



Queen of Hearts Therapeutic Riding Center, Inc.

6407 Dana Avenue, Jurupa Valley, CA 91752

queenofheartsranch.com / (951) 734-6300

Nonprofit EIN: 33-0907556



Dear Participants/Caregivers:

Thank you for your interest in Queen of Hearts' therapeutic equestrian program. To assist you in getting started with our program, enclosed are some general information sheets about our program and registration forms that must be filled out prior to the participant's first lesson.

The "**Participant Registration and Health History**," is to be filled out by the participant that will be participating in our program.

The "**Participant's Medical History and Physician's Statement**" must be signed by the participant's doctor who is currently involved in regular treatment of the participant. This information is very important as it helps us assess and create a program that is right for each rider. It is especially important that the medical assessment form is filled out and signed off by the participant's treating physician or therapist. We may not undertake any equine-assisted therapy or therapeutic riding session with the participant until we have obtained clearance from his/her physician indicating that there are no contraindications to such activities. Photocopies of the original forms are acceptable.

Unfortunately, equine-assisted activities and therapies may not be appropriate for everyone, even with the physician's consent. Queen of Hearts Therapeutic Riding Center, Inc. reserves the right to screen prospective participants to determine if they have any physical or mental contraindications to functionally participate in safe equestrian activities and therapies. Each individual is evaluated separately to ensure the functional safety of the participants, the volunteers, and the equines involved. As committed professionals, it is our obligation to offer the highest quality service that we can safely provide. Therefore, Queen of Hearts has acquired adaptive saddles and devices to improve the overall safety of our program and our instructors strive to adapt lessons for each individual's specific needs.

The "**Authorization for Emergency Medical Treatment**" form must also be filled out in full prior to engaging in any activities at the Center as well as the "Release and Hold Harmless" form.

Lastly, you will find a "**Photo Release**" to allow us to photograph the participant as he/she participates in activities at the Center. This form is not mandatory and has no bearing on acceptance to the program. **If you do not consent to the participant photograph being taken, please indicate this on the "Photo Release" form.** In the event that you do allow us to use participant's photograph, you may rest assured that the photos will be used in appropriate media such as brochures, posters or ads in publications promoting the Center's activities, and you will be allowed to review any photographs chosen for such publications prior to their going to print.

If you have any questions regarding enrollment, scheduling or any other aspect of our facility, please feel free to call us at your earliest convenience. We look forward to meeting you and introducing you to our therapeutic riding program.

Sincerely,

Robin L. Kilcoyne, M.Ed.
Founder/Executive Director
PATH Intl Certified Instructor and ESMHL
EAGALA Certified Facilitator

Enclosures



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.

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 low heels 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, relatives, 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 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.



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: _____

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.)

EMERGENCY CONTACT (if different from above, i.e., primary caregiver) _____
 PRIMARY PHONE: _____ RELATIONSHIP: _____
 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, waling, 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 Participant/Caregiver has completed this form.

If participants are mentally competent, they may complete the form themselves. 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 my doctor. Furthermore, I grant permission to a Queen of Hearts’ instructor or therapist to contact my doctor or therapist to further clarify 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/Caregiver Printed Name and Signature

* * * * *

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



Queen of Hearts Ranch
Queen of Hearts Therapeutic Riding Center, Inc.
6405/7 Dana Avenue, Jurupa Valley, California 91752 - (951-734-6300)



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 for able-bodied and disabled children and adults. Volunteers and horses are carefully selected and trained, and safety equipment is required for all riders since horseback riding is a risk exercise.

No participant will be accepted for equestrian services and no volunteer accepted until this form has been READ, UNDERSTOOD, COMPLETED and SIGNED by the participant (or caregiver if participant is not of sound mind).

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 caregiver, 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.

Dated: _____ Participant's Name: _____

Participant (or Caregiver) 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: _____

* * * * *

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 but, 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		Unknown	

Military/First Responder Status:

Air Force Active	Air Force Reserve	Air Force Veteran	
Army Active	Army Reserve	Army Veteran	Active Reserve (AGR)
Coast Guard Active	Coast Guard Reserve	Coast Guard Veteran	
Marine Active	Marine Reserve	Marine Veteran	
National Guard Active	National Guard Drilling	National Guard Veteran	Active NG (AGR)
Navy Active	Navy Reserve	Navy Veteran	
Space Force Active	Space Force Reserve	Space Force Veteran	
Police Officer/Deputy	Fire Fighter	EMT	First Responder Retired

Funding Sources

Queen of Hearts Therapeutic Riding Center, Inc. is the proud recipient of funding from various sources for our Veterans. One of those fundings is through Wounded Warrior Project® (WWP). Although **you do not need to register with WWP to receive services at Queen of Hearts**, their funding helps us to provide this program for you.



You can follow the information below to become a WWP Alumnus. Once registered, you can ask to receive equine therapy and let them know you want your services at Queen of Hearts Therapeutic Riding Center, Inc.

WWP is committed to helping every warrior achieve their highest ambition. At WWP, you're not a member – you're an alumnus, a valued part of a community that's been where you've been and understands what you need. Wherever you are in your journey, their programs, services, and resources are built to reduce the burden of visible and invisible wounds and are here to help you take the next steps that are right for you.

Once registered, everything they offer is free because a price cannot be put on empowering, employing, and getting warriors engaged in their community.

Warrior Registration

If you are a veteran or active-duty service member of the U.S. armed forces and suffered a physical or mental injury, wound, or illness during your military service on or after September 11, 2001, you can register below. Once verified, you'll have access to our programs in areas like mental health, financial wellness, physical health, and peer and community connection.

<https://www.woundedwarriorproject.org/programs/wwp-registration/alumni>

Required Documentation

To complete the registration process, they will need you to provide the most recent copy of one or more of the below documents based on your status. Additional information or documentation may be needed to confirm eligibility for WWP services.

If you are discharged or retired:

- DD214 (showing final discharge status)
- NGB 22 (National Guard)
- DD256, discharge orders or discharge certificate (Reserves)
- VA Benefits Summary Letter (includes dates of service and character of discharge)

Active Duty:

- MEB/PEB Narrative Summary
- Current Unit Orders to a WTU/WTB
- Line of Duty (LOD) Form with Memo
- Service/Personnel Record (ERB/ORB/BIR/SURF/EPR/etc.)
- Orders or Citation for a post-9/11 combat-related award
-

If you have any other trouble with the following online registration form or have any questions about registration, please call the WWP Resource Center at 888.WWP.ALUM (997.2586) or 904.405.1213 (international).

Remember that once you are registered, you will need to contact WWP and ask for equine-therapy at Queen of Hearts Therapeutic Riding Center, Inc.

Queen of Hearts Therapeutic Riding Center, Inc.

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PATH Intl Certified Equine Specialists
EAGALA Advanced Certified Facilitators
VA/RII Certified Peer Support Specialists

Dear Health Care Provider:

One of your clients 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.

Therapeutic 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
Weight over 20% of horse's weight (approx.. 250 lbs.)

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
Skin Breakdown
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.

Sincerely,

A handwritten signature in black ink that reads "Robin L. Kilcoyne".

Robin L. Kilcoyne
Executive Director



PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

MANDATORY ONLY FOR RIDERS

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 if Client Wants to Ride

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)