



Our Mission: "To enhance the health of people and our community through relationships with horses."

## **"Back In the Saddle" Pilot Program**

This pilot program is open to veterans who are currently experiencing any symptoms of PTSD (depression, anxiety, anger, sleep issues, etc.). This is a 6-week program that combines equine groundwork and riding to help alleviate symptoms and help clients to get "Back in the Saddle" of life.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Emergency Contact Information**

In case of emergency contact info

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Referral Source (Name):** \_\_\_\_\_

\_\_\_\_Physician \_\_\_\_Mental Health Professional \_\_\_\_PT / OT / SPL \_\_\_\_Educator

\_\_\_\_Family Member/Friend \_\_\_\_Current Client \_\_\_\_Other \_\_\_\_\_

### **Military Service**

Branch \_\_\_\_\_ Rank \_\_\_\_\_

Conflicts (i.e. Vietnam, OIF, etc.)

\_\_\_\_\_

### Client Symptoms:

Rate any symptoms using a scale of 1 to 10 where 1 is very minimal and 10 is extreme.

Depression	1	2	3	4	5	6	7	8	9	10
Anxiety	1	2	3	4	5	6	7	8	9	10
Trouble Sleeping	1	2	3	4	5	6	7	8	9	10
Anger outbursts	1	2	3	4	5	6	7	8	9	10
Other Symptom (Describe)	1	2	3	4	5	6	7	8	9	10
Other Symptom (Describe)	1	2	3	4	5	6	7	8	9	10

Have you been diagnosed with PTSD by a medical profesional?  Yes  No

### Past Equine Experience

I am a returning client  Yes  No If yes, when?\_\_\_\_\_

I am a new client but have previous riding experience  Yes  No

If yes, how long?\_\_\_\_\_ Where?\_\_\_\_\_

Riding Experience: (Circle all that apply)

Western English Dressage Trail Pleasure Competitive

### Client Goals

Client Goals for the Program:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of client**

**Date**

## Center Policies & Procedures

- **Weight Requirements.** Horse selections are based on safety, horse size, temperament and lesson objectives. For mounted activities, rider and tack may not exceed 250 pounds.
- **Safety Requirements.** Individuals may be precluded from participating in equine activities if any of the following occur (at the discretion of the instructor):
  - The client's physical condition is exacerbated in any way by participation in equine activities.
  - An appropriate horse is no longer available.
  - The client's behavior poses safety concerns to the client, staff, volunteer(s) and/or horse.
- **Payment Policy.** Payment is due at registration in order to hold your spot.
  - Payment may be made on our website or in person by check or cash.
- **Cancellation Policy.** If you must cancel an appointment, please contact your instructor at least 24 hours in advance.
- **Weather Policy.**
  - Classes are automatically cancelled in the event of a National Weather Service Warning for Burnet County at the time of the scheduled session.
  - In the event of a class cancellation due to inclement weather, HARTH FOUNDATION will notify the client by phone. It is the responsibility of the client to ensure that HARTH FOUNDATION has a current phone number for notification purposes.
- **Client Documentation.** Clients will be required to sign a variety of forms, including but not limited to a photo release, liability release, emergency contact info and attending physician forms, PRIOR to participation in equine activities.

## Rules of Participation.

- All clients are required to wear an ASTM-SEI approved helmet during all mounted activities. Approved helmets are provided by HARTH FOUNDATION for client use.
- Clients should dress appropriately for equine activities. This includes boots, long pants and weather appropriate attire.
- Unsupervised children are not allowed at HARTH FOUNDATION. Children must be supervised at all times while on HARTH FOUNDATION premises.
- PERSONAL PETS ARE NOT ALLOWED ON HARTH FOUNDATION PREMISES, with the exception of service animals.

- NO SMOKING ON HARTH FOUNDATION PREMISES.
- Clients and participants will not bring alcohol or drugs onto HARTH FOUNDATION premises or be under the influence of alcohol or drugs while on the premises.
- NO WEAPONS of any kind are permitted on HARTH FOUNDATION premises.
- **Changes in Medical Condition.** Should a significant change in the client's condition occur at any time, a physician's statement/release for equine activities may be requested at the discretion of the instructor. It is the responsibility of the client to inform HARTH FOUNDATION staff of any significant changes in the client's condition.
- **Private Property.** HARTH FOUNDATION is private property. There is no admittance outside of operating hours unless prior authorization has been received.
- **Never hand feed the horses.**

**WARNING**

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

**VIOLATION OF ANY OF THESE RULES MAY RESULT IN IMMEDIATE TERMINATION FROM THE PROGRAM.**

I have read, understand and agree to follow the policies and procedures set forth by *HARTH FOUNDATION*.

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Signature of client

Date

### Physician Release Form

Date: \_\_\_\_\_

Dear Sir/Madam,

Your patient, \_\_\_\_\_, is interested in participating in a horseback riding program. HARTH Foundation is a Professional Association of Therapeutic Horsemanship (PATH) International Member Center.

In order to safely provide this service, our center, HARTH Foundation, requests that you complete this approval.

This person is not medically precluded from participation in horseback riding programs.

Name/Title: \_\_\_\_\_ MD DO NP PA Other

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

Thank you for your assistance.

Sincerely,

*Jereny Johnson*

Jereny Johnson  
PATH International Certified Instructor  
HARTH Foundation ([www.harhtx.org](http://www.harhtx.org))  
Cell: (830) 613-7550  
[jerenyj@harhtx.org](mailto:jerenyj@harhtx.org)

## ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY

I [REDACTED], hereafter referred to as "Participant", which term includes the parent or legally appointed guardian of a Participant, if the Participant is a minor, am freely and voluntarily seeking to participate and engage in equine activities, (hereafter referred to as "Activity") at facilities or with horses owned or controlled by HARTH Foundation, ATHERTON EQUESTRIAN GROUP, LTD, d/b/a SUNSET CLIFF FARMS, or its agents, owners, or representatives, including ATHERTON ENTERPRISES, LTD., SHERRY A. ATHERTON, LTD., SHERRY ATHERTON and VICTORIA MACNAUGHTON, equine professionals (hereinafter referred to as "Owners").

- **Inherent Risks of Equine Activities/Assumption of Risks.** Participant acknowledges that there are numerous inherent risks of equine activities, whether preparing for, entering, attending, participating in, or leaving the activity. The inherent risks include those dangers and conditions which are an integral part of equine activities, including, *but not limited to*: (a) the propensity of an equine or other animal to behave in ways that may result in injury or death to persons on or around them; (b) the unpredictability of the equine's reaction to sound, sudden movements or unfamiliar objects, persons, or other animals; (c) certain land conditions and hazards, including surface or subsurface conditions; (d) collisions with another animal or object; (e) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or another, including failing to maintain control over the equine or not acting within the participant's ability; or (f) the breakage or failure of tack resulting in a fall or other movement that causes injury to the rider or other persons or animals in the vicinity. *Participant is not relying on Owner to list all possible inherent risks or all risks of participation in the Event.*
- **Participant's Abilities.** Participant has represented to Owner that Participant has the ability to safely engage in the Activity and acknowledges that the Owner has made a reasonable and prudent effort to determine Participant's ability to safely engage in the Activity.
- **Waiver and Release of Liability.** With full knowledge and appreciation of these and other inherent risks of equine activities, Participant freely and voluntarily assumes the risks of the equine activities involved in any aspect of the Activity. In this connection, Participant also voluntarily agrees to waive any and all rights to sue and hereby releases the Owner, its employees, agents, and representatives from all liability, loss, claims, or causes of action for injury, death, expenses, or damage to person or property resulting from the inherent risks of the Activity, or resulting from any action or inaction by the Owner. **This waiver and release shall be effective even if the injury, death, or damage to person or property is caused by or contributed to by actions or failure to act of the Owner which were negligent or in violation of any applicable law pertaining to equine activities.**
- **Miscellaneous.** Participant agrees that this Assumption of Risk, Waiver, and Release of Liability shall be enforced to the greatest extent permitted by law. If any clause of this Assumption of Risk, Waiver and Release of Liability conflicts with applicable law, only that clause will be null and void, but the remainder shall stay in full force and effect.

### WARNING

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**I have read this Assumption of Risk, Waiver and Release of Liability Agreement. I understand it, and I agree to be fully bound by its terms.**

**Signature of Participant**

**Date**

## Liability Release

I [REDACTED], the undersigned volunteer/client/guest, hereafter referred to as "Participant", which term includes the parent or legally appointed guardian of a Participant, if the Participant is a minor, am freely and voluntarily seeking to participate in equine assisted counseling/activities, (hereafter referred to as "Activity") at facilities or with horses owned or controlled by HARTH Foundation, ATHERTON EQUESTRIAN GROUP, LTD, d/b/a SUNSET CLIFF FARMS, or its agents, owners, volunteers, clients or representatives, including ATHERTON ENTERPRISES, LTD., SHERRY A. ATHERTON, LTD., SHERRY ATHERTON and VICTORIA MACNAUGHTON, equine professionals (hereinafter referred to as "Owners").

I acknowledge the risks and potential for risks of equine activities. I understand the Participant may be working with and around the horses of HARTH Foundation. I, the undersigned, hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrator, waive and forever release, acquit, discharge and hold harmless all claims of damages against HARTH Foundation, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers or Owners.

I understand that under Texas Law (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), a farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.

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Signature

Printed Name

## Photo Release

I Consent to and authorize

I do NOT Consent to

the use and reproduction by HARTH Foundation of any and all photographs and any other audio/visual materials taken of me or my child/ward for promotional material, educational activities, exhibitions, website, Facebook and other social media or for any other use for the benefit of the programs or HARTH Foundation.

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Signature

Date