



LiftMeUp!

Dear Prospective Rider:

WELCOME TO LIFT ME UP! The mission of Lift Me Up! is to provide a safe, effective, and challenging therapeutic riding program dedicated to helping children and adults with a wide range of disabilities. By combining the use of horses and the skills of certified instructors, Lift Me Up! seeks to help riders develop physically, mentally, and emotionally in a caring and fun environment that empowers the rider in ways very different from traditional therapy.

We offer both group and private lessons at our facility. We charge \$50 for a one-hour group lesson for up to four students and \$72.50 for a half-hour private lesson. Each of our lessons is staffed with an instructor certified by the North American Riding for the Handicapped Association (NARHA), as well as enough volunteers, who act as horse leaders and sidewalkers, to conduct the lesson safely.

Since February 2006, we have been the proud owners of our own property, with an indoor riding arena, in Great Falls. Therefore, we can now conduct lessons year round. Currently, our wait list is quite short. Most riders do not wait longer than two to three months to be accepted into the program.

The following forms must be completed and returned in order to place you on our waiting list:
Eligibility Considerations and Physician's Prescription/Referral
Participant's Application and Health History
Therapist's Evaluation
Authorization for Emergency Medical Treatment
Participant's Medical History and Physician's Statement
Release, Waiver and Indemnity Agreement
Photo Consent Policies
Barn Rules and Regulations

Occasionally, therapeutic riding is not an appropriate form of activity and the rider's instructor has the right to discontinue the sessions. Each case will be discussed with the rider/rider's parents, physician and primary therapist to determine if therapeutic riding is deemed an acceptable activity at this time. In that regard, please review the enclosed participant eligibility requirements.

Thank you for your interest in Lift Me Up!

Regards,



Georgia Bay Carey
Program Director

Post Office Box 104 Great Falls, VA 22066
Telephone 703.759.6221
www.liftmeup.org



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ELIGIBILITY CONSIDERATIONS

Date: _____

Dear Health Care Provider:

Your patient, _____ (participant's name),
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 and Physician's Statement Form. Please note that the following conditions may suggest precautions and/or contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and if so, to what degree.

ORTHOPEDIC

Atlantoaxial Instability – include neurological symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities

NEUROLOGIC

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

OTHER

Age – under 4 years
Indwelling Catheters
Medications, *i.e.* photosensitivity
Poor Endurance
Skin Breakdown

MEDICAL/PSYCHOLOGICAL

Allergies
Animal Abuse
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbation of Medical Conditions
Fire Setting
Heart Conditions
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorder
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this individual's participation in equine activities, please feel free to contact the center at the address/phone indicated below.

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PHYSICIAN'S PRESCRIPTION/REFERRAL

RIDER'S NAME: _____ **PHONE:** _____

PRESCRIPTION FOR THERAPEUTIC HORSEBACK RIDING

Prescription, where appropriate for evaluation and treatment by a Physical, Occupational and/or Speech Therapist in conjunction with the Therapeutic Horseback Riding Operating Center.

RECOMMENDED FREQUENCY: _____

PRECAUTIONS: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

PLEASE PRINT, TYPE OR STAMP

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE: _____



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PARTICIPANT'S APPLICATION AND HEALTH HISTORY

GENERAL INFORMATION:

Participant: _____ Email: _____
 Address: _____
 Phones – Home: _____ Work: _____ Cell: _____
 DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F
 Employer/School: _____ Phone: _____
 Address: _____

Parent/Legal Guardian: _____
 Address (if different than above): _____
 Phones (if different than above): Home: _____ Work: _____ Cell: _____

Are you available to ride on weekday mornings? Yes _____ No _____ If yes, which mornings? _____
 Referral Source: _____ Phone: _____
 How did you hear about our program? _____

HEALTH HISTORY:

Diagnosis: _____ Date of onset: _____

	YES	NO	COMMENTS
<i>Vision</i>			
<i>Hearing</i>			
<i>Sensation</i>			
<i>Communication</i>			
<i>Heart</i>			
<i>Breathing</i>			
<i>Digestion</i>			
<i>Elimination</i>			
<i>Circulation</i>			
<i>Emotional/Mental Health</i>			
<i>Behavioral</i>			
<i>Pain</i>			
<i>Bone/Joint</i>			
<i>Muscular</i>			
<i>Thinking/Cognition</i>			
<i>Allergies</i>			

MEDICATIONS (include prescription, over-the-counter: name, dose & frequency):

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):

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

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

OTHER INFORMATION:

DATE: _____ SIGNATURE: _____



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THERAPIST'S EVALUATION

Date: _____

1. Name: _____ Sex: _____

2. Diagnosis: _____

3. Past Medical History (seizures, medications, surgery): _____

4. Communication (aids, impairment): _____

5. Vision (aids, impairment): _____

6. Cognitive/Emotional: _____

- Follows Commands: I Step _____ II Step _____ III Step _____ Complex: _____
- Attends to task: Poor (0-1 min.) _____ Fair (1-5 min.) _____ Avg. (5 min.) _____
- Frustration Tolerance : Poor _____ Fair _____ Good _____
- Problem Solving: Poor _____ Fair _____ Good _____
- Cooperation: _____
- Attitude: _____

7. Visual/Perceptual (Intact vs. Impaired):

- Left/Right Discrimination: _____
- Body Image: _____
- Body Scheme: _____
- Position in Space: _____
- Neglect of Space: _____
- Crossing Midline: _____

8. Mobility:

- Wheelchair: _____ Amount of assist to transfer: _____
- Adaptive Device: _____ Amount of assist to transfer: _____
- Independent Ambulator: _____

9. Social Skills (Group): Parallel _____ Interactive _____

10. Dominance: Right Hand _____ Left Hand _____

11. Gross Motor (Poor, Fair, Good):

- Head Control: _____
- Sitting Supported: _____
- Sitting Unsupported: _____
- Standing Balance: _____

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12. Gross Muscle Tone: LUE LLE RUE RLE
- Increased Tone: _____ _____ _____ _____
 - Decreased Tone: _____ _____ _____ _____
 - Mixed: _____ _____ _____ _____
 - Normal: _____ _____ _____ _____
 - Comments: _____

13. Range of Motion (List any gross limitations that we should be aware of):
- RUE: _____
 - RLE: _____
 - LUE: _____
 - LLE: _____

14. Sensibility (List any gross impairments that may interfere with safety of rider):
- RUE: _____
 - RLE: _____
 - LUE: _____
 - LLE: _____

15. Abnormal Reflexes (List and describe successful inhibitory patterns. Also note if reflex is obligatory.):
- _____
- _____
- _____

16. Spinal Instability, Joint Subluxations, *etc.* (List any spinal instability, joint subluxations, or other conditions that might be medically contraindicated for riding.): _____
- _____
- _____
- _____

17. Goals:
- Frequency of treatment: _____
 - Short-term goals: _____
 - _____
 - Long-term goals: _____
 - _____
 - _____

Person(s) completing evaluation:



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

() Participant

() Staff

Name: _____ DOB: _____

Address: _____

Phone(s) Home: _____ Work: _____ Cell: _____

Physician: _____ Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy # _____

Current Medications: _____

Allergies to Medications: _____

IN THE EVENT OF AN EMERGENCY, CONTACT:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In case emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize LIFT ME UP! 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 emergency treatment.

CONSENT PLAN:

This authorization includes x-ray(s), surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is (are) unable to be reached.

Signature: _____ Date: _____

Rider/client (if over 18) or Parent or Legal Guardian

NON-CONSENT PLAN:

I *do not* give consent for emergency medical aid/treatment 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 aid/treatment is required, I wish the following procedures to take place:

Signature: _____ Date: _____

Rider/client (if over 18) or Parent or Legal Guardian

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PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

Participant: _____ 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 those with Down Syndrome: AtlantoDens Interval X-rays, Date: _____ Result: + —
 Neurologic Symptoms of AtlantoAxial Instability: _____

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

	YES	NO	COMMENTS
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the NARHA center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g., PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD DO NP PA Other: _____
 Signature: _____ Date: _____
 Address: _____
 Phone: _____ License/UPIN Number: _____



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LIFT ME UP! FOUNDATION, INC.
RELEASE, WAIVER & INDEMNITY AGREEMENT

It is recognized that any horse-related activity entails risk. While Lift Me Up! (LMU!) and Mr. and Mrs. Harry Dougherty, Jr. (Doughertys) will endeavor to provide safe conditions on their properties, they cannot guarantee that they can eliminate all risk. LMU! and the Doughertys grant riders, volunteers, instructors, and others participating in or observing the program permission to enter the premises of LMU! 9704, Doughertys 9700, 9628, and 9630 Georgetown Pike, Great Falls, VA 22066.

The undersigned (hereinafter referred to as "Participant"), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to enter upon the premises referenced by addresses above and known as LMU! or Doughertys, and/or to use horses and/or facilities either owned or controlled by the Lift Me Up Foundation ("LMUF"), and/or to receive training or instruction from the agents, volunteers or employees of LMUF, and being fully aware of the risk of injury and dangers inherent in entering upon said premises and/or the riding and handling of horses, hereby elects voluntarily to enter upon said premises and/or to participate in said activities, and does hereby willingly enter into this Release, Waiver and Indemnity Agreement.

Therefore, in consideration of being permitted to enter upon the premises known as LMU! and/or receive instruction or assistance from the agents, volunteers or employees of LMUF, Participant assumes all risks of loss, damage, or injury that might be sustained by any or each of the undersigned or any property of any or each of the undersigned while participating in or observing the riding for the disabled program or en-route to or from these premises. Participant knowingly and expressly waives Participant's rights to sue LMUF and its officers, directors, volunteers, employees, agents, successors, heirs, and assigns; and Mr. and Mrs. Harry Dougherty, Jr., and their agents, successors, heirs and assigns, for any injury, death, loss, or damage caused to Participant or to Participant's property, and Participant agrees to assume all risks inherent in riding or otherwise coming in contact with horses, including, without limitation, the risks of injury, death, loss, or damage to Participant or to Participant's property. Participant acknowledges that Participant has been given *notice of the risks inherent in and intrinsic dangers of equine activities*, including (i) the propensity of an equine to behave in dangerous ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collision with other animals or objects; and (v) the potential of Participant acting in a negligent manner that may contribute to injury to Participant or others, such as failing to maintain control over the equine or not acting within Participant's ability, and Participant expressly agrees to assume all such risks and waives all rights to sue for injuries caused by such risks. This waiver and express assumption of risks shall specifically apply to Participant and to any and all minor children and/or wards of Participant, in accordance with the terms of Va. code Ann. §3.1-796.132B and shall be construed to comply with all exculpatory terms of the Virginia Equine Activity Liability Act, Va. Code Ann. §§3.1-796.130 *et seq.* (Chapter 27.5, Code of Va. (1950)). Further, this release shall be binding upon the distributees, heirs, executors, administrators, and guardians of each of the undersigned.

If Participant is a minor or otherwise under a legal disability, this agreement shall be signed by Participant's parent or legal guardian. By signing, the parent or legal guardian agrees: (i) to waive the parent's, guardian's and Participant's rights to sue the parties named in the immediate preceding paragraph; (ii) to assume, on behalf of the parent, guardian, and Participant, the risks set forth in the immediately preceding paragraph, in addition to all other risks of riding or otherwise coming into contact with horses; and (iii) to indemnify and hold harmless LMUF and its officers, directors, volunteers, employees, agents, successors, heirs, and assigns; and Mr. and Mrs. Harry Dougherty, Jr., and their agents, successors, heirs, and assigns, from any and all costs of defending such claims, including attorneys' fees.

It is expressly agreed by Participant and any parent or guardian whose signature appears on this document that this Release, Waiver and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, and that LMUF and its board of directors, volunteers and employees, and Mr. and Mrs. Harry Dougherty, Jr. are covered by the provisions of that Act. This Release, Waiver and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

Participant has been advised to wear protective headgear and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses, and expressly assumes the risk of injury resulting from a failure to do so and/or from selecting headgear or footwear that does not adequately protect against injury.

Due to the number of students involved, risks inherent in activities typically conducted at a horse center, and for other valid reasons, Mr. and Mrs. Harry Dougherty, Jr., cannot be responsible for payment of emergency medical and health care services that possibly could result from an accident of some kind. By signature below, Participant agrees to support the position of the Doughertys in regard to emergency medical or other type of emergency situation.

CAUTION: READ BEFORE SIGNING

Participant

Parent or Guardian

Printed Name

Printed Name

Date: _____

Date: _____

PHOTO RELEASE

CONSENT

I hereby consent to and authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials taken of me/my son/daughter/ward for promotional printed materials, educational activities, and exhibitions or for any other use for the benefit of LIFT ME UP!

Signature: _____ Date: _____
Rider/Participant, if over 18, or Parent/Guardian

NON-CONSENT

I hereby DENY consent to and REFUSE to authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials of me/my son/daughter/ward for any purpose.

Signature: _____ Date: _____
Rider/Participant, if over 18, or Parent/Guardian



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BARN RULES AND REGULATIONS

Violations of these rules and regulations could result in termination of participation in LMU activities.

PLEASE SIGN BELOW. RETAIN ONE COPY FOR YOUR RECORDS AND RETURN ON TO LMU:

- **KEEP DRIVEWAY GATE CLOSED AT ALL TIMES**
- **All participants** (riders, volunteers, and staff) working with any horse **must sign** LMU's waiver prior to participating and give to LMU. If participant is under 18 years of age, parent or legal guardian must sign waiver.
- **Visitors** (anyone other than LMU staff, trained volunteers, and riders with appropriate supervision) **are not allowed** in stalls or turnout areas. Riders may enter stalls **ONLY** with appropriate staff and volunteer supervision.
- **Everyone must wear a properly fitted ASTM/SEI approved helmet when mounted** – LMU also requires that riders wear these helmets when grooming.
- All injuries, accidents, or damages must be reported to LMU immediately.
- **No SMOKING in or around barn.**
- **No drinking of ALCOHOLIC** beverages or use/possession of illegal substances on property.
- Jeopardizing the safety of horse or human in any way will not be tolerated.
- Always **CLEAN UP** after yourself and your horse (aisle, rings, tackroom, etc.) – put manure and trash in proper places – turn off **LIGHTS** and **WATER** when done.
- **Do not FEED** horses, including treats or hay, without permission from LMU, or make adjustments to feed without discussing with LMU.
- Do not wander around personal property unless accompanied by LMU personnel.
- Volunteers and staff must wear appropriate shoes/boots while working around horses.
- **INDOOR** ring lights are to be on only when riding inside – use ones marked "INSIDE" for best lighting.
- Keep tack rooms clean – swept and trash emptied.
- Disrespect for others will not be tolerated.
- Please refrain from using **PROFANITY**.
- Regard all parking and traffic regulations.
- Refrain from engaging in disruptive behavior or making loud noises that might frighten animals.
- **No RUNNING** around the horses.
- Please do not climb or hang on gates.
- No **DOGS**.

I/we acknowledge that I/we have read, understand, and am/are willing and able to follow the rules and regulations listed above. Additionally, I/we understand that not complying with these rules and regulations can result in immediate termination of participation in LMU activities.

Participant: _____ Print Name: _____ Date: _____
Parent/Guardian: _____ Print Name: _____ Date: _____