; The potential of an equine activity participant to act in a such a manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including, failing to cooperate with attendants. 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 the horse the impact may result in harm to the rider. Horseback riding, in which one smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the 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.

C. CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES: I/WE ACKNOWLEDGE THAT: Rhythm of the Rein is NOT responsible for total or partial acts, occurrences, or elements of nature and/or sudden and/or unfamiliar sights, sounds and/or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, insects: which may walk or fly near, land on, or bite or sting a horse or person; and irregular footing. I/WE also acknowledge that these are just some of the risks and I/WE agree to assume others not mentioned above. I/WE am not relying on Rhythm of the Rein to list all possible conditions for us.

D. CARRY-ON OBJECTS WARNING AND SHARP LOUD NOISES WARNING: I/WE ACKNOWLEDGE THAT: when approaching, mounting, and riding horses, I/WE must not carry loose items that may fall or blow away or flap in the wind or make sharp or loud noises, the action of which may scare horses causing them to react in unsafe ways. SOME EXAMPLES ARE: Toys, lockets, charm bracelets, cell phones, pocket pagers.

E. SADDLE GIRTH LOOSENING WARNING: I/WE ACKNOWLEDGE THAT: Despite efforts to keep girths adequately tightened, saddle girths (fastener straps around horses' belly) may loosen during riding sessions. Even with attendants, riders may fall with resulting injury, harm, or death and I/WE accept that risk.

F. PROTECTIVE HEADGEAR/HELMET WARNING: I/WE AGREE THAT: As a condition of providing this equine service, while riding, handling, and/or being near horses, participant and/or legal ward must wear protective headgear/helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F1163 Equestrian Helmet. I/WE understand that while wearing of such headgear/helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences, it is no guarantee that harm will not befall the participant. I/WE ACKNOWLEDGE THAT: Rhythm of the Rein has offered me, and my child and/or legal ward, if applicable, protective headgear/helmet that meets or exceeds the quality standards of SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet and that the participant must wear said protective headgear/helmet at all times when in the barn or on horseback. I/WE ACKNOWLEDGE THAT: I/WE will be responsible for properly securing the headgear/helmet on the participant's head at all times.

G. LIABILITY RELEASE: I/WE AGREE THAT: In consideration of Rhythm of the Rein allowing our minor child's or legal ward's participation in this activity, under the terms set forth herein, we for ourselves and on behalf of the minor child and/or legal ward, heirs, administrators, personal representatives, or assigns, do agree to release, hold harmless, and discharge Rhythm of the Rein and its agents, employees, officers, directors, representatives, assigns, members, owners of premises, affiliated organizations, and insurers, and others acting on their behalf (herein collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Rhythm of the Rein and the host site and/or its associates ordinary negligence or legal liability; and WE do further agree that except in the event of gross negligence and/or willful and/or wanton misconduct, WE shall not bring any claims, demands, legal actions, and causes of action, against Rhythm of the Rein and the host site and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by US and/or my minor child or legal ward in relation to the premises and operations of Rhythm of the Rein and the host site, to include riding, handling or otherwise being near horses owned by US or owned by either Rhythm of the Rein or the host site or in the care, custody or control of Rhythm of the Rein.

H. EQUINE ACTIVITY LIABILITY ACT (ELA) WARNING: UNDER VERMONT LAW, ANY EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITY THAT ARE OBVIOUS AND NECESSARY, PURSUANT TO 12 V.S.A. 1039.

Each Parent or Legal Guardian must sign below after reading and completing this entire document.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, REPRESENT THAT I/WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT. I/WE AM GIVING UP THE RIGHTS TO SUE TODAY AND IN THE FUTURE. I/WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I/WE ARE SIGNING THIS DOCUMENT WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

SIGNATURE OF CLIENT, PARENT/ GUARDIAN AND/OR SPOUSE#1: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN AND/OR SPOUSE #2: _____

DATE: _____



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CANCELLATION AND LATE ARRIVAL POLICY

Effective January 1, 2025

ROTR Cancellations:

- Weather or equine related: If a mounted lesson is unsafe due to weather conditions and/or there is not a suitable equine available, the lesson may be adjusted to an unmounted format (if appropriate). Unmounted lessons are charged at the same rate as mounted lessons, as valuable information and experience is still being offered to your student. Declining an unmounted lesson offered by the instructor is counted as 'canceled by student' and lesson fees will be charged.
- Instructor unavailable: If the instructor is unavailable or if necessary assistants cannot be present, the student will be notified as early as possible and there will be no charge for the lesson time.
- Safety: If the surrounding schools (Twinfield, Danville, Cabot) are closed due to unsafe travel conditions, ROTR will also close and there will be no charge for these lesson times.

Participant Cancellations: Lesson payment reserves your student's spot in the program as there are limited spaces that are in high demand. Failure to notify your instructor may result in re-evaluation of student participation. Lesson fees will be charged for all missed lessons with the following exception.

- A minimum of 48 hours notice is provided for student cancellation.

Late arrival of Student: Does not alter the ending time of a lesson. The lesson will be considered 'canceled by student' if students arrive later than the halfway mark of their scheduled lesson time and lesson fees will be charged.

Excessive cancellations or late arrivals: May be cause for re-evaluation of enrollment in the ROTR lesson program if:

- More than 1 no-call/no-show in a 6 month period and/or
- More than 2 late arrivals and/or cancellations in a month

I (print name)_____ have read and will comply with this ROTR Cancellation and Late Arrival Policy.

Signature:_____

Date:_____

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PARTICIPANT PAYMENT and SCHEDULING PLAN

Fees are \$100.00 per individual, contract for groups, payable to Rhythm of the Rein.

Name of Participant: _____

Name of Parent or Guardian (if applicable): _____

Daytime phone: _____ Evening phone: _____

THESE SESSIONS WILL BE PAID BY* (check all that apply):

☐ Direct Pay: _____ per session _____ monthly

☐ Direct Pay: Send invoice to: _____
Mailing address: _____

☐ Third Party: I have contacted the party below and have approval.

To verify and arrange for payment please contact:

Agency/School: _____

Contact Name: _____

Phone Number: _____

Mailing Address: _____

*We no longer direct bill insurance companies for medical therapy services (PT,OT, SLP). We are happy to provide invoices and copies of requested medical records with a signed consent to release information form.

SCHEDULING INFORMATION

Age _____ Weight _____ Height _____

Please indicate days and times you are **not** available. The more flexibility you have the easier it will be to schedule your sessions. Sessions run from 45 min to an hour.

Days/times unavailable: _____

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