

**NOTE:** For the safety of our participants and our horses, we must enforce a weight limit for acceptance into this program. There is a weight limit of 200 lbs for ambulatory, balanced riders, and 180 lbs for unbalanced riders (to be determined by the program instructor). If you feel your participant may not meet these requirements, please speak to the program instructor before completing this form.



**NOTE:** All potential participants must have a physician release before they will be evaluated for this program. The release form is found in this registration packet and may also be downloaded from our website.

## Heavenly Hooves Program Participant Application

Today's Date: \_\_\_\_\_ Participant Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregivers: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

School or Institution presently attending: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health History

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

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

Areas	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

This Health History is up-to-date and accurate, to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, or Parent/Legal Guardian if under 18)

Print: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, or Parent/Legal Guardian if under 18)

**MEDICATIONS** (include prescription and 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** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHOSOCIAL FUNCTION** (e.g., work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns)

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

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**PHOTO RELEASE**

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT

consent to and authorize the use and reproduction by Heavenly Hooves, Inc. of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, or Parent/Legal Guardian if under 18)

Print: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, or Parent/Legal Guardian if under 18)

## Liability Release

KNOW ALL MEN BY THESE PRESENTS, that

\_\_\_\_\_ and \_\_\_\_\_  
Participant's Name Parent/Legal Guardian's Name if under 18

Residing at: \_\_\_\_\_,

Participant with parent or legal guardian's consent hereby desires to engage in the following equine activity, to wit: HEAVENLY HOOVES/MCCORMICK RESEARCH INSTITUTE, located in Osceola County, Florida. For and in consideration of the above activities and services; receipt and sufficiency of which is hereby acknowledged, Participant/Participant's parent/legal guardian hereby does forever and finally release, remise, acquit, satisfy, and forever discharge Osceola County (Florida) and all related entities including Osceola County Board of Commissioners, and all of their past, present and future partners, owners, directors, officers, shareholders, representatives, agents, and employees, and all of their respective successors and assigns, individually and in their official capacities (collectively, "Released Parties") and McCormick Research Institute Inc., (dba Heavenly Hooves) a Florida Corporation and all related entities; officers, directors, agents, sponsors and employees of and from all manner of action and actions; cause and causes of action, suit, debts, dues, sums of money, bonds, billings, contracts, controversies, agreements, promises, damages, variances, judgments, executions, claims, and demands whatsoever, in law or in equity, which may arise or might in the future arise, herein after may arise for or against the equine activity sponsor for the activities stated above. This document is meant to be a full and complete release from any and all liability that may arise from participating in the above described equine activity, or from any activity the participant may engage on the equine activity sponsor's and Osceola County property in preparation for the above described equine activity. This release is given freely and voluntarily by the parent/legal guardian of participant and is meant to remain in existence throughout the period prior to and throughout the duration of the equine activity.

**Under Florida law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. FLORIDA STATE STATUTE-CHAPTER 773.**

This release and indemnity has been carefully and fully read by the undersigned, and the undersigned fully understands its terms and conditions, and has voluntarily executed and delivered this release of indemnity as of this \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

I, \_\_\_\_\_ (Participant, or Parent/Legal Guardian in under 18), parent/legal guardian of \_\_\_\_\_ (Participant's Name) have read the above release and indemnity in full, and I consent and agree with the terms set forth. I fully understand its terms and conditions, and I hereby voluntarily execute and deliver this release and indemnity and consent to \_\_\_\_\_'s participation in the activities. I further agree to be fully bound by the terms and conditions of the Release and Indemnity in both my individual capacity and in my capacity as parent/legal guardian for the individual as indicated above.

PRINT NAME: \_\_\_\_\_ (Participant, or Parent/Legal Guardian in under 18)

SIGNATURE: \_\_\_\_\_ (Participant, or Parent/Legal Guardian in under 18)

## **Policies and Procedures**

Listed below are policies and procedures for our participants. Please read this form in its entirety, then sign below and hand deliver to barn office or mail to:

McCormick Research Institute  
4651 Rummell Road  
Saint Cloud, Florida 34771

### **Scheduling & Fees**

We operate similar to school systems. Like school, we do not have “makeup days” and we assume continuous enrollment between the Fall and Spring semesters. Fall students will be re-enrolled in the Spring Semester unless you have completed a withdrawal form (located under “Client Resources” online or you may request one from barn office). We offer three semesters: Fall, Spring, and Summer. On average, the Fall Semester is 14 weeks with a fee of \$350, the Spring Semester is 20 weeks with a fee of \$500, and the Summer Semester is 6 weeks with a fee of \$150. Students will only be enrolled in the Summer Semester upon request and must “re-enroll” for the new school year/Fall semester.

Confirmation of intent to participate must be made to the program manager at least two weeks prior to the beginning of classes in the Fall to guarantee participation. A calendar of class dates is listed on our website at [www.mccormick.us](http://www.mccormick.us) under the Client Resources tab. Please make note of any days when programs are not in session (holidays and spring break, etc.).

### **Payment Policy**

Upon enrollment, you will be sent an invoice for the entire semester tuition. You may pay for the class session in full at the beginning of the semester. However, if you do not elect to pay for the class session in full, you will be sent a monthly invoice reflecting the total amount remaining on your balance. An installment amount will be due on the first of each month of service rendered. For example, if a class occurs for four months in the Fall, you can elect to pay 1/4 tuition installments by September 1<sup>st</sup>/or enrollment date, October 1<sup>st</sup>, November 1<sup>st</sup>, and December 1<sup>st</sup>. For the Spring, 1/5 installments will be due by January 1<sup>st</sup>/enrollment date, February 1<sup>st</sup>, March 1<sup>st</sup>, April 1<sup>st</sup>, and May 1<sup>st</sup>. Summer tuition is due by July 1<sup>st</sup>.

When registering for a semester you are committing to pay for every class provided during that semester, regardless of attendance. All semester fees are due regardless of occasional absenteeism. Adherence to this policy enables us to continue to provide service and maintain sustainable programs.

If a past-due balance exceeds \$150, the participant will be unable to ride until the balance is paid or other arrangements have been made. We accept cash, checks, and credit cards. Checks can be made payable to either Heavenly Hooves or McCormick Research Institute. Please deliver your payment to the barn office, pay on our website, or mail your payment to the address noted at the top of this page.

### **Attendance Policy**

McCormick expects consistent attendance by all participants. If you are unable to attend a regularly scheduled session, notification must be made by calling your program manager at 407.933.7433, ext. 2. Leave a message so sufficient notice may be provided to staff and volunteers. In the event of cancellation due to inclement weather, all reasonable attempts will be made to notify participants at least 2 hours prior to the change and your account will be credited. Three “no-shows” or cancellations will result in a non-refundable dismissal and the participant will not be permitted to return the following semester.

## **Clothing**

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

## **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 or activity will take place in the barn. If classes are cancelled, a member of our staff will contact you.

## **Change of Health or Medication Status**

Participants must inform McCormick in writing of any changes in health status and conditions. All special needs participants are required to provide an updated Physician's Statement every three years.

## **Safety and Conduct for Participants & Visitors**

McCormick supports all efforts to promote safe conditions at its facility. Working with horses is a high-risk activity. The following rules must be adhered to at all times:

- Participants are required to use gentle hands and feet while on or near any horse.
- Running, yelling, abusive, or aggressive actions are not allowed.
- 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.
- Appropriate attire and footwear (no sandals) are required in barn and paddock areas.
- Riders must wear closed-toes shoes. Riders wearing inappropriate shoes will not be allowed to ride.
- Hand-feeding of the horses is not allowed under any circumstance.
- Children must be supervised by an adult at all times.
- No pets are allowed on the grounds.
- Smoking, alcohol, or illegal substances are not allowed on the premises.
- Visitors wishing to tour the facility or grounds must be escorted by McCormick staff.
- Please respect any posted off-limit areas.
- McCormick has taken careful assessment of its facility and grounds in the development of a comprehensive Risk Management Plan. Emergency procedures are posted in the barn and are available at the Volunteer Sign-In desk for your review.
- In order to comply with PATH Intl. Center standards, only riders and volunteers will be allowed in the barn aisle way/outdoor grooming area and riding arena during classes. Parents and other spectators are asked to wait in the lounge or "parent viewing" area by the riding arena until participants are finished with their class. For the safety of our participants, please stay off of the mounting ramps and mounting ramp area.

## **Weapons**

The McCormick Research Institute is a weapon-free environment. We can appreciate that some individuals may possess a concealed-weapon permit, but all weapons should be kept in a locked vehicle or left at home. No weapons may be brought on premises, or carried on a person, or stowed in a purse or other bag.

## **Volunteer Program**

Volunteers have always played an important role in the programs and development of McCormick Research Institute. We encourage you to consider volunteering. If you are a parent with a child in our program, volunteering directly with your child may not provide the most effective riding experience for them. However,

we do encourage you to assist another rider or perform another volunteer role in the stable or office, or assist with special events. Please see a staff member or contact the volunteer manager for more information.

### **Confidentiality**

Any information pertaining to the participants is held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our staff and volunteers.

### **Telephone**

The telephone located in the office may be used by our participants as needed. Please see staff for assistance.

### **Conflict Resolution**

Problems should be handled immediately, confidentially, and directly between the parties involved and McCormick staff. Parents and participants who feel that their concerns are not being addressed may contact the program manager.

### **Consultation**

The McCormick staff are available for consultation throughout the application and enrollment process, as well as during the program sessions. Comment forms are available in the lounge, or you may contact the program manager with any questions, concerns, or suggestions at: 407.933.7433, ext. 2.

### **Program Newsletter**

A periodic newsletter for participants is occasionally sent via email, posted on the bulletin board, and available in the lounge. It includes program highlights, upcoming events, and relevant program updates for participants, families, caregivers, and involved professionals.

### **Participant and Volunteer Information Bulletin Boards**

The bulletin board includes a variety of information and upcoming events. Please be sure to check it regularly and feel free to contribute.

### **Website**

Please visit the McCormick Research Institute website at [www.mccormick.us](http://www.mccormick.us) for detailed information on our programs, as well as calendar items and upcoming events.

### **Non-Discrimination Policy**

McCormick Research Institute accepts participants and volunteers regardless of income, race, color, nationality, or ethnic origin.

### **The Florida Equine Liability Act: Assumption of risk by person engaged in recreational equestrian activities.**

Each person engaged in equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure or activity by the person providing the horse or horses or his agent or employees.

### **Equine Code of Ethics**

McCormick Research Institute will support Equine Assisted Therapy activities while providing the horses in its care with the highest ethical consideration. Horses working in programs are selected by the professional staff. Once a horse is in residence, it becomes a reflection of the program in its entirety. The care of each horse is

given with professional expertise and management. The McCormick staff considers the comfort and well-being of each rider, volunteer, and horse their highest priority. Horses are scheduled to work in a manner consistent with their physical ability. The needs of the herd are met with regard to workload, feeding, and general care. Prior to work in program, each horse is inspected for injury, illness, or discomfort. Horses are not asked to work when they are uncomfortable or unfit. Horses no longer able to serve in the McCormick programs are given every consideration when placed elsewhere.

### **Equine Limitations**

It takes a special horse to become a part of the McCormick herd. Only a small percentage of trial horses end up in the program, demonstrating that they have patience, tolerance, and the steady rhythmic gait required to be a good therapy horse. And like people, no two horses are alike—each offers specific benefits to our riders, with their own needs and limitations. Therefore, it is critical that we do not exceed each horse’s weight limit and work schedule established by equine professionals. We ask for your understanding as we try to best serve our riders within the limits of our herd.

### **Statement of Participant Eligibility or Dismissal**

Riding is available to adults and children 4 years old and older. Due to the nature of the horse’s work, we have a weight limit of 200 pounds for ambulatory, balanced persons, and 180 for unbalance persons (to be determined by the program manager). Weight limitations may differ for persons requiring a full transfer (mounting onto horse) and will be at the discretion of the program manager. Certain conditions require additional precautions to be taken when on or around horses and **some conditions are contraindications (are not safe for) horseback riding**. Horseback riding may not be a suitable recreational activity for certain individuals. Behavioral issues that may cause harm to the animals, instructors, or 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.

Eligibility for participation in programs is based solely upon an individual’s ability to participate meaningfully and safely, provided the necessary resources are available. McCormick fully ascribes to the Precautions and Contraindications as recommended by the PATH Intl. Medical Committee as well as professional standards. Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom McCormick programs are deemed inappropriate during the evaluation process, not accepted for enrollment, or ineligible to continue in McCormick programs. This determination is made on the basis of physical, behavioral and other limitations. During reviews, or as the result of unusual occurrences during a program session, professional staff may find that continuance in the program for a given individual is inappropriate. For this reason, McCormick reserves the right to discontinue participation of an individual in its programs when it is deemed that discontinuance is in the best interests of McCormick and/or the individual concerned. ***McCormick reserves the right to decide when we are unable to serve an applicant due to unavailable resource(s) and or/safety concerns including guidelines relating to contraindications for participation.***

### **Board of Trustees**

As a nonprofit corporation with 501(c)3 tax exempt status, McCormick Research Institute is governed by a voluntary 15-member Board of Trustees.

By signing below, I acknowledge that I have read, understand and agree to abide by the above written policies and procedures for participation in Heavenly Hooves Therapeutic Riding Program.

Participant’s Name: \_\_\_\_\_

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

Participant, or Parent/Legal Guardian if under 18

## Medical Emergency Treatment Form

If emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on Heavenly Hooves' property, I authorize Heavenly Hooves, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

### **Consent Plan**

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.

Date: \_\_\_\_\_ Consent Signature \_\_\_\_\_

Participant, or Parent/Legal Guardian if under 18

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### **Non-Consent Plan**

I do not give my 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 McCormick Research Institute. If emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Participant, or Parent/Legal Guardian if under 18

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Letter to Participant's Medical History and Physician's Statement

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

Dear Health Care Provider:

Your patient: \_\_\_\_\_ is interested in participating in supervised equine activities. In order to safely provide this service, our center requests that you complete/update the attached Medical History 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 Instabilities  
Coxarthrosis  
Cranial Defects  
Heterotopic Ossification/Myositis Ossificans  
Joint Subluxation and Dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Instabilities/Abnormalities

### **Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/Tethered Coed

### **Other**

Age—under 4 years  
Indwelling Catheters/Medical Equipment  
Medications—e.g., 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 (e.g. RA, MS)  
Fire Settings  
Hemophilia Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact us at 407.933.7433 ext. 2. Our address is:

McCormick Research Institute  
4651 Rummell Road  
Saint Cloud, Florida 34771

## Participant's Medical History and Physician's Statement

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_  
 Past/Prospective Surgeries: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Seizure Type: \_\_\_\_\_ Controlled: Y N | Date of Last Seizure: \_\_\_\_\_  
 Shunt Present: Y N | Date of last revision: \_\_\_\_\_  
 Special Precautions/Needs: \_\_\_\_\_

**Mobility:** Independent Ambulation: Y N | **Assisted Ambulation:** Y N | **Wheelchair:** Y N

Braces/Assistive Devices: \_\_\_\_\_

*For Down Syndrome: Neurologic Symptoms of Atlantoaxial Instability (circle one):* Present Absent

*\*This form must be updated annually for Down Syndrome participants.*

***Please indicate any current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.***

Areas	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and /or therapies. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

## Participant's Consent for Release of Information

I, hereby, authorize: \_\_\_\_\_  
Person or Facility

to release information from the records of: \_\_\_\_\_ DOB: \_\_\_\_\_  
Participant's Name

The information is to be release to: \_\_\_\_\_  
Center or Therapist's Name

for the purpose of developing an equine-activity program for the above named participant. The information to be released is indicated below:

- \_\_\_ Medical history
- \_\_\_ Physical therapy evaluation, assessment, and program plan
- \_\_\_ Speech therapy evaluation, assessment, and program plan
- \_\_\_ Mental health diagnosis and treatment plan
- \_\_\_ Individual Habilitation Plan (I.H.P.)
- \_\_\_ Classroom Individual Education Plan (I.E.P.)
- \_\_\_ Psychosocial evaluation, assessment, and program plan
- \_\_\_ Cognitive-behavioral management plan
- \_\_\_ Other: \_\_\_\_\_

This release can be revoked, in writing, at my request.

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

Print Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Please send materials to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_