



Praying Hands Ranches, Inc.  
11892 E Hilltop Rd., Parker CO 80138-6029 · Phone 303-841-4043

**EQUINE ASSOCIATED ACTIVITIES AND THERAPY (EAAT)**

Thank you for your interest in Praying Hands Ranch (PHR) Equine Associated Activities and Therapy (EAAT). PHR is a member of PATH Intl, (Professional Association of Therapeutic Horsemanship International). We comply with all PATH, Intl safety regulations, using PATH certified riding instructors and trained volunteers as side walkers and horse leaders.

We are enclosing the necessary forms to be filled out to be a participant in PHR programs. We ask that you complete all the forms before your first lesson and email them to us at [info@prayinghandsranch.org](mailto:info@prayinghandsranch.org) Our instructors need time to evaluate the individual needs of each client to choose an appropriate equine partner and create a lesson plan. Forms must be complete, and payment received before participation in EAAT can begin.

All students must wear riding helmets. We prefer students to purchase their own helmets for ultimate safety and perfect fit. Helmets must be certified for safety by American Society for Testing and Materials – Safety Equipment Institute (ASTM-SEI).

**For safety reasons** supervision must be provided for clients under age 18 while waiting to begin their lessons.

**Weather can be cool and changeable.** Please make sure clients are dressed appropriately for riding in the indoor and outdoor riding arenas. Layers of clothing are helpful. Although our indoor arena is heated in cold weather but gloves are helpful. Only closed toed shoes and long non-slippery pants are allowed for riding.

**We reserve the right to decline services to any client, if EAAT is contraindicated for safety reasons.**

Client’s Name \_\_\_\_\_

Mother / Father / Guardians Name \_\_\_\_\_

**My signature acknowledges I have read, understand, and agree to the above.**

\_\_\_\_\_  
**Signature of Responsible Party (Client – if over 18, Parent, or Guardian)** **Date**

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**MEDICAL HISTORY QUESTIONNAIRE**

Client's Name \_\_\_\_\_

**This questionnaire needs to be filled out with as much detail and care as possible.** It will accompany the individual in the event emergency medical treatment is needed. It will also play a large part in enabling the staff of PHR to assess the client properly.

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work or School Ph. \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Office Ph \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Are the parents also the legal guardian? Yes \_\_\_ No \_\_\_

**BOTH PARENT'S NAMES OR GUARDIAN'S NAMES**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Ph \_\_\_\_\_ Type of Phone \_\_\_\_\_

Work Ph \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Ph \_\_\_\_\_ Type of Phone \_\_\_\_\_

Work Ph \_\_\_\_\_

**CONTACT PERSON IN CASE OF EMERGENCY**

Name \_\_\_\_\_

Ph \_\_\_\_\_ Type of Phone \_\_\_\_\_

Relationship to Client \_\_\_\_\_

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**PARENT’S/GUARDIAN’S LIABILITY RELEASE**

I would like \_\_\_\_\_ to have adaptive riding lessons/hippotherapy at Praying Hands Ranches in Parker, CO.

In case of medical emergency, I authorize Praying Hands Ranches staff or authorized personnel to provide such medical assistance as they determine to be necessary. I authorize any licensed physician and/or medical facility to provide any medical or surgical care and/or hospitalization for the student, including anesthetic which they determine necessary or advisable, in my absence.

**Warning**

**Under Colorado Law an Equine Professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to section 13-21-119, Colorado revised statutes.**

**I have read and understand the above Colorado Statute** and I assume full responsibility for any injury or accident which may occur during my child/rider’s participation in any Praying Hands Ranches activities, and hereby release and hold Praying Hands Ranches, Directors, Staff, and any organization involved or concerned harmless.

**(THIS FORM MUST BE WITNESSED BY AN ADULT NOT RELATED TO THE PERSON SIGNING THIS RELEASE.)**

|   |   |
|---|---|
| X _____<br>Signature of Mother/Guardian      Date     | X _____<br>Signature of Witness      Date               |
| X _____<br>Signature of Father/Guardian      Date     | X _____<br>Signature of Witness      Date               |
| X _____<br>Signature of student over age 21      Date | X _____<br>Signature of Witness (not related)      Date |

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**CONSENT TO PHOTOGRAPH, VIDEO TAPE, SOUND RECORD, TAKE MOTION PICTURE, AND/OR TELEVISION**

I hereby give Praying Hands Ranches, Inc. (PHR) the right to photograph, video tape, sound record, and/or film, the acts, appearances, and utterances of \_\_\_\_\_ and to use any descriptive words or names, including the name of \_\_\_\_\_ without limit for any purpose which PHR deems proper in the interest of instructional material, books, and clinical material, research, brochures, pamphlets, newspapers, or television media. All such photographs, video tapes, sound recordings, or films shall be the exclusive property of PHR. I hereby relinquish all rights, title, and interest therein. With respect to the above, no inducements or promises have been made to me to secure my signature to this release, other than the intention of PHR to use or cause to be used such photographs, videotaped, sound recordings, and/or films for the primary purpose of promoting and aiding PHR and its work.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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### **POLICIES**

#### **Payment Policy:**

- Our sessions are 8 weeks long with the exception of a 5-week mini session in November and December to allow time for Thanksgiving and Winter breaks.
- Invoices will be sent prior to the beginning of the session.
- Lessons are billed per session. Invoices will be sent to the email on file.
- Payment is expected prior to the beginning of the session unless arrangements have been made with the office before the beginning of the session.
- Payments may be made via cash, check, or on-line payment through our website: [PrayingHandsRanch.org](http://PrayingHandsRanch.org). Payments through the website are preferred.
- No-refunds will be given after the start of a session without documentation from a medical provider of physical inability to continue lessons.
- Out-of-pockets costs for private lessons are \$60/lesson, semi-private (2 clients) are \$55/lesson, and group (3 clients) are \$50/lesson.
- All clients automatically receive a \$115 scholarship per lesson which has already been applied to the out-of-pocket costs above.

#### **Attendance Policy:**

- Please text the director at 636-236-6991 or email [staff@prayinghandsranch.org](mailto:staff@prayinghandsranch.org) as soon as you know you will not be able to attend a lesson. This allows us to notify our volunteers and plan equine usage.
- Classes may be canceled for weather, instructor illness or equine illness.
- If classes are canceled, you will be notified by text message. If you do not want to receive this information via text, please let us know. To ensure you receive this information please make sure we have your correct contact information.
- Class cancellation information will also be on our office recording no later than 8AM if the entire day's lessons are canceled due to weather.
- If lessons are canceled because of weather or horse or instructor illness a makeup session will be offered.
- If you cannot attend a make-up session you will be refunded the fee for that lesson.
- As our instructors must still be onsite no refunds will be given for classes that you are unable to attend.

**I understand the Policies above.**

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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