P.O Box 534 Hainesport, NJ 08036-0534 1148 Smithville Rd. Mount Holly N.J 08060
609.969.8899 www.beyondbalance.org

New Participant Information

Thank you for your interest in our program. Please find enclosed a new participant information package containing participant registration forms. Complete the forms giving as much information as possible, and then return them to Beyond Balance. Beyond Balance is limited to providing service to individuals weighing 180 lbs. or less and who are at least 4 years old. We strive to make our classes a fun learning experience for all participants. The level of instruction is tailored to the participants' capabilities. There are many different programs offered at Beyond Balance, Inc., if the prospective client does not fall in the weight or age category, we may be able to tailor a horsemanship program to fit the client's needs.

Your safety and well being is our most important concern. Certain conditions require additional precautions to be taken when on or around horses and some conditions are contraindications to riding. Your physician must complete the Physician Release/Participant Medical History Form. Once you become an active participant, all forms will need to be updated on an annual basis. Should the physical condition of the participant change at any time, Beyond Balance should be notified immediately and a new Physician Release Form must be completed.

The lesson fee at Beyond Balance is $35 for a ½ hour to 45 minute lesson depending on involvement of the participant. Private lessons may also be available depending on class schedules. This fee covers only a portion of the estimated operating cost for each participant. The remainder of the cost is covered by donations and fundraising.

When you have returned your completed forms with payment we will contact you to schedule an evaluation. Evaluation last approximately 30-45 minutes and participants are asked to wear long pants and shoes with a rounded toe and small heel. Safety helmets are to be worn by all participants and will be provided for you. An Evaluation Fee of $50.00 must be paid day of evaluation.

— —

Contact Information

Participants Name:_____

Legal Guardians Name:_____

Phone Numbers where we can reach you if we need to talk about schedule or class changes:_____
_____

Would you like to receive text messages about cancellations or updates? Y / N :
If Yes please provide cell number _____

Billing/Notification address:_____
_____

Email:_____

Participant Policies and Procedures

Listed below are policies and procedures for our participants. Some of our policies have changed, *please read this form in its entirety then sign below and return it to the office.*

Participant limitations

Beyond Balance offers therapeutic horseback riding and provides service to adults and children 4 years and older. Due to the nature of the horses work, Beyond Balance has a weight limit of 180 lbs. or less for ambulatory persons. Weight limitations may differ for persons requiring a full transfer and will be at the discretion of the instructor. Certain conditions require additional precautions to be taken when on or around horses and **some conditions are contraindications to riding**. Horseback riding may not be a suitable recreational activity for certain individuals. Most activities have some type of precautions and contraindications for participation and horse riding is no exception. Behavioral issues that may cause harm to the animals, instructors, volunteers or place the participant in a dangerous situation cannot be tolerated, individuals who have spinal curvatures that are unable to accommodate the movement of the horse, or those who lack neck and trunk control to name a few may not be suitable participants.

Your physician will need to complete and sign the Physician Release/Participant Medical History Form. Should the physical condition of the participant change at any time, Beyond Balance should be notified immediately and a new Physician Release form must be completed. All participant forms will need to be updated on an annual basis.

Clothing

Participants should wear long pants such as riding breeches, jeans or leggings to prevent chafing of legs. Shoes or boots with a rounded toe and small heel are the safest form of footwear. Participants should avoid wearing jewelry, especially long dangling earrings. Safety helmets that meet ASTM-SEI requirements are required to be worn by all participants and will be provided for you.

Inclement weather

Please do not assume that classes will be cancelled due to bad weather. For some participants, it may mean that a stable management/horse care class will take place in the barn. If classes are cancelled a recorded announcement will be left on the Beyond Balance answer machine. If you hear the message on the machine, please leave your name to confirm you have heard the recording.

Cancellation Policy

It is difficult to re-schedule both horses and volunteers at short notice. If you know in advance that you have prior commitments and will be unable to attend a class, please advise us as soon as possible by calling 609.969.8899. Participants who "no-show" and cancellations within 24hrs of the scheduled lesson time will forfeit the lesson cost, paying the $35.00 for the session. Three "no-shows" or late cancellations in a session will result in dismissal from the session and the participant will be put on the waiting list.

Make-up policy

Make-up classes will only be offered if there is an appropriate class time, horse and instructor available. There will be no make-ups offered for "no-shows" and late cancellations.

Beyond Balance reserves the right to reschedule, cancel and amend classes and the operating calendar at any time.

Payment Policy

All participant fees must be prepaid you will be invoiced in advance for the upcoming session. We request that the cost of the entire session is paid in full prior to attending the first class. Alternative payment options may be available. If your balance becomes 30 days past due the participant will be unable to participate until balance is paid or other arrangements have been made. Please do not give your payments directly to the instructor; mail your check to: P.O Box 534 Hainesport, NJ 08036-0534.

Ways to Help

Parents are always encouraged to offer their support by volunteering during the participant's lesson time. There are many ways to help, if interested please contact the office.

☐ **Yes, I am interested in volunteering**

Safety Rules

- Participants that display behaviors that are abusive and/or disruptive in manner to other participants, horses, staff or volunteers will not be allowed to participate for the safety of everyone involved.
- Please do not hand feed the horses.
- In order to comply with NARHA standards only participants and volunteers will be allowed in the barn area during classes. Parents and other spectators are asked to wait in the parent viewing area until students are finished with their class. For the safety of our participants please stay off of the mounting ramps and out of mounting ramp area.
- No dogs are allowed on property
- Participants must wear close-toed shoes. If a participant arrives wearing inappropriate shoes he/she will not be able to participate.

We strive to make this a fun, safe experience for everyone. Please do not hesitate to call 609.969.8899 with any questions you may have.

By signing below I agree that I have read and understand the above written policies and procedures.

Participant Name: _____

Please Print

Signature: _____Date_____

Participant, Parent or Legal Guardian

Additional copies of policies and procedures will be available on request.

P.O Box 534 Hainesport, NJ 08036-0534 1148 Smithville Rd. Mount Holly N.J 08060
609.969.8899 www.beyondbalance.org

Participant's Medical History and Physician's Release –Must be completed by Physician

Name: _____Date of Birth:_____

Address:_____

Name of Parent / Guardian:_____

Diagnosis:_____Date of Onset:_____

Height: _____ Weight: _____ Tetanus shot: Yes: _____ No: _____

Seizure Type: _____ Controlled:_____Date of last seizure:_____

Medications:_____

_____

_____

Any contagious diseases:_____

Please indicate if a patient has a problem and/or surgeries in any of the following areas. If yes, please comment, using the back of the form if necessary.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disabilities			
Mental Impairment			
Psychological Impairment			
Incontinence			
Coordination			
Balance			

Mobility: Independent Ambulation: Yes _____ No _____ Crutches: Yes _____ No _____
Wheelchair: Yes _____ No _____ Braces: Yes _____ No _____

Please indicate any special precautions:

Physician's signature required on other side

Physician Information

The following conditions, if present, may represent precautions and contraindications to therapeutic horse riding. Please be sure to clearly identify if any of the following conditions are present and to what degree.

Orthopedic	**Yes**	**No**	**Medical/ Surgical**	**Yes**	**No**
Spinal Fusion			Allergies		
Spinal Instabilities/ Abnormalities			Cancer		
Atlantoaxial Instabilities			Poor Endurance		
Scoliosis			Recent Surgery		
Kyphosis			Diabetes		
Lordosis			Peripheral Vascular Disease		
Hip Subluxation and Dislocation			Varicose Veins		
Osteoporosis			Hemophilia		
Pathologic Fractures			Hypertension		
Coxas Arthrosis			Serious Heart Condition		
Heterotopic Ossifaction			Stroke (Cerebrovascular Accident)		
Osteogenesis Imperfecta			GI tube or other		
Cranial Deficits			**Muscular**		
Spinal Orthoses			Hypotonic, indicate where		
Internal Spinal Stabilization Devices			Hypertonic, indicate where		
Fractures			**Neurologic**		
			Seizure disorders		
Secondary Concerns			Hydrocephalus/shunt		
Behavior problems			Spina Bifida		
Age under two years			Tethered Cord		
Age two - four years			Chiari II Malformation		
Acute exacerbation of chronic disorder			Hydromyelia		
Indwelling catheter			Paralysis due to Spinal Cord injury		

If student has Down Syndrome, an additional Atlantoaxial Dislocation X-ray form is required.
If yes was checked for Scoliosis, Kyphosis, Lordosis, Please List the Degree and the date of last X-Ray Below

Scoliosis: Degree_____Last X-Ray Date_____

Kyphosis:Degree_____Last X-Ray Date_____
Lordosis: Degree_____Last X-Ray Date_____
Further comments / Notes:

Participant Authorization for Emergency Medical Treatment

Physician Verification – Please PRINT your name, sign & date – THANK YOU **In my opinion there is no reason why this person cannot participate in supervised equestrian activities.**
Participant's Name:
Physician's Printed Name:
Physician's Signature:
Date: Phone:
Address:

Participant Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Beyond Balance to: Secure and retain medical treatment and transportation, if needed Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

Participants Name:_____ Phone: _____

Address: _____ State/Zip: _____

In an emergency, Contact: _____ Phone: _____

Secondary Contact: _____ Phone: _____

Physicians Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Please check one option listed below:

I give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

I do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

_____

_____

I_____ acknowledge the risks and potential for injury that may occur with the activities of horseback riding and working around horses, and I have discussed these risks with my child/and his/her/my physician. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. Therefore agree to be legally bound for myself (or for my son/daughter/ward) and hold Beyond Balance, its Board of Directors, Instructors, Therapists, Aids, Volunteers, Employees and Morning Mist Farm, Property owner its employees, supervisors and associates harmless of any claim for damages, loss, or injury while at the Beyond Balance facility located on 1148 Smithville Rd Mount Holly N.J, or while off the property in conjunction with a Beyond Balance event. "WARNING UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOTLIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997, c. 287 (C.5:15-1 et seq.)"

Signature: _____ Date: _____

Participant, Parent or Guardian (if under 18)

Print Name: _____ Phone:_____

EQUINE ACTIVITY AND HOLD HARMLESS AGREEMENT MORNING MIST FARM SMITHVILLE ROAD, MT HOLLY, NJ

Please take time to read and sign the following Equine Release and Hold Harmless Agreement in respect to your horse related activities. Please note that this agreement is in accordance with the New Jersey Statute (see Footnote below).

1. I, _____, the undersigned/legal guardian of the undersigned minor have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with **Morning Mist Farm and its owner,** representatives, and consigns, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding said horse(s); including but not limited to, any other interaction with other horses, use of tack or equipment. Understanding those risks, I hereby release Morning Mist Farm, the owner of Morning Mist Farm, its representatives and consigns, and anyone else directly or indirectly connected with Morning Mist Farm from any liability whatsoever in the event of injury or damage of any nature (or perhaps death) to me/the minor for whom I am legal guardian or anyone else caused by or incidental to my electing/allowing the minor to use tack or other equipment, mount, and ride a horse located at Morning Mist Farm.

Additionally:

3. I understand and recognize and warrant that this release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of the instructor to include any activity whatsoever involving an equine including death, personal injury, and/or damage to the property.

4. I recognize and agree that I know which instructor I will be working with, that the relationship between the instructor and the rider/legal guardian of the rider is a personal contract and acknowledge that I agree said instructor has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said instructor from continuing duty to monitor my equine activities.

5. I further voluntarily agree and warrant Release and Hold Harmless this instructor from any liability whatsoever, including, but not limited to any incident caused by or related to said instructor's gross negligence, relating to injuries known, unknown, or otherwise herein disclosed; including but not limited to, injuries, death or property damage from: mounting; riding; dismounting; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any instructor's directions relating to my/the minor's for whom I am legal guardian, riding or otherwise use and control, or lack thereof, of my/the minor's horse or the horse I have/the minor has been assigned to.

***Please indicate with circling the appropriate response whether person/the minor is a participant of the Beyond Balance program.

Yes No

***Please acknowledge with circling 'Yes' that there is no Extraction Plan at Morning Mist Farm other than dialing 9-1-1 for local medical emergency personal. **Yes**

Person voluntarily entering into this Release and Hold Harmless Agreement

Signature (person or legal guardian)_____ Date_____

Name of Minor _____

Printed name and address (person or legal guardian)_____

_____

Witness Date

NJ Statures 5:15: Under NJ Law, an equestrian area operator is not liable for an injury or death of a particular participant in equine animal activities resulting from the inherent risks of equine animal activities pursuant to P.L. 1997, c. 287 (C.5:15-1 et seq).

Revised 5/7/07

Participant Questionnaire

The following questionnaire is designed to give Beyond Balance information pertaining to each individual participant's behavior and ability. This will help us prepare group lesson plans and assist you in attaining individual goals. Please complete the questionnaire in as much detail as possible using the back of the page or attaching an additional sheet if necessary.

Name: _____ Age: _____

1. Briefly describe his/her special needs: _____

2. What are the physical/mental symptoms of the diagnosis? _____

3. What goals do you hope he/she will achieve by participating in this program? _____

4. What other treatments or therapies has he/she undergone? Please specify when and for how long: _____

5. How would you describe his/her concentration, attention span and general awareness? _____

6. Would you characterize him/her as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted or extroverted? _____

7. How does he/she communicate? (Expressive and Receptive language) _____

8. Is there a history of incontinence? _____

9. What positive reinforcements does he/she respond to? _____

10. Please use the rest of this sheet / the reverse side to indicate any other areas of the potential participant's behavior and personality that will help us to best communicate, understand and work with him/her at Beyond Balance. _____

Relationship to Participant: _____

Participant Availability

Prospective participants, please circle the days and times you are available.

If you/your child are a current participant and you have forms due, you/your child will not be scheduled until the necessary forms are received.

* *Please note: We will be operating from 1148 Smithville Rd. Mount Holly, NJ 08060*

Participant Name:_____ Phone:_____

Parent / Contact Name:_____ E-Mail: _____

Afternoon Classes will begin at 2:00 and run on the hour until 7:00

Morning Classes will begin at 9:00 and run on the hour until 1:00

Please write as many available days and times.

Sunday AM	Comments
Sunday PM	
Monday	
Tuesday	
	Please specify any availability concerns or comments:

Please return your availability in as soon as you can. Times will be assigned as appropriate for participant and the space available in class.

For office use only: Date rcvd_____ eval done_____ entered:_____

-

FOR STATISTICAL USE ONLY

Completion of this form will assist Beyond Balance in tracking information needed to apply for grant funding for the program. The information received from this form will remain confidential. The information will not be kept with the participant application form, nor will it affect the decision for a participant to participate with Beyond Balance.

Participant's Name: _____

Sex: ( ) Male ( ) Female Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Ethnicity: ( ) American Indian/ Alaskan ( ) Hispanic
( ) Asian / Pacific Islander ( ) White
( ) Black ( ) Other _____

Diagnosis: _____

Annual Household Income (please check)

( ) $0-$10,000 ( ) 11- 20,000 ( ) 50- 75,000
( ) 21- 30,000 ( ) 31- 50,000 ( ) 75,000+

Number in Family: _____

Number of Employed Family Members: _____

Parent / Guardian Signature: _____ Date: _____