



## 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](http://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?			
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PART ONE > RIDER APPLICATION > **Rider Profile & Medical History**

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

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*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)

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

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

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## Release and Assumption of Risk

\_\_\_\_\_ [Child's name] would like to participate in the program conducted by The Misty Meadows Mitey Riders, Inc. ("Mitey Riders") at the farm owned by Misty Meadows LLC. ("The LLC") and operated by Misty Meadows Farm, Inc. ("Misty Meadows"). Because I have determined that the possible benefits to my child are greater than the risks assumed, on behalf of myself and my child, I acknowledge and assume (i) the risks and potential for risks of my child's participation in the Mitey Riders program and (ii) the risk of exposure to Covid-19 inherent in my child's presence on the farm. On behalf of myself, my child, and our respective heirs, executors, administrators, and assigns, I hereby waive and forever discharge, and agree to hold harmless: (i) Harry Swimmer and his heirs, executors, administrators and assigns; (ii) Mitey Riders and its directors, officers, employees, agents, successors and assigns; (iii) the LLC and its members, officers, employees, agents, successors and assigns (collectively the "Released Parties") from and against any and all liability, claims, and demands of whatever kind which may arise from or in connection with my child's participation in the Mitey Riders program or my child's presence on the farm. This release includes without limitation, any liability or claim that I or my child may have against any of the Released Parties with respect to any 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. This release also extends to any other individuals with whom my child may have contact at the farm with respect to liability, claims, or demands in connection with my child's exposure to, or contracting Covid 19. 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 have read this Release and Assumption of Risk and understand all its terms, including the warning below. I execute this Release and Assumption of Risk voluntarily and with full knowledge of its binding effect.

Name and Relationship of Person Signing: \_\_\_\_\_

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

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

**Warning: Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.**  
Chapter 99E of the North Carolina General Statutes.



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			
Other:			





### 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**

**RELEASE AND ASSUMPTION OF RISK**

I desire to serve as a volunteer in the program conducted by Misty Meadows Mitey Riders, Inc. ("Mitey Riders") at the farm owned by Misty Meadows LLC (the " LLC") and operated by Misty Meadows Farm, Inc. ("Misty Meadows"). In consideration for Mitey Riders' agreement to accept me as a volunteer, I acknowledge and assume (i) the risks and potential risks of my participation in the Mitey Riders program and (ii) the risk of exposure to Covid-19 inherent in my participation in the Mitey Riders program and my presence on the farm.

On behalf of myself and my heirs, executors, administrators, and assigns, I hereby waive and forever discharge, and agree to hold harmless: (i) Harry Swimmer and his heirs, executors, administrators, and assigns; (ii) Mitey Riders and its directors, officers, employees, agents, successors, and assigns; (iii) the LLC and its members, officers, employees, agents, successors, and assigns; and (iv) Misty Meadows and its directors, officers, employees, agents, successors, and assigns (collectively the "Released Parties") from and against any and all liability, claims, and demands of whatever kind which may arise from or in connection with my participation in the Mitey Riders program or my presence on the farm. This release includes, without limitation, any liability or claim that I may have against any of the Released Parties with respect to any personal injury, illness, death or property damage (including my exposure to, or contracting, Covid-19), whether caused by the negligence of the Released Parties or otherwise. This release also extends to any other individuals with whom I may have contact at the farm with respect to liability, claims, or demands in connection with my exposure to, or contracting, Covid-19.

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 have read this Release and Assumption of Risk and understand all its terms, including the Warning below. I execute this Release and Assumption of Risk voluntarily and with full knowledge of its binding effect.

**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**

**RELEASE AND ASSUMPTION OF RISK**

I desire to serve as a volunteer in the program conducted by Misty Meadows Mitey Riders, Inc. ("Mitey Riders") at the farm owned by Misty Meadows LLC (the " LLC") and operated by Misty Meadows Farm, Inc. ("Misty Meadows"). In consideration for Mitey Riders' agreement to accept me as a volunteer, I acknowledge and assume (i) the risks and potential risks of my participation in the Mitey Riders program and (ii) the risk of exposure to Covid-19 inherent in my participation in the Mitey Riders program and my presence on the farm.

On behalf of myself and my heirs, executors, administrators, and assigns, I hereby waive and forever discharge, and agree to hold harmless: (i) Harry Swimmer and his heirs, executors, administrators, and assigns; (ii) Mitey Riders and its directors, officers, employees, agents, successors, and assigns; (iii) the LLC and its members, officers, employees, agents, successors, and assigns; and (iv) Misty Meadows and its directors, officers, employees, agents, successors, and assigns (collectively the "Released Parties") from and against any and all liability, claims, and demands of whatever kind which may arise from or in connection with my participation in the Mitey Riders program or my presence on the farm. This release includes, without limitation, any liability or claim that I may have against any of the Released Parties with respect to any personal injury, illness, death or property damage (including my exposure to, or contracting, Covid-19), whether caused by the negligence of the Released Parties or otherwise. This release also extends to any other individuals with whom I may have contact at the farm with respect to liability, claims, or demands in connection with my exposure to, or contracting, Covid-19.

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 have read this Release and Assumption of Risk and understand all its terms, including the Warning below. I execute this Release and Assumption of Risk voluntarily and with full knowledge of its binding effect.

**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**

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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**

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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**

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**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](http://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](http://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.*