



Hello, and thank you for your interest in Mitey Riders!

Within the contents of this packet, you will find all the necessary forms that need to be completed so your child may be considered for the Mitey Rider program. Please make sure all forms are COMPLETE before you send in your application, otherwise the process will take longer. **Please note: Part Two of this application must be completed by your child's physician.*

Once we receive your application by fax, mail or hand, we will confirm with you that all forms are complete. At this time we will also give you the status of our waiting list. After your application is reviewed, you will be contacted to let you know the status of your application - if your child has been placed on our waiting list, or if we would like to have you and your child out for an evaluation.

Our riding season begins in September and ends in May of each year. For this reason, most new riders are accepted over the summer in preparation for the upcoming season. Once classes are underway, we have very limited openings to bring new students in until the following year. However, we do encourage you to come visit and observe classes during the year if your child is on the waiting list for any reason, or your application has not yet been submitted. Riding horses is not for everyone, and by watching other children ride in our program, you can get a clear idea of how your child might react to the process.

Please review the checklist below before submitting your application. This will ensure your application is complete and ready for review.

PART ONE

_____ Rider Profile & Medical History

PART TWO

_____ Physician's Letter
_____ Physician Statement & Medical History
_____ Prescription & Medical Team Consent

PART THREE

_____ Parent-Volunteer Application Form
_____ Parent-Volunteer Release Form
_____ Parent Contract
_____ Parent Agreement to Notify Form
_____ Rider & Family-Volunteer Guidelines (*keep these at home for reference!*).

Please do not hesitate to contact us directly with any questions or concerns. We look forward to meeting you and your child very soon!

Sincerely,
The Team at Misty Meadows Mitey Riders

For more info, visit our web site at www.miteyriders.org!



PART ONE > RIDER APPLICATION > **Rider Profile & Medical History**

Date of Application: ____ / ____ / ____

Rider Name (First/Middle/Last): _____

DOB: ____ / ____ / ____ Age: ____ Height: ____ Weight: ____ lbs. Gender: M / F

Address: _____

City: ____ State: ____ Zip Code: ____

School: ____ School City: ____

Parents/Guardians(First/Middle/Last): _____

Address: _____

City: ____ State: ____ Zip Code: ____

Phone: (H) ____ (C) ____ (W) ____

E-mail: _____

Siblings (List names and ages): _____

CAP Worker/Therapist (if applicable): _____

How did you hear about Mitey Riders? _____

Has your child participated in an equine-assisted therapy program before? YES NO
If yes, what program? _____

RIDER ELIGIBILITY VERIFICATION

- Must be five years of age or older.
- Must provide, annually, a prescription for riding from a qualified physician.
- For riders with Down syndrome: no signs of atlantoaxial instability.
- Does not have a history of having uncontrolled grand mal seizures.
- Physically able to maintain head and neck position independently in proper alignment with horse's movement
- Physically able to sit symmetrically with torso upright and legs astride a horse during horse's movement. We will evaluate any support required to maintain upright torso to determine our ability to safely accommodate the rider.
- Does not exhibit physical or behavioral conditions that are contraindicated by PATH Intl.
- Weight Limit: Riders must weigh under 170 pounds. Note, each of our horses has a unique weight carrying limit. BOTH a horse with the appropriate weight carrying limit AND a support team that can manage an applicant's weight must be available to safely accommodate a rider.
- Able to tolerate a riding safety helmet
- Able to accommodate the movement of the horse without pain.
- Able to abide by all required safety rules and protocols while at the farm and in class, including mask wearing during pandemic, refraining from attendance when ill, and safety around animals.
- Parents/guardians agree to support Mitey Riders through volunteering.

Mitey Riders reserves the right to refuse any rider (of any disability) based on our ability to safely accommodate his/her needs.

Mitey Riders reserves the right to refuse or discontinue any rider who, as deemed by Mitey Riders Staff, no longer receives benefit from participation or whose eligibility status has changed.

I have read the above Rider Eligibility Requirements:

Parent Signature: _____ Date: _____



[Client, Parent or Legal Guardian]

PART ONE > RIDER APPLICATION > **Rider Profile & Medical History**

Diagnosis: _____ Date of Onset: _____

Date of last Tetnus Shot: _____

Please indicate if child has an issue and/or surgeries in any of the following areas by checking "yes" or "no." If "yes," please comment.

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Emotional/Mental Health			
Behavioral			
Bone/Joint			
Leaning Disability			
Independent Ambulation			
Crutches			
Braces			
Wheelchair			
Other:			

Please complete the following if your child is affected by the following conditions:

CONDITION	YES	NO	QUESTIONS
Is your child affected by seizures?			Date of last seizure: _____ Are they controlled? _____ How frequent? _____
Does your child have Down Syndrome?			Negative X-Ray for Atlantoaxial Instability? _____ Date of last X-Ray: _____ Negative symptoms for Atlantoaxial Instability? _____
Does your child have any tactile sensitivities?			Examples:
Does your child have any allergies to dust, hay,			Examples:



Animals, pollen or seasonal environments?

PART ONE > RIDER APPLICATION > Rider Profile & Medical History

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency)

Blank lines for medication information

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

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

Blank lines for physical function information

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

Blank lines for psycho/social function information

GOALS (i.e. why are you applying for participation? What would you like to accomplish?)

Blank lines for goals information

LIABILITY RELEASE

[Child's name] would like to participate in The Misty Meadows Mitey Riders, Inc. ("Mitey Riders") at the farm owned by Misty Meadows Farm LLC. ("The LLC") and operated by Misty Meadows Farm, Inc. ("Misty Meadows"). I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my respective heirs, successors, assigns, executors and administrators, do hereby waive and forever discharges, and agrees to hold harmless, Harry Swimmer and Marilyn Swimmer, Mitey Riders, Misty Meadows, The LLC and its members, employees and agents, and their respective successors and assigns (collectively the "Released Parties") from and against any and all liability, claims, for any and all injuries and/or losses my son/daughter/ward may sustain while participating in Misty Meadows Mitey Riders, Inc. This includes without limitation, any liability or claim that I may have against any of the Released Parties with respect to any bodily injury, personal injury, illness (including exposure to, or contracting Covid 19), death or property damage, whether caused by the negligence of the Released Parties or otherwise. I also understand and agree that the Released Parties do not assume any responsibility for or obligation to provide medical assistance, including but not limited to medical, health or disability insurance in the event of any such injury illness death, or damage.

I, _____, the undersigned, have read this release and assumption of risk and understand all its terms, including the warning above. I execute this release and assumption of risk voluntarily and with full knowledge of its significance.

Signature: _____ Date: _____



[Client, Parent or Legal Guardian]

PART TWO > RIDER APPLICATION > **Physician's Letter**

NOTE: Send this letter, in addition to the following 4 pages to your General Physician.

Date: _____

Dear Health Care Provider:

Your patient, _____ [Child's name] is interested in participating in supervised equine activities.

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

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

Other

Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – i.e. Photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

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



Precautions and Contraindications

The primary focus of any facility offering equine related services is to provide a safe and productive experience for all participants. Mitey Riders abides by precautions and contraindications as defined by the Professional Organization of Therapeutic Horsemanship International and precautions and contraindications as prescribed by a potential participant's physician.

Please consider the following when deciding to include therapeutic horseback riding for your client:

- 1) **Movement:** Most equine related services inherently involve movement. If this movement will cause a decrease in the participant's function, and increase of pain, or generally aggravate the medical condition it may not be the intervention of choice.
- 2) **Fall Risk:** Equine related services always present the potential for a fall. Such a fall may cause a greater functional impairment than the participant originally had. The possibility of a fall should be given careful consideration when making this informed decision.

- 3) **Atlantoaxial Instability & Down Syndrome**

There are inherent risks involved with equine related services for individuals diagnosed with Down syndrome and/or atlantoaxial instability. Atlantoaxial instability increases the possibility of injury in an activity that hyper-extends, radically flexes, or creates direct pressure on the neck or upper spine. A fall from a horse, a sudden movement of the horse, or even the horse's normal stride/movement can create hyper-extension or hyper-flexion of the neck and upper spine.

As a result, Mitey Riders, following the guidelines of PATH International, considers any evidence, radiological or by presence of neurologic symptom, a contraindication for therapeutic horseback riding. Accordingly, **neurologic signs always supersede radiographs as a contraindication.**

PATH international requires that all potential participants with Down syndrome have a medical examination by a licensed physician including a complete neurological exam annually that shows **no evidence of AAI or neurologic symptoms.**

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

Sincerely,
Misty Meadows Mitey Riders



PART TWO > RIDER APPLICATION > **Physician's Statement & Medical History**

NOTE: This section MUST be filled out by your child's General Physician.

Rider Name (First/Middle/Last): _____

DOB: ____ / ____ / ____ Age: _____ Height: _____ Weight: _____ lbs. Gender: M / F

Address: _____

City: _____ State: _____ Zip Code: _____

Diagnosis: _____ Date of Onset: _____

Date of last Tetnus Shot: _____

Past/Prospective Surgeries: _____

Medications: _____

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

Shunt Present: Y / N Date of last revision: _____

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

Braces/Assistive Devices: _____

For those with Down Syndrome: Please see Annual Prescription for Therapeutic Horseback Riding to verify that this patient has no evidence of AAI and no decrease in neurologic function.

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

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Tactile Sensation			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Neurological			
Immunity			
Muscular			
Orthopedic			
Allergies			
Emotional/Mental Health			
Pain			
Behavioral			
Bone/Joint			
Leaning Disability			
Current on NC and physician recommended vaccinations			



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Other:			
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Annual Physician Prescription for Therapeutic Horseback Riding

NOTE: This section MUST be filled out by your child's General Physician. Mitey Riders may request clearance from an additional medical professional including, but not limited to: PT, OT, Orthopedic Surgeons or others.

Rider Name (First/Middle/Last): _____
DOB: ____ / ____ / ____ Age: _____ Height: _____ Weight: _____ lbs. Gender: M / F
Address: _____
City: _____ State: _____ Zip Code: _____

Prescription for Therapeutic Horseback Riding

This person is NOT medically precluded from participation in equine-assisted activities and therapeutic horseback riding.

Rider Name (First/Middle/Last): _____
Diagnosis: _____ Date of Onset: _____
Recommended Frequency _____
Precautions (all riders must wear helmets) _____

Physician Signature: _____ Date: _____
Physician's Name _____ MD / DO / NP / PA / Other: _____
Address: _____
Phone: _____ License/UPIN Number: _____

For patients with Down syndrome:

Therapeutic horseback riding is contraindicated by the Professional Association of Therapeutic Horsemanship International if any of the following conditions are present: neurologic symptoms of atlantoaxial instability (AAI) or positive neurologic clinical signs as evaluated by a physician, significant AAI measurement as determined by a physician, or excessive head/neck instability with or without a helmet.

Physicians: Please verify that this patient has no evidence of AAI and no decrease in neurologic function:

AtlantoDens Interval X-rays, date: _____ Result: + / -

Neurologic Symptoms of Atlanto Axial Instability:



PART THREE > RIDER APPLICATION > **Parent-Volunteer Applications**

NOTE: If both parents/guardians are present, please be sure to fill out the information completely for both individuals separately.

Parent/Guardian Name (1): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (H) _____ (C) _____ (W) _____
E-mail: _____
DOB: ____ / ____ / ____ Rider's last name (if different than yours): _____

Emergency Contact: _____
Emergency Contact Phone: _____
Preferred Hospital in case of emergency: _____

Please indicate which areas of the program you would like to volunteer:

During Classes

- _____ Daily Chores/Projects
- _____ Side-walking with a Student
- _____ Shed & Stable Maintenance
- _____ Administrative Office Work

Outside of Classes*

- _____ Volunteer Appreciation
- _____ Golf Tournament Silent Auction
- _____ Fundraising
- _____ Spring Festival Planning Committee

***Parents are expected to volunteer during the Annual Spring Festival if their child will be riding that day.**

Parent/Guardian Name (2): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (H) _____ (C) _____ (W) _____
E-mail: _____
DOB: ____ / ____ / ____ Rider's last name (if different than yours): _____

Emergency Contact: _____
Emergency Contact Phone: _____
Preferred Hospital in case of emergency: _____

Please indicate which areas of the program you would like to volunteer:

During Classes

- _____ Daily Chores/Projects
- _____ Side-walking with a Student
- _____ Shed & Stable Maintenance
- _____ Administrative Office Work

Outside of Classes*

- _____ Volunteer Appreciation
- _____ Golf Tournament Silent Auction
- _____ Fundraising
- _____ Spring Festival Planning Committee

***Parents are expected to volunteer during the Annual Spring Festival if their child will be riding that day.**



PART THREE > RIDER APPLICATION > **Parent-Volunteer Release Forms**

PARENT/GUARDIAN ONE

Liability Release

I, _____ desire to provide volunteer services for Misty Meadows Mitey Riders, Inc. ("Mitey Riders") at the farm owned by Misty Meadows Farm LLC. ("The LLC") and operated by Misty Meadows Farm, Inc. ("Misty Meadows"). In consideration for Mitey Riders' agreement to use such volunteer services, I and my respective heirs, successors, assigns, executors and administrators, do hereby waive and forever discharges, and agrees to hold harmless, Harry Swimmer Marilyn Swimmer, Mitey Riders, Misty Meadows and their directors, officers, employees, and agents, and The LLC and its members, employees. and agents, and their respective successors and assigns (collectively the "Released Parties")from and against any and all liability, claims, and demands of whatever kind which arise from or in connection with the volunteer services. This includes without limitation, any liability or claim that I may have against any of the Released Parties with respect to any bodily injury, personal injury, illness (including my exposure to, or contracting, Covid19 or other diseases), death or property damage whether caused by the negligence of the Released Parties or otherwise. I also understand and agree that the Released Parties do not assume any responsibility for or obligation to provide medical assistance, including but not limited to medical, health or disability insurance in the event of any such injury illness death, or damage. I understand that certain activities included in the volunteer services may be hazardous to the Volunteers but hereby assumes the risk of such activities.

Photo Release (check one)

_____ I consent to and authorize the use and reproduction by Misty Meadows Mitey Riders, Inc., of any and all photographs and any other audio-visual materials taken of me and/or my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the Program.

_____ I do not give my consent for the Photo Release.

Confidentiality Agreement

I understand the expectation that all information related to the students of Misty Meadows Mitey Riders is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

Marketing Release

DO **DO NOT** consent to and authorize the use and reproduction by **Misty Meadows Mitey Riders, Inc.** of any and all photographs and any other audio/visual materials taken of me and/or my child and family for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Additionally, **DO** **DO NOT** consent to and authorize the use of any testimonials and/or written and spoken quotations from me and/or my child and family for promotional materials, marketing purposes or any other use for the benefit of the program.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]



PART THREE > RIDER APPLICATION > **Parent-Volunteer Release Forms**

PARENT/GUARDIAN TWO

Liability Release

I, _____ desire to provide volunteer services for Misty Meadows Mitey Riders, Inc. ("Mitey Riders") at the farm owned by Misty Meadows Farm LLC. ("The LLC") and operated by Misty Meadows Farm, Inc. ("Misty Meadows"). In consideration for Mitey Riders' agreement to use such volunteer services, I and my respective heirs, successors, assigns, executors and administrators, do hereby waive and forever discharge, and agrees to hold harmless, Harry Swimmer Marilyn Swimmer, Mitey Riders, Misty Meadows and their directors, officers, employees, and agents, and The LLC and its members, employees. and agents, and their respective successors and assigns (collectively the "Released Parties")from and against any and all liability, claims, and demands of whatever kind which arise from or in connection with the volunteer services. This includes without limitation, any liability or claim that I may have against any of the Released Parties with respect to any bodily injury, personal injury, illness (including my exposure to, or contracting, Covid19), death or property damage (including my exposure to, or contracting, Covid19) whether caused by the negligence of the Released Parties or otherwise. I also understand and agree that the Released Parties do not assume any responsibility for or obligation to provide medical assistance, including but not limited to medical, health or disability insurance in the event of any such injury illness death, or damage. I understand that certain activities included in the volunteer services may be hazardous to the Volunteers but hereby assumes the risk of such activities.

Photo Release (check one)

_____ I consent to and authorize the use and reproduction by Misty Meadows Mitey Riders, Inc., of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the Program.

_____ I do not give my consent for the Photo Release.

Confidentiality Agreement

I understand the expectation that all information related to the students of Misty Meadows Mitey Riders is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

Marketing Release

DO **DO NOT** consent to and authorize the use and reproduction by **Misty Meadows Mitey Riders, Inc.** of any and all photographs and any other audio/visual materials taken of me and/or my child and family for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Additionally, **DO** **DO NOT** consent to and authorize the use of any testimonials and/or written and spoken quotations from me and/or my child and family for promotional materials, marketing purposes or any other use for the benefit of the program.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]



PART THREE > RIDER APPLICATION > **Parent Contract**

In exchange for _____ [Child's name]

being an active participant in the Misty Meadows Mitey Riders program, I agree to volunteer, in some needed capacity. Please see Parent/Volunteer Application Form for Volunteer Opportunities*. Parents or a family member are expected to volunteer in our annual Spring Festival if their child is riding that day.

*Siblings, relatives and CAP workers are invited to volunteer as well, but must fill out a Volunteer Application Form, and attend Safety Training each year.

PARENT/GUARDIAN ONE

Print Name: _____

Signature: _____ Date: _____

[Client, Parent or Legal Guardian]

PARENT/GUARDIAN TWO

Print Name: _____

Signature: _____ Date: _____

[Client, Parent or Legal Guardian]



PART THREE > RIDER APPLICATION > **Parent Agreement to Notify Form**

I agree to notify Misty Meadows Mitey Riders by phone or email in the event that I/my son/daughter/ward is unable to ride, for any period of time during the course of the Program year, due to:

- medical procedures
- illness
- injury
- other incidents that may affect the child's ability to safely be on a horse.

Rider's Name: _____

PARENT/GUARDIAN ONE

Print Name: _____

Signature: _____ Date: _____

[Client, Parent or Legal Guardian]

PARENT/GUARDIAN TWO

Print Name: _____

Signature: _____ Date: _____ [Client, Parent or

Legal Guardian]

PART THREE > RIDER APPLICATION > **Rider Guidelines**

NOTE: Below you find a list of our Rider and Family-Volunteer Guidelines. Please keep these pages for your records at home. You can also find this information on our web site at www.miteyriders.org.

Our goal is to provide a safe and beneficial experience for our riders, volunteers, horses and staff. To do so, we rely on all of our families to follow these guidelines.

General

- All new students will be evaluated prior to acceptance in the program.
- Once a student is accepted, on-going evaluations will determine if riding therapy continues to be beneficial and our horses/volunteers are able to safely and effectively accommodate the student.
- Approved helmets must be worn at ALL MOUNTED TIMES.
- All contact information must be updated annually prior to participation in classes.
- All students with Down syndrome must have Atlantoaxial instability verification annually on file.
- All students **MUST** have a **yearly** doctor prescription on file with Mitey Riders stating that the rider is fit to participate.

Cancellations & Weather

- If a rider has to cancel, a call to both the farm and your Volunteer Coordinator should be made **AHEAD** of his/her scheduled day. See our full attendance policy below.
- If we do not have enough volunteers present to provide a safe ride, sessions may be canceled.
- If the weather is below 32 degrees or there is snow/ice, sessions may be canceled.
- If there is a severe thunderstorm, mounted sessions may be canceled.

Rider Attire & Equipment

- All riders should be dressed in proper riding attire!
- Long pants and shoes or boots with a heel are required.
- Approved helmets must be worn at all times.
- Dangling jewelry may be unsafe and should not be worn!
- **NO** perfume or cologne, as it can attract insects.
- **NO** open-toe shoes, sandals, dress shoes, shorts or skirts are allowed.
- If you need help finding appropriate attire for your rider, just ask!

Etiquette

- Rider's (young) siblings and/or their friends should not come to weekly lessons.
- Please arrive 15 minutes prior to class start time
- Please do not bring your pets.
- Stay in the designated waiting areas until class begins.
- **Parents...Please do not leave the farm during your rider's lesson.**
- **Parents...NO DROP OFF POLICY – please supervise your rider before and after class.**
- Please do not give treats to the horses.

Our Attendance Policy

Attendance is taken at every lesson through our sign-in sheets. If a rider is unable to attend a lesson, the barn and Volunteer Coordinator must be contacted as soon as possible. Advance notice is very important to ensure proper care of the horses and proper use of our volunteers.

If you know a rider cannot attend a future lesson, advise us in writing or phone call as soon as possible so we can make the necessary staff/horse adjustments.

If a rider is unable to attend a lesson and we do not receive a call, it will be considered a "no show." Due to the size of our program and the number of families on our waiting list:

- Three "no shows" in one program season will result in the rider being moved into appointment-based lessons. This means that the rider will no longer have a set class in which to ride, but will continue by appointment only.
- Six "no shows" in one program season will result in the rider being removed from the active program.

**Note: "No shows" are different than noted absences.*

PART THREE > RIDER APPLICATION > **Family-Volunteer Guidelines**

NOTE: Below you find a list of our Rider and Family-Volunteer Guidelines. Please keep these pages for your records at home. You can also find this information on our web site at www.miteyriders.org.

General Volunteer Guidelines

- Must be at least 15 years of age
- Volunteering involves moderate physical activity. Make sure you are comfortable with the physicality of the role you have selected
- Volunteers do not need to have previous horse experience but a level of comfort is necessary.
- Volunteers must be available a minimum of 1 hour per week (same day and time each week).
- ALL volunteers are required attending a Volunteer Orientation and Training session
- ALL volunteers wanting to be leaders or work in the barn must attend Leader/Barn Training once a year
- Mitey Riders reserves the right to make the final determination as to the appropriateness of volunteers for our organization.
- Mitey Riders does enforce a dress code to ensure the ability of volunteers to perform in their roles as well as to set examples for our riders.

Horse Leaders and Sidewalkers Guidelines

- Leaders must be at least 16 years of age
- LEADERS are responsible for the horse at all times while leading
- SIDEWALKERS are responsible for the stability and safety of the rider while mounted at all times
- Time commitment is 1 and a half hours per week for the length of the session
- Arrive at least fifteen minutes prior to class
- When you're in the arena, the instructor is in charge
- If you have suggestions or ideas, talk with the class Instructor or Volunteer Coordinator
- Return all equipment used to its place
- Keep talking to a minimum this lets you and others listen and pay attention to the Instructor's directions
- When in doubt, ask!

Volunteer Dress Code Guidelines

- Hard-soled shoes with a low heel are preferred but sneakers with heavy tread are OK
- Shoes must be tied securely
- Open-toed shoes, sandals, and slip-on shoes are not permitted
- Dress appropriate for the Weather; dressing in layers is often a good choice
- No tops with spaghetti straps/shelf bras. Proper undergarments must be worn and tank tops must have thick straps and cannot be too low in the front.
- Shirts must cover your stomach/back.
- No t-shirts with beer/alcohol/drug references or foul language.
- Shorts must be at mid-thigh or longer (No skirts please!)
- Please no perfume or colognes
- Please no dangling jewelry

Consistency is extremely important in keeping our programs progressive and running smoothly. Every volunteer is encouraged to have a regular schedule for the length of the session in the day(s) and hour(s) they volunteer. As dependability is essential, be sure to contact the Volunteer Coordinator as soon as you are aware of any circumstances that will delay/keep you from your scheduled lesson time(s).

**Misty Meadows Mitey Riders reserves the right to amend these guidelines at any time.*