



Welcome & General Information

Please Keep for Your Records

Thank you for your interest in the New Hope Equine Assisted Therapy's Horses Helping Heroes program. We are a non-profit organization 501 (C) (3), which provides Equine Assisted Programs to veterans and first responders with symptoms of PTS.

New Hope is a Professional Association of Therapeutic Horsemanship (PATH) International Member Center. We maintain the standards of safety, education and animal welfare set forth by this association.

Steps to participation:

Download and read Horses Helping Heroes information packet (this packet)

Complete online registration

Complete **Medical History & Medical Professional Statement**: This form must be completed to include a diagnosis as it relates to Equine Assisted Activities and be signed and dated by a licensed medical professional. Email the signed medical professional form to program@newhopeequine.com

Meet and greet scheduled to meet horses

Session days/times get set and then we begin

Note: New Hope makes every effort to provide enough volunteers to serve our participants. Unfortunately, there are times when, despite our best efforts, we have a shortage of trained volunteers. In those instances, a single class may have to be rescheduled or cancelled.

Thank you for interest in our Heroes program. Please review all pages for further information. We look forward to meeting you soon.

Best wishes,

Sharla Kershen

Executive Director

817-729-5315

Skershen@NewHopeEquine.com



**PRECAUTIONS &
CONTRAINDICATIONS**
Please Keep for Your Records

In order to safely provide this service, New Hope Equine Assisted Therapy requires that a licensed medical professional complete the Medical History/Physician's Statement Form which is step three of the participant registration process.

A list including but not limited of the following conditions, if present, *may* represent precautions, which require additional investigation or modifications to make participating safe, or contraindications, which make the activity inappropriate from a safety consideration.

ORTHOPEDIC

Joint subluxation/dislocations
Undiagnosed Pain
Broken Bones

NEUROLOGIC

Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities
Seizure disorder

OTHER

Skin Breakdown

MEDICAL/PSYCHOLOGICAL

Animal abuse
Physical/Sexual/Emotional Abuse
Dangerous to self or others
Exacerbations of medical conditions
Fire setting
Heart conditions
Hemophilia
Medical Instability
PVD
Respiratory compromise
Recent surgeries
Substance abuse
Thought Control Disorders



Participant GUIDELINES

Please Keep for Your Records

Equine Assisted Activities/ Equine Assisted Learning Classes: All classes are conducted by a certified PATH, Intl. Instructor or Instructor in Training candidate (ITC). All instructors and staff are certified in CPR/First Aid for both children and adults. The instructor will work with each participant to develop goals and objectives. All footwear must have closed toes but no steel toed shoes. Hard-soled, sturdy shoes with heels preferred.

Classes are approximately 2.5 hours in length: In some cases classes may be shortened to accommodate the special needs of the participant or modified due to weather,

Calendar Year: Equine Assisted Activities and Equine Assisted Learning classes will be scheduled September through June. Please check with instructor for scheduled holidays and special events when New Hope will be closed (Thanksgiving, Christmas, Memorial Day, Veterans Day). Our facility is open during July and August for horse care, summer camp, private workshops, clinics and program management.

Annual Update of Records: All participants and volunteers must re-submit application forms, including Registration, Authorization for Emergency Medical Treatment, Physician's Statement/Medical History, and Liability Release annually. You will receive a request to resubmit information in August each year. Everyone must submit forms in August even if you started in the middle of the year.

Weather Conditions: Preexisting: Classes will be canceled prior to scheduled time. All efforts will be made to contact participants prior to that time. **Unplanned:** Should electrical storms, or tornado warnings occur during class time, lessons will be delayed until safe conditions are established.

ATTENDANCE:

To achieve your goals attendance is important. A lot of information is covered in each class, and skills are practiced and build each week. Please continue even if sessions are missed as you will gain knowledge and skill each week.

If you must miss your scheduled class fill out the "report an absence" form at <https://www.newhopeequine.com/report-rider-absence> at least 72 hours in advance. Preferred method.

If it is within 24 hours of lesson time, text your instructor.

In an emergency, or less than 24 hours prior to lesson, phone (817) 729-5315 as soon as possible.

PAYMENT FOR LESSONS:











1. Cost is \$60 per hour and each class is 2.5 hours **unless covered by grants or other funding sources**. Make payment to New Hope by cash, check, or PayPal. Payments may be made weekly or monthly online or by placing your payment in an envelope in the locked mail box to the right of the office door. Please contact Dave at dkershen@NewHopeEquine.com if you are unsure about whether your session is covered.

* Please note that all outstanding accounts need to be paid in full prior to start of next session.

Safety Rules
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All participants, family members, volunteers, staff and guests must comply with all posted safety rules. New Hope staff requests that all volunteers help to enforce these safety rules.

Safety is our Top Priority!

-  NO SMOKING OR VAPING. Smoking of any type is not allowed anywhere on New Hope property.
-  NO WEAPONS including concealed firearms are allowed on the premises.
-  Observe and obey all posted safety and restricted area signs.
-  All persons within horse area will wear closed toed shoes. Riders must wear ASTM/SEI approved helmets and appropriate foot wear.
-  No family pets allowed. If you have service animal, contact the Program Manager to discuss.
-  Family and guests are requested to sit quietly in the parent area. Please refrain from leaning or climbing on all arena fences.
-  All treats must be approved by the instructor before being given to horses using the treat bucket. **NEVER HAND FEED TREATS TO THE HORSES.**
-  The mistreatment, abuse, or verbal suggestions of abuse of any person or of any animal **will not** be tolerated.
-  Please remember to keep our facility clean by disposing of trash properly.
-  No cell phones or pagers inside the arena.



NEW HOPE EQUINE ASSISTED THERAPY

Infectious Disease Guidelines

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For Anyone Coming on to New Hope Property

Do Not come to New Hope if:

- You or anyone in your household is running a fever or displaying symptoms of any illness
- You or anyone in your household have been diagnosed with Covid-19, Flu, or any other contagious infection, including lice etc.
- You or anyone in your household have been exposed to anyone with suspected or confirmed Covid-19
- You or anyone in your household is at high risk for Covid-19 (see CDC guidelines)

When on New Hope Property

1. No volunteer/participant comes on property after running a fever, until they have been symptom free for CDC recommended guidelines for the illness in question
2. Everyone coming on property is required to wash hands for 20 seconds with antibacterial soap and water before signing in, and before leaving premises. More frequent hand washing encouraged
3. Instructors required to wash hands using 20-30 second protocol before and after coming into contact with high traffic surfaces
4. Sanitizer is available

Protocols subject to change at any time



NEW HOPE EQUINE ASSISTED THERAPY

Waiver and Release of Liability & Indemnity Agreements

Please Keep for Your Records

When submitting your **online** application, the undersigned will be asked to acknowledge that he/she has read this Indemnity & Release form in its entirety, that he/she understands the terms of this release, and signs this release voluntarily and with full knowledge of the effects thereof.

All equine activities at or with New Hope Equine Assisted Therapy involve inherent risks and dangers, which could result in personal injury or death. I/we acknowledge the risks and dangers of a horse-back riding or horsemanship program to myself, my minor child, my ward, or any person(s) I bring on-site to a New Hope Equine Assisted Therapy location or event, however I believe that the possible benefits to myself, my child, my ward, are greater than the risks and dangers assumed.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), 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.

WAIVER AND RELEASE OF LIABILITY

I HEREBY, INTENDING TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS AND ASSIGNS, EXECUTORS OR ADMINISTRATORS, EXPRESSLY WAIVE AND RELEASE FOREVER ALL CLAIMS FOR DAMAGES, COMPENSATION, OR LIABILITY ARISING AGAINST NEW HOPE EQUINE ASSISTED THERAPY, ITS BOARD OF TRUSTEES, INSTRUCTORS, THERAPISTS, AIDS, VOLUNTEERS, AND/OR EMPLOYEES FOR ANY OR ALL PERSONAL INJURY OR DEATH THAT I, MY MINOR CHILD, OR MY WARD MAY SUSTAIN IN CONNECTION WITH THE NEW HOPE EQUINE ASSISTED THERAPY ACTIVITY, REGARDLESS OF WHETHER SUCH PERSONAL INJURY OR DEATH IS CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR FAULT OF NEW HOPE EQUINE ASSISTED THERAPY, ITS BOARD OF DIRECTORS, GUARANTORS, INSTRUCTORS, THERAPISTS, AIDES, EMPLOYEES AND VOLUNTEERS ("RELEASEES").

INDEMNITY AGREEMENT

I HEREBY EXPRESSLY AGREE TO INDEMNIFY AND HOLD HARMLESS NEW HOPE EQUINE ASSISTED THERAPY, ITS BOARD OF DIRECTORS, GUARANTORS, INSTRUCTORS, THERAPISTS, AIDES, EMPLOYEES OR VOLUNTEERS ("INDEMNITEES") FROM ANY CLAIM FOR PERSONAL INJURY OR DEATH THAT I, MY MINOR CHILD, OR MY WARD MAY SUSTAIN IN CONNECTION WITH NEW HOPE EQUINE ASSISTED THERAPY ACTIVITIES, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR FAULT OF INDEMNITEES.

I understand that New Hope Equine Assisted Therapy, its Board of Directors, guarantors, instructors, volunteers and/or staff members (Indemnitees/Releasees) will not be legally liable for any personal injuries or death that I, my minor child, or my ward may sustain in connection with the Equine Activities regardless of any fault or negligence on the part of indemnitees' or Releasees.



CONFIDENTIALITY AGREEMENT: I understand that all information (written and verbal) about participants at the New Hope Equine Assisted Therapy PATH International center is confidential and will not be shared with anyone without the expressed permission of the participant and their parent, guardian or caregiver in the case of a minor. New Hope is HIPPA compliant.

PHOTO/MEDIA RELEASE: I DO _____ DO NOT _____ consent to and authorize the use and reproduction by New Hope Equine Assisted Therapy of any and all photographs, any audio-visual materials taken of me or spoken/written testimonials for promotional material, education activities, exhibitions or any other use for the benefit of New Hope Equine Assisted Therapy.