



PLEASE READ CAREFULLY

The following is a list of general information and the current fee schedule for Queen of Hearts Therapeutic Riding Center, Inc. ("Queen of Hearts" or "QoH"). These general rules are necessary for the safety and welfare of the participants, volunteers, and horses. We ask that everyone observe the following rules while visiting QoH.

Center Hours

Queen of Hearts is currently open Mondays through Thursdays from 9a.m. to 7p.m. and Fridays through Saturdays from 8a.m. to 1p.m. Additional hours may be added as deemed necessary.

Rate for Each 8-Week Therapeutic Riding Session is \$560

Each riding session consists of eight (8) 45-minute lessons, scheduled once a week for eight (8) consecutive weeks. Queen of Hearts is able to offer a partial scholarship rate **for a pledge of \$560.00**. Pledges for each session must be pre-paid prior to commencement of the sessions. Special payment arrangements may be made on a case-by-case basis.

Although we ask for a pledge of only \$70 per lesson, due to the unique nature and staffing requirements of a therapeutic equine program, the **actual value** of each therapeutic riding lesson is \$350 per hour, per participant, for a total of \$2,800 per 8-week session. Therefore, QoH welcomes and encourages all participants to obtain supplemental/matching scholarships.

In addition to fees, all enrollment forms, medical releases, assessments, and other required documentation must be received by QoH prior to participation in any therapeutic horseback riding lessons.

Group Therapeutic Riding Lessons

To keep the cost of the lessons low, all lessons are considered "group" lessons. This means that a participant may start out being the only participant in a time slot, but other participants may be added when the time is requested. All participants advance at different rates; therefore, although participants in the same class may not have the same riding experience, we try to ensure that all participants in a lesson have approximately the same riding abilities. Additionally, for the safety of all involved, and to ensure all participants get the appropriate amount of attention required, there will be no more than three (3) participants per instructor during a riding lesson.

Scheduled Lesson Time

The participant's lesson time is scheduled for a pre-determined date and time which remains the same from week to week throughout the applicable session. **If a participant is more than 10 minutes late for a lesson, the lesson will be forfeited.** If a participant needs to change his or her schedule, arrangements may be made if there is an opening available. The scheduled lesson times are made on a first come, first serve basis. **For proper staffing, QoH requires a 24-hour notice if a participant needs to cancel his/her lesson, or the lesson will be forfeited.**

Missed Lessons

There are no refunds or credits for missed lessons. Lessons *may* be rescheduled **if time permits within the same week** or if there are unforeseen circumstances such as inclement weather. If a participant anticipates missing two (2) or more lessons within a 4-week time period, QoH may request that the participant give up his/her time slot and, *if* the time slot is still open when the participant returns, then the rider may be placed back on the same schedule.

Rain Days/Inclement Weather

For the safety of the participants, volunteers, and the humane treatment of the horses, it is Queen of Hearts' policy to not conduct lessons on horseback in the rain, high wind conditions, or when

the temperature exceeds 95°F. If the lesson must be cancelled by QoH, all attempts will be made to reschedule the participant at a mutually convenient time during the same week. If there are no available time periods within the same week, the class will be “rolled over” to the end of the session.

Refund Policy

Queen of Hearts has a no refund policy. In the event of extended absences, such as a prolonged illness/injury (such as an infectious virus or an injury that will be aggravated by horseback riding), a credit will be held for unused lessons. If a participant chooses not to return, the credit may roll over to another family member that is already enrolled in the program within sixty (60) days.

What Riders Should Wear

Helmets: ALL riders MUST wear an ASTM/SEI approved helmet. Queen of Hearts is happy to loan a helmet to participants however, it is best if each participant obtains his/her own. Your instructor can help you with the proper fit.

Pants: It is preferred for all riders to wear long pants during lessons. Jeans and other trousers should be loose enough to allow the rider to sit comfortably. There should not be a tight crease or pressure across the hips, upper thigh, and abdomen. Cotton sweatpants also work very well. Nylon pants, however, can cause the rider to not have a secure seat in the saddle.

Jacket/Sweater: Jackets and sweaters should not be too long. The rider should not be able to sit on the back of the jacket and sleeves should not extend past the rider's wrists. The jackets/sweaters should be zipped, buttoned, or snapped closed when riding; loose, flapping jackets can distract the horse and rider.

Footwear: Sneakers should be avoided. Riding boots with a low heel are ideal for most riders. Please ask your instructor for local stores where new and used footwear can be obtained.

Leg Braces: Many riders can wear short leg braces when they ride because they help support the ankle. However, if the rider rides without stirrups, it may be more beneficial to remove the braces so the lower leg can easily contour to the horse. Please discuss the options with your instructor.

GENERAL RANCH RULES

- There is NO SMOKING allowed anywhere on ranch grounds.
- **PLEASE DO NOT DISTURB CLASSES THAT ARE IN SESSION** or attempt to talk to the instructors while they are teaching a class. For safety and effective teaching, the instructor's full attention is on the participants, and the participant's full attention must be on the instructor and their horses.
- PLEASE DO NOT CLIMB on the arena gates, railings, fencing or barriers.
- Please **do not take photographs or videos of riders** while class is in session without prior permission.
- Parents, caretakers, friends, relative and siblings are welcome to stay and observe the classes in session. We ask that observers stay within the confines of the “Parent Park.” We ask that you watch your children and PLEASE **DO NOT ALLOW CHILDREN TO CLIMB ON THE MOUNTING RAMPS OR FENCES, VISIT THE BARN, OR STRAY INTO THE HORSE STAGING AREA.**
- You are welcome to bring snacks, drinks and sack lunches to enjoy while watching your rider's lesson. Please dispose of your refuse in the black trash cans. **NO ALCOHOLIC BEVERAGES ARE ALLOWED.**
- Visitors are not allowed in the barn/tack area, or beyond the arena without the accompaniment of authorized ranch personnel. We will be happy to escort visitors to meet the horses if time permits.
- For the safety of our riders, we ask that you please leave your pets at home.
- We at Queen of Hearts thank you for your cooperation. If you have any questions or concerns regarding the fee schedule or general rules, please feel free to speak with Executive Director, Robin Kilcoyne.



Queen of Hearts Therapeutic Riding Center, Inc.
6407 Dana Avenue, Jurupa Valley, California 91752 - (951-734-6300)



PARTICIPANT REGISTRATION AND HEALTH HISTORY



PLEASE FILL OUT ALL PAGES OF THIS APPLICATION AND RETURN TOGETHER AS A WHOLE PACKET



GENERAL INFORMATION:

NAME OF PARTICIPANT: _____
 DOB: _____ AGE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 HOME PHONE: _____ CELL: _____ EMAIL: _____

PARENTS/GUARDIANS/PRIMARY CONTACT:

RELATIONSHIP: _____ (CELL) _____
 ADDRESS (If different from above): _____

MAY WE PUT YOU ON OUR MAILING LIST? Yes No
 (WE DO NOT AND WILL NOT SELL OR GIVE AWAY YOUR INFORMATION TO THIRD PARTIES.)

REFERRED BY: _____

HEALTH HISTORY:

PHYSICIAN NAME: _____
 ADDRESS: _____
 OFFICE PHONE: _____
 MEDICAL DIAGNOSIS: _____ DATE OF ONSET: _____

Please indicate current or past problems in the following areas:

	Y	N	COMMENTS
ALLERGIES			
BACK INJURIES/SCOLIOSIS			
BEHAVIORAL			
BONE/JOINT			
BREATHING			
CIRCULATION			
COMMUNICATION			
DIGESTION			
ELIMINATION			
EMOTIONAL			
HEARING			
HEART			
MUSCULAR			
PAIN			
SENSATION			
THINKING/COGNITION			
VISION			

CURRENT MEDICATIONS (including over-the counter): _____

PRECAUTIONS/RESTRICTIONS (Please indicate all implants, shunts, appliances, devices, etc.): _____

DESCRIBE YOUR ABILITIES/DIFFICULTIES IN THE FOLLOWING AREAS (include assistance required or equipment needed):

FUNCTION (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding): _____

SOCIAL (i.e. 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?) _____

* * * * *

Request for Services

No participant can be accepted for participation until the Parent/Guardian has completed this form. If the participant is at least 18 years old and mentally competent, he may complete the form himself. Every effort will be made to avoid any accident; however, **NO LIABILITY** can be accepted by any of the organization's trustees, agents, employees, each and every one of its members and associates, the property owners upon whose land the lessons are conducted.

I would like (**enter participant's name**) _____ to participate in equine activities at Queen of Hearts Therapeutic Riding Center, Inc. I have discussed this with the child's (my) doctor. Furthermore, I grant permission to a Queen of Hearts' instructor or therapist to contact my doctor or therapist to further clarification of medical information if needed (this information will be treated with confidentiality). I understand that **NO LIABILITY** can be accepted by any of the organizations concerned with this instruction or therapy, including **QUEEN OF HEARTS THERAPEUTIC RIDING CENTER, INC.** and **QUEEN OF HEARTS RANCH.** I understand that the final decision regarding acceptance, selected therapeutic activities, and continued participation rests with the Queen of Hearts' staff, upon due consideration of the individual's special needs and the safety of the participant, staff, volunteers and horses.

DATE Participant Signature Printed Name

DATE Parent/Guardian Signature Printed Name

* * * * *

(Office use only) Date application received _____ Approved: _____ Program Director



RELEASE AND HOLD HARMLESS

WARNING

Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

The program at QUEEN OF HEARTS RANCH and QUEEN OF HEARTS THERAPEUTIC RIDING CENTER, INC. (collectively, "QUEEN OF HEARTS"), provides therapeutic horseback riding and equine-assisted therapies and activities for able-bodied and disabled children and adults. Horseback riding is considered a risk exercise, so volunteers and horses are carefully selected and trained, and safety equipment is required for all riders.

No participant will be accepted for equestrian services and no volunteer accepted until this form has been READ, UNDERSTOOD, COMPLETED and SIGNED by the parent(s) or guardian(s) of a minor, or if the participant or volunteer is of legal age and sound mind, by the participant or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, **the undersigned acknowledges the inherent risks involved in riding and working around horses.** This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling. In order to provide this valuable service, NO LIABILITY will be accepted by QUEEN OF HEARTS, or any of the organizations' officers, directors, instructors, personnel, volunteers or other persons connected with the above-named facility.

IN CONSIDERATION for the privilege of riding and/or working around horses at QUEEN OF HEARTS, the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to release, hold harmless and indemnify QUEEN OF HEARTS, its officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney fees, which the undersigned or said minor may now or in the future have against QUEEN OF HEARTS, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to QUEEN OF HEARTS, its officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in anyway incidental thereto.

Date: _____ Participant's Name: _____

Participant's Signature (if not a minor): _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Queen of Hearts Therapeutic Riding Center, Inc.

A Non-Profit Equine-Assisted Therapy Program for People with Special Needs
CA Organization No. 2231279 ~ Federal 501(c)(3) EIN 33-0907556 ~ Duns 030638451

Where the Riding Spirit Comes from the Heart

6407 Dana Avenue
Jurupa Valley, CA 91752 -2427
(951) 734-6300
www.queenofheartsranch.org



PATH Intl Premier Accredited Center No. 43710
PATH Intl Certified Therapeutic Riding Instructors
PATH Intl Certified Equine Specialists
EAGALA Advanced Certified Facilitators
VA/RII Certified Peer Support Specialists

PHOTO RELEASE

I _____ DO
_____ DO NOT

consent to and authorize the use and reproduction by QUEEN OF HEARTS RANCH, and/or QUEEN OF HEARTS THERAPEUTIC RIDING CENTER, INC. (collectively "QUEEN OF HEARTS") of any and all still and/or moving photographs and films, including television pictures, of my/our SELF CHILD WARD, (Enter Participant's Name) _____ and consents and authorizes QUEEN OF HEARTS to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signature(s) to this release other than the intention of QUEEN OF HEARTS and its work.

Participant's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Relationship: _____

Optional Demographics

Because we are a nonprofit 501(c)(3) public entity and we have a strong desire to keep the costs of services as low as possible, we need to apply for grants. Most grants that we apply for are asking for the following demographic information that does not pertain to, nor influence, the services we provide our participants. However, because potential grantors request this information, it will help us to better represent those we serve. The following information is purely voluntary and does not influence acceptance into services at Queen of Hearts Ranch or Queen of Hearts Therapeutic Riding Center, Inc.

If you chose to answer, please check all answers that apply:

Ethnicity:

African/Black	Asian	Caucasian/White	European	
Hispanic/Latino	Multi - Race	Native American	Pacific Islander	
Other (Please Specify)		Unknown	Prefer Not to Answer	

Military/First Responder Status:

Military Active	Military Veteran	Firefighter Active	Firefighter Veteran	
Police Officer Active	Police Officer Veteran	EMT/Ambulance Active	EMT/Ambulance Veteran	
Emergency Medical Active	Emergency Medical Veteran	Other	Prefer Not to Answer	

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EAGALA Advanced Certified Facilitators
VA/RII Certified Peer Support Specialists

Dear Health Care Provider:

One of your patients is interested in supervised equestrian activities. Enclosed is an assessment form which will help our therapists and instructors develop a safe and effective riding program for him/her. Please fill out the areas that pertain to your expertise, and/or attach any existing assessments or reports that you think will be helpful to our staff.

To safely provide this service, our center requests that you complete/update 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.

Adaptive horseback riding is a unique and productive way to improve the quality of life for many children and adults with physical, cognitive, or psychological disabilities. Queen of Hearts Therapeutic Riding Center, Inc. serves many such people each week from within the Inland Empire and beyond. Your participation in our program is invited. Please feel free to call or visit if you would like more information.

Precautions and Contraindications

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/Hydroxylian

Other

Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – i.e., Photosensitivity
Poor Endurance
Skin Breakdown
Weight Considerations (For the health and safety of our horses and volunteers, we may not be able to accept riders who weigh over 200 pounds.)

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding your client's participation in equine-assisted activities, please contact the center at the address/phone indicated above.



PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

Participant: _____

DOB: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Address: _____ City: _____ Zip: _____

Diagnosis: _____ Date Of Onset: _____

For those with Down Syndrome: Cervical X-Ray for Atlanto-Axial Instability:
Positive _____ Negative _____ X-Ray Date _____

Tetanus shot: Yes No

Date: _____

Seizures: Type _____ Controlled? Y N Date of Last Seizure: _____

Medications: _____

HEALTH HISTORY: Please indicate current or past problems in the following areas, including surgeries:

	NORMAL	PROBLEMS/DEFICITS	COMMENTS/SURGERIES
ALLERGIES			
AUDITORY			
BACK INJURIES/SCOLIOSIS type/degree			
BALANCE			
BEHAVIORAL			
CARDIAC			
CIRCULATORY			
COGNITIVE			
EMOTIONAL/PSYCHOLOGICAL			
IMMUNITY			
LEARNING DISABILITY			
MUSCULAR			
NEUROLOGICAL			
ORTHOPEDIC			
PULMONARY			
RESPIRATORY			
TACTILE SENSATION			
VISION			
SHUNT	YES:	NO:	
GI TUBES	YES:	NO:	
CATHETER	YES:	NO:	
OTHER			

MOBILITY:

INDEPENDENT AMBULATION Y ___ N ___ BRACES Y ___ N ___ CRUTCHES Y ___ N ___ WHEELCHAIR Y ___ N ___

OTHER SPECIAL PRECAUTIONS/RESTRICTIONS: _____

This Form MUST BE Signed by a Physician

I have reviewed the CONTRAINDICATIONS attached to this form. In my opinion, this patient has none of these contraindications and may participate in supervised equestrian activities. In conjunction with these activities, I concur in the referral of the participant to a PT/OT/ or SLP or other health care professional for evaluation of abilities/limitations in performing exercises and implementing an effective equestrian program. I understand that the final decision regarding acceptance rests with the Queen of Hearts Therapeutic Riding Center, Inc. staff, upon due consideration of the participant's special needs, precautions and contraindications, and the safety of the participant, staff, volunteers and horses.

PHYSICIAN'S NAME (please print) _____ LICENSE/UPIN NUMBER: _____
PHYSICIAN'S SIGNATURE: _____ Date: _____
Address: _____ Phone: (____) _____

MAY WE PUT YOU ON OUR MAILING LIST? Yes: ___ No: ___
(WE DO NOT & WILL NOT SELL OR GIVE AWAY YOUR INFORMATION TO THIRD PARTIES)