

2025 PARTICIPANT APPLICATION

MEDICAL HISTORY & PHYSICIAN'S STATEMENT

To Be Completed by **PHYSICIAN**

Participant: _____ DOB: _____ Height: _____ Weight*: _____

* We maintain a 200lb weight limit dependent upon ambulatory status, range of motion, and discretion of the Program Director. This limitation ensures the wellness and optimum soundness of JHTR horses, ensures properly fitted equipment is available, and provides a safe environment for participants, volunteers, and staff. The Program Director has the discretion to make exceptions to this policy. Participants over the maximum weight are encouraged to participate in unmounted activities such as groundwork or Equine Assisted Learning.

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____ Date: _____

Medications: _____ Allergies: _____

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

Shunt Present: Y N Date of Last Revision: _____ Medically Able To Wear A Mask: Y N

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

FOR PATIENTS WITH DOWN SYNDROME - A NEUROLOGIC EXAM MUST BE COMPLETED ANNUALLY

Date of last neurological exam: _____ Neurologic Symptoms of Atlantoaxial Instability: Present ☐ Absent ☐

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

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

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that JHTR will weigh the medical information given against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional in the implementations of an effective equestrian program.

Name/Title: _____ MD DO NP PA Other: _____ License/UPIN Number: _____	
Signature: _____	Date: _____ Phone: _____

PARTICIPANT INFORMATION

Pg. 2-10: To be completed by **PARTICIPANT, PARENT OR GUARDIAN**

Participant Name: _____ Pronouns: _____

DOB: _____ Age: _____ Height: _____ Weight*: _____

*We maintain a 200lb weight limit dependent upon ambulatory status, range of motion, and discretion of the Program Director. This limitation ensures the wellness and optimum soundness of JHTR horses, ensures properly fitted equipment is available, and provides a safe environment for participants, volunteers, and staff. The Program Director has the discretion to make exceptions to this policy. Participants over the maximum weight are encouraged to participate in unmounted activities such as groundwork or Equine Assisted Learning.

Parent/Legal Guardian(s): _____

Phone: _____ Email: _____

Mailing Address: _____

Additional Caregivers: _____

Home Address (if different from above): _____

Preferred Medical Facility: _____ Physician's Name: _____

Allergies: _____ How did you hear about this program? _____

Health History

Diagnosis: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
High Risk of Severe Illness if exposed to Infectious Disease			
Able To Wear A Mask			

Health History Continued

Current Medications (Include prescription and over-the-counter, name, dose and frequency):

Describe abilities/difficulties in the following areas (include assistance required or equipment needed):

Physical Function (e.g. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

Psychosocial Function (i.e. work/school including grade completed, leisure interests, relationships- family structure, support systems, companion animals, fears/concerns, etc.)

Goals (i.e. What goals do you have for Equine Assisted Activities? What would you like to accomplish?)

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

!!WARNING!!

UNDER WYOMING LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO W.S. 1-1-126.

PARTICIPANT LIABILITY RELEASE

The undersigned acknowledges that the handling of horses is hazardous to the horse handler, rider and horse, and therefore, willingly and knowingly, accepts whatever risks are involved with riding and/or handling horses under the instruction of Jackson Hole Therapeutic Riding. The undersigned hereby, intending to be legally bound, for themselves, their heirs and assigns, executors or administrators, waive and release forever all claims for damages against Jackson Hole Therapeutic Riding, its board of directors, executive director, instructors, therapists, volunteers and/or employee for any and all injuries and/or losses they may sustain while participating with JHTR.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

JHTR POLICIES

By signing this agreement, I the Participant or Parent/Legal guardian (if under 18yrs old), agree to the following policies at JHTR:

- Payment Policy: Session fees or complete financial aid application are due before each session begins.
- Participant Attendance Policy: If a participant misses a class there will not be a refund or a make-up class scheduled. If JHTR cancels a class, there will be the choice of a make-up class or refund.
 - Exceptional Circumstances: JHTR may approve prearranged absences in which exemption from participation appears to be in the best interest of the participant or their family.
- I understand that the JHTR arena is located and leased on public school grounds, and I must abide by these governmental laws:
 - **NO DOGS** on premises (even contained within vehicles)
 - **NO TOBACCO PRODUCTS** on premises
 - **NO DRUGS/ALCOHOL** allowed on premises or to be used prior to volunteering
 - **NO GUNS/WEAPONS** on premises
 - **10 MPH** when driving on premises (be alert and cautious, children at play)

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

JHTR & PATH INTL. PHOTOGRAPH AND FILM RELEASE

Consent/do not consent to and authorize the use and reproduction by JHTR of any and all photographs and any other audio/visual materials taken of me for promotional material, social media, including but not limited to Facebook and Instagram, educational activities, exhibitions, or for any other use for the benefit of the program.

☐ I DO Signature of Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

☐ I DO NOT Signature of Non-Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

JHTR COMMUNICABLE DISEASES POLICY

JHTR is committed to the health and safety of anyone coming to JHTR to participate in JHTR activities including its staff, participants, their families, and volunteers. JHTR reserves the right to modify this policy at any time in its sole discretion to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy environment.

By signing this agreement, I the Participant or Parent/Legal guardian (if under 18 years old), agree to the following policies at JHTR:

- **Duty to Self-Monitor:** Participants and their attendants agree to self-monitor for signs and symptoms of communicable diseases (including, but not limited to, SARS, COVID-19. etc) and agree to contact JHTR if he/she experiences symptoms of said diseases within 5 days after participating in any JHTR activity.
- **Exposure:** All Participants and their attendants will be asked to certify they have not been exposed to, tested positive for or are experiencing symptoms of the communicable diseases (including, but not limited to, SARS, COVID-19. etc) and may be prohibited from participation until further notice.
- **Mask Policy:** Masks are optional for Participants, Guest, Volunteers and Staff. If any participant requests that masks be worn for their protection, JHTR staff will make every effort to comply with their request.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

PARTICIPANT'S CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____
(Doctor or Medical Facility)

to release information from the records of: _____ DOB: _____
(Participant's Name)

The information is to be released to: **Jackson Hole Therapeutic Riding**

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- ☐ Medical history
- ☐ Physical therapy evaluation, assessment and program plan
- ☐ Speech therapy evaluation, assessment and program plan
- ☐ Occupational therapy evaluation, assessment and program plan
- ☐ Mental health diagnosis and treatment plan
- ☐ Individual Habilitation Plan (IHP)
- ☐ Classroom Individual Education Plan (IEP)
- ☐ Psychosocial evaluation, assessment and program plan
- ☐ Cognitive-behavioral management plan
- ☐ Other: _____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

Print Name: _____ Relation to Participant: _____

BILLING POLICY

Participants are assigned to lessons on a session basis. A session consists of 4-7 weeks. Participants are billed by JHTR prior to the start of a new session. Participants are given a billing information sheet, as well as a cancellation policy as part of the participant packet. This form must be signed and turned in as part of the participant file.

Providing an email address allows JHTR to send statements electronically. Participants may view and securely pay their invoice online by credit card. Payment may also be made by check or cash.

If payment for the previous session has not been received, the participant will be ineligible to enroll in the following session. Payment plans are available, please contact the Executive Director to discuss your options.

Financial aid is available if the participant qualifies. Please refer to financial aid policy.

JHTR does not bill insurance companies or third parties for equine activities. If you are receiving Occupational Therapy services, insurance will be billed via the contract therapist upon request depending on the individuals provider and policy.

Approved by JHTR on February 27, 2024.



Tori Plennes
Executive Director

I have received, read, and agreed to the terms listed above.

Signature: _____

Date: _____

BILLING INFORMATION SHEET

Participant's Name:	
Bill to (Full Name):	
Billing Address:	
City, State, Zip:	
Phone:	
Email*:	

2025 Session Dates & Fees

SESSION	DATES	ADAPTIVE RIDING FEE	OCCUPATIONAL THERAPY FEE
Session 1*	May 5 th – 30 th	\$180*	\$400*
Session 2	June 16 th – June 27 th & July 7 th – July 25 th	\$225	\$500
Session 3	August 11 th – 29 th	\$135	\$300
Session 4	September 15 th – October 10 th	\$180	\$400

**There will be no classes on Monday, May 26th in honor of Memorial Day and fees will be altered accordingly.*

Cancellation Policy

Horses are very expensive to maintain and we depend on income from our lessons to keep the program going! In order to effectively manage paid staff and volunteer hours, JHTR must enforce the following cancellation policy:

- **A credit will only be given when JHTR cancels a lesson.**
- No participant will be allowed to start a new session if they have a past due balance from the previous session. Anyone who has a past due balance should contact the Executive Director to make payment arrangements. Any rider who has not made payment arrangements from a past due bill will not be allowed to participate.
- If a participant misses two (2) lessons without notifying JHTR, they may be removed from the schedule for the remainder of that session. The participant may apply to re-enter the program for the following session.

Thank you for your cooperation!

I understand I will be billed for any services provided to the above participant(s) and I agree to pay for these services or submit a Financial Aid Application.

Signature: _____ Date: _____

*Providing an email address allows JHTR to send you statements electronically. Your email address will be used solely to facilitate electronic billing and communications with JHTR. You will be able to view and pay your statement online by credit card at the website indicated on the statement. You will also be able to pay by mailing a check or providing cash/check to the JHTR staff.

FINANCIAL AID APPLICATION

ALL INFORMATION PROVIDED WILL BE HELD IN STRICTEST CONFIDENCE

Complete applications are required to be filed annually and will be applied to sessions after submission. Please allow up to 30 days for the Executive Director to review application.

Name of Participant: _____ Have you applied before? Yes ☐ No ☐

Are other members of your family applying for financial aid from JHTR? Yes ☐ No ☐
If yes, who? _____

Information requested below applies to Parent/Guardian or Adult Rider.

Name: _____ Cell Phone: _____ Work Phone: _____

Spouse: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

Married ☐ Single ☐ Divorced/Separated ☐ Widowed ☐

Number of Children _____ Ages _____ # of people living in home _____

Client resides with: Mother ☐ Father ☐ Both Parents ☐ Guardian ☐ Self ☐

FINANCIAL INFORMATION – The Following information is required for financial aid.

Please list all forms of income received on annual basis for the entire household. Mark N/A for any that do not apply to you.

SOURCE	AMOUNT
Employment Wages	
Unemployment Benefits	
Social Security Benefits	
Alimony/Spousal Support (income)	
Child Support (income)	
Welfare/General Assistance	
Medicaid	
Other	
Total Income:	

FINANCIAL INFORMATION CONTINUED

Please check the range that best represents your annual household income:

- | | |
|--|---|
| <input type="checkbox"/> Less than \$30,000 | <input type="checkbox"/> \$51,000 - \$60,000 |
| <input type="checkbox"/> \$30,000 - \$40,000 | <input type="checkbox"/> \$61,000 - \$80,000 |
| <input type="checkbox"/> \$41,000 - \$50,000 | <input type="checkbox"/> \$80,000 and greater |

JHTR subsidizes the cost of all lessons through the generous support of donors and grants. The cost to our participants is \$45/Adaptive Riding (AR) & EAL lessons. ***Please note that financial aid is not available for OT sessions.***

Please indicate the amount you are you able to pay per lesson:

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$40 |
| <input type="checkbox"/> \$15 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$35 | <input type="checkbox"/> \$45 |

ADDITIONAL INFORMATION

Volunteers play a significant role in the success of programs offered at JHTR. We ask all participant families to volunteer in any way they can. Please check any of the ways that you agree to volunteer.

- | | | |
|---|---|--|
| <input type="checkbox"/> Barn Chores/Cleaning | <input type="checkbox"/> Maintenance Assistance | <input type="checkbox"/> Write Thank You Cards |
| <input type="checkbox"/> Volunteer in Lessons | <input type="checkbox"/> Other: _____ | |

I certify that the information provided in this application is correct to the best of my knowledge.

Signature: _____ Date: _____

For Official Use Only

Reduced Fee: _____ Approved By: _____ Date: _____