



NEW RIDER APPLICATION

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 for your child to be considered for the Mitey Riders program.

ALL 4 sections of the application must be completed.

Once we receive your application by email, 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. Mitey Riders reviews applications in July for placement in fall riding 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.

The checklist below can be used to ensure all sections are completed before submitting the application. Incomplete applications will not be considered.

PART ONE - PROGRAM POLICIES

- ☐ Program Policies

PART TWO – RIDER PROFILE

- ☐ Rider Profile & Medical History
- ☐ Releases & Agreements

PART THREE – PHYSICIAN FORMS (signed by applicant's physician)

- ☐ Physician's Letter
- ☐ Physician Statement & Medical History
- ☐ Physician Clearance

PART FOUR – PARENT FORMS

- ☐ Parent Contract
- ☐ Parent-Volunteer Applications
- ☐ Parent-Volunteer Releases

SUBMITTING COMPLETED APPLICATIONS

By email to ridewithus@miteyriders.org

By fax to 704-814-6627

By mail or in person to Mitey Riders, 455 Providence Road South, Waxhaw, NC 28173

RIDER ELIGIBILITY

- Must be five years of age or older.
- Must provide, annually, a clearance 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 a 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:

SIGNATURE REQUIRED

Parent Signature:

[Client, Parent or Legal Guardian]

Date: _____

PROGRAM POLICIES

PROGRAM POLICIES

General Policies

- 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 clearance on file with Mitey Riders stating that the rider is fit to participate. Please coordinate with doctor offices to have these clearances on file before the start of each season. Forms are available on the Mitey Riders' website.

Attendance Policy/Agreement to Notify

- Consistent weekly attendance is expected. Repeated absences may jeopardize your rider's place in the program.
- If a rider is unable to attend a lesson and Mitey Riders is not notified, 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's permanent spot being jeopardized.

No Drop-Off Policy

- Riders must be supervised before and after class.
- Parents/Guardians/Caretakers must remain onsite during their child's session.

On-Time Arrivals

- Participants must arrive 10 minutes prior to class time. Late arriving participants may not be allowed to ride. Late arrivals disrupt classes.

I have read the above Program Policies and agree to notify the program as described under "Attendance Policies" above.

Parent Signature:

SIGNATURE REQUIRED

[Client, Parent or Legal Guardian]

Date: _____

RIDER PROFILE

Date of Application: ____ / ____ / ____

Rider Name (First/Middle/Last):

DOB: ____ / ____ / ____ Age: ____ Height: ____

Weight: ____ lbs. Gender: M / F

Address:

City: ____ State: ____ Zip: ____

School: ____

RIDER PROFILE

Parents/Guardians(First/Middle/Last):

Address:

City: ____ State: ____ Zip: ____

Phone: (C) ____ (Other) ____

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? ____

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

MEDICAL HISTORY

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)

**RIDER
PROFILE**

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

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

RIDER PROFILE

Diagnosis: _____

Date of Onset: _____ Date of last Tetanus 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 | | | |
| | | | |
| Pulmonary | | | |
| Neurological | | | |
| Muscular | | | |
| Orthopedic | | | |
| Allergies | | | |
| Emotional/Mental Health | | | |
| Behavioral | | | |
| Bone/Joint | | | |
| Learning 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? If yes, please complete the Seizure Information form. | | | Date of last seizure: _____ Are they controlled? _____ How frequent? _____ |
| Does your child have Down Syndrome? | | | Signs of Atlantoaxial Instability? Yes/No _____ |
| Does your child have any tactile sensitivities? | | | Examples: |
| Does your child have any allergies to dust, hay, Animals, pollen or seasonal environments? | | | Examples: |

SEIZURE INFORMATION FORM & POLCIES

Seizure Information is required for all applicants/participants with any seizure activity in the last 10 years. Frequency of seizures varies widely and cannot always be predicted. Mitey Riders uses this form, along with ongoing conversations with rider parents/guardians to prepare our horses, staff, and volunteers for correct and safe procedures to ensure rider safety in case of a seizure. **Notify an instructor or staff member as soon as possible if any changes in seizure frequency or type occur.**

Applicant name: _____

Type of seizure: _____

Date of last seizure: _____

Are Seizures controlled? _____

Average duration of seizure: _____

Typical aura/pre-seizure sensations or behaviors during seizure:

Typical motor activity during seizure:

Description of behavior during the recovery state and its duration:

What to do if seizure occurs at center:

SEIZURE POLICIES

- A parent may be required to sidewalk with a child at the center's discretion
- A participant's seizure information may be shared with Sidewalkers/Leaders assigned to the participant.
- The degree of independence that may be achieved by the rider may be limited by the need to have a sidewalker nearby or horse handler ("leader") leading the horse per Mitey Riders discretion.

Mitey Riders may decline or defer participation if there is:

- A recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or drop attack seizures due to their sudden and complete loss of postural muscle tone
- A change of frequency or type of seizure until the condition is evaluated
- Inability to manage a participant during an emergency dismount should a seizure occur

RIDER
PROFILE

RELEASE AND ASSUMPTION OF RISK

RIDER PROFILE

_____ [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 Owners of horses used in the Mitey Riders program; (iv) the LLC and its members, officers, employees, agents, successors and assigns; (v) 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 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: _____

[Client, Parent or Legal Guardian Signature]

SIGNATURE
REQUIRED

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.

Photo & Marketing 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 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 & Marketing Release.

Signature: _____

[Client, Parent or Legal Guardian Signature]

SIGNATURE
REQUIRED

Date: _____

**NOTE: Pages 9-12 should be given to the rider's general physician
and completed forms should be returned to Mitey Riders with the application.**

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.

PHYSICIAN
FORMS

Orthopedic

Atlantoaxial Instability
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
Exacerbation to 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

Physician's Statement & Medical History

This section MUST be filled out by your child's general physician.

Rider Name (First/Middle/Last): _____

DOB: _____ / _____ / _____ Age: _____ Height: _____ Weight: _____ lbs.

Address: _____

City: _____ State: _____

Zip: _____

Diagnosis: _____

Date of Onset: _____ Date of last Tetanus Shot: _____

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: _____

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

**PHYSICIAN
FORMS**

| AREA | Yes | No | Comments |
|--|-----|----|----------|
| Auditory | | | |
| | | | |
| Speech | | | |
| Tactile Sensation | | | |
| Cardiac | | | |
| Circulatory | | | |
| Pulmonary | | | |
| Integumentary/Skin | | | |
| Neurological | | | |
| Immunity | | | |
| Muscular | | | |
| Orthopedic | | | |
| Allergies | | | |
| Emotional/Mental Health | | | |
| Pain | | | |
| Behavioral | | | |
| Bone/Joint | | | |
| Learning Disability | | | |
| Current on NC and physician recommended vaccinations | | | |
| Other: | | | |

This section MUST be filled out by your child's general physician.

Rider Name (First/Middle/Last): _____

This person is not medically precluded from participation in equine-assisted activities. I understand that Misty Meadows Mitey Riders will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Misty Meadows Mitey Riders for ongoing evaluation to determine eligibility for participation.

Note- All riders wear helmets during mounted and unmounted activities.

Precautions: _____

Note: All riders wear helmets

Physician Name Printed: _____

Physician Signature: _____

Date _____

Address: _____

Phone: _____

License/UPIN Number: _____

PHYSICIAN
FORMS

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, **OR**
- 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: + / -

Are neurologic symptoms of Atlantoaxial Instability present?

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 to fulfill this requirement however
they must fill out a Volunteer Application and attend Safety Training each year.*

PARENT/GUARDIAN ONE

SIGNATURE REQUIRED

Print Name: _____

Signature: _____ Date: _____

[Client, Parent or Legal Guardian]

PARENT
FORMS

PARENT/GUARDIAN TWO

Print Name: _____

Signature: _____ Date: _____

[Client, Parent or Legal Guardian]

Parent-Volunteer Applications

NOTE: If both parents/guardians are present, please fill out the information for both.

Rider Name: _____

Parent/Guardian Name (ONE): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (C) _____ (Other) _____

E-mail: _____ DOB: ____ / ____ / ____

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
____ Sidewalking with a rider
____ Shed & Stable Maintenance
____ Photography

Outside of Classes*

____ Volunteer Appreciation
____ Golf Tournament
____ Fundraising
____ Spring Festival Planning

PARENT FORMS

Parent/Guardian Name (TWO): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (C) _____ (Other) _____

E-mail: _____ DOB: ____ / ____ / ____

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
____ Sidewalking with a rider
____ Shed & Stable Maintenance
____ Photography

Outside of Classes*

____ Volunteer Appreciation
____ Golf Tournament
____ Fundraising
____ Spring Festival Planning

Parent-Volunteer Release Forms

SIGNATURES REQUIRED

Printed Name 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 Owners of the horses used in the Mitey Riders program; (iv) LLC and its members, officers, employees, agents, successors, and assigns; and (v) 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.

Signature: _____ Date: _____

PARENT FORMS

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.

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

SIGNATURES REQUIRED

Printed Name 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 Owners of the horses used in the Mitey Riders program; (iv) LLC and its members, officers, employees, agents, successors, and assigns; and (v) 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.

Signature: _____ Date: _____

PARENT
FORMS

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

Signature: _____ Date: _____

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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.

Signature: _____ Date: _____