

Whispers of Hope Horse Farm

Dear Prospective Rider,

We welcome your interest in the Whispers of Hope Horse Farm therapeutic horseback riding program. Whispers of Hope is one of approximately 550 therapeutic riding centers across North America. Whispers of Hope, a 501(c) (3) non-profit organization staffed by all volunteers with no cost to the challenged riders. Whispers of Hope Horse Farm is located at 3545 Parkhill Road, Wichita Falls, TX.

In order to provide the best therapeutic benefit and the safest environment to our clients, Whispers of Hope has established minimal guidelines for acceptance into the program. Clients need to be at least three years of age. Child must not have had an active seizure within 6 months. Doctors RX is NOT required but acknowledgement of child's diagnosis and/or physical or mental condition is of value to providing the best therapy for your child. The weight of the client is taken into consideration with the size and temperament of the program horse for determining suitability. If the child has one or more contraindications, therapeutic riding may not be recommended. If the client meets our initial criteria, complete the enclosed forms. All forms must be completed and returned before you or your child can be enrolled.

Once the completed forms are received, evaluation of rider needs and physical and mental condition are taken into account to schedule a riding session. A physical therapy screening assessment may be scheduled. This assessment is done through Whispers of Hope, utilizing a physical therapist familiar with a therapeutic horseback riding program.

Upon completion of the assessment, every effort is made to assign a riding time that is good for both rider and Whispers of Hope based on need of child. To increase your chances of securing a place in the riding schedule, be sure to note *all* times that you are available to ride. If it becomes necessary to place a client on the waiting list, you will be contacted when a riding time becomes available.

Please call **Mrs. Dianne Clary, Rider Coordinator, 940-691-2199, cell 642-5189** or the Whispers of Hope office 940-696-8044 if you have any questions concerning this process. We look forward to working with you or your rider.

IT IS VERY IMPORTANT THAT ALL FORMS ARE COMPLETED AND SIGNED PRIOR TO RETURNING TO US. This letter and the guidelines form are for your information

The Following forms are required to be returned to WOHHF:

- Challenged Rider Registration and Release Form (yearly form) (usually pink form if mailed)
- Rider Emergency Medical Form (minimum of once a year form)
- Rider Schedule Application (must be filled out and returned prior to each Session)

Please mail the completed forms to the office.

Whispers of Hope Horse Farm
RIDER COORIDINATOR
3545 Parkhill Road
Wichita Falls, TX 76310

Enriching the lives of mentally and physically challenged individuals utilizing equine therapy.

Whispers of Hope Horse Farm

GUIDELINES - 2015

Regular Sessions: Whispers of Hope offers four different 6-week sessions with 2 weeks off in between each session. A calendar of events and riding days for all sessions is available on line at www.whispersofhopehf.org. Summer Camp is also available for the challenged children at minimal cost. Due to weather issues at different times of the year, we will post on our Facebook page [whispersofhopehf](https://www.facebook.com/whispersofhopehf) as soon as we can about cancellations or changes. Rule of thumb... if not 50 degrees, no session as it is 20 degrees less under the covered arena. Also, Lightening and heavy rain, snow or high winds are not suitable times for riding. Feel free to text 940-631-4264 Mary Elizabeth if in question that day, but most times not always know until an hour or so prior to class. There are NO classes of any type held in the month August and No classes from Dec.19th/20th until Middle of February dues to severe weather... whether heat or cold. **SAFETY IS OUR PRIORITY!!**

Lessons: Based on the needs and abilities of a child, an individualized program will consist of therapeutic riding and/or horsemanship skills. Most lessons are approximately 30 minutes in length. In some cases, lesson times may be shortened to accommodate a child's special needs. Class size is limited to six per class. A variety of morning, afternoon, and evening classes are available. Classes are primarily scheduled on Tuesday am 10-12 pm and 3 to 6pm and Thursday 3 to 6 pm, Saturday 10 -12 pm. There are several times for Show Team practices and Special Olympics practices as well.

Tuition: Services are provided free of charge to all challenged children ages 3-17. However, we ask for assistance to help find sponsorships or donations of \$125 for a six-week session. This covers approximately twenty-five percent of the overall cost of the session. Tuition is payable to Whispers of Hope by cash, check, PayPal or charge. Make-up classes are held on case-by-case basis. Riders that cancel forfeit the class. If you have any questions, please contact the office at 696-804 Donations/Horse or Child Sponsorships should be mailed to: **Whispers of Hope Horse Farm 3545 Parkhill Rd. Wichita Falls, TX 76310**

Clothing for Riders: Long pants, capris, tights, sweats are ok -- jeans preferred (shorts cause chapping to legs) totally enclosed shoes or boots (with heels, inexpensive hiking boots are ideal) ASTM/SEI approved helmet may purchase locally at TSC/Attwood or go online to purchase individually. Whispers of Hope also has helmets available as these are used by all. Sunscreen, gloves, and jacket, as needed.

ARRIVAL/Sign In/Attendance: Upon arrival, please travel on entrance gravel road on right straight to the covered arena. Parking is along fence line opposite covered arena or along covered arena wall. Please enter Covered arena at sliding doors on North East end of building. You will be greeted by volunteer to help you sign rider in the book on dresser. When the rider will be absent, notify the center as soon as possible. If a rider knows of an absence ahead of time, please advise the office. When a rider who is scheduled to ride doesn't show up for his lesson, volunteers who were assigned to work with that rider become discouraged and drop out. This jeopardizes the entire program.

Please bring your child's own helmet, or proceed to the helmet table at opposite end of waiting area to be fitted for helmets. All children must wear helmet prior to mounting horse. A helmet waiver form is available if there is a medical, physical or emotional reason for not wearing the helmet, but will be reviewed by Director.

Punctuality: It is extremely important for a child to arrive approximately no more than 5 minutes prior to or after his or her scheduled riding time as we have 5-7 children riding at all times, but scheduled volunteers are essential.

Siblings: If siblings are in attendance with parents of child participating in class, parents are responsible for supervision of these children *at all times*. Noise and lots of activity can distract rider from the lesson. Siblings must remain in the watch area or on playground but with supervision. **SAFETY IS OUR PRIORITY!!**

Conduct at the Center: It is mandatory that everyone complies with all safety rules. Abide by all posted off-limit areas. Whispers of Hope Horse Farm is a no smoking facility and the use of drugs or alcohol on the property is strictly forbidden. No mistreatment or abuse of any animal will be tolerated. You are welcome to visit anytime for a tour of the facility, but if not scheduled please be patient for volunteers' time as they have schedule activities going on all the time. Please make sure that all that are entering our area with horses must have totally enclosed shoes for protection at all times. **SAFETY IS OUR PRIORITY!!**

Whispers of Hope Horse Farm
Challenged Rider Registration and Release Form

PLEASE PRINT CLEARLY

Rider Name: _____ Date of Birth: ___/___/___ F__M__
Street: _____ City: _____ State: _____
Zip Code: _____ County: _____ E-mail: _____
Home #: _____ main cell #: _____ Emergency #: _____
Parents or Guardian: _____
Address: _____ cell Phone: _____
Caregiver (if applicable): _____ cell Phone: _____
Second Parent/Guardian address if different from above: _____

School, Group Home, or Institution presently attending: _____

Ethnic Background (Optional)

- American Indian or Alaskan Native Asian or Pacific Islander Other _____
 Black/African-American Hispanic/Latino
 White, Anglo, Caucasian Multiracial (please specify) _____

LIABILITY RELEASE:

I wish to participate or have my child or ward participate in the Whispers of Hope Horse Farm Program and I hereby acknowledge that I have legal authority to enroll said person in this program. I acknowledge the risks and possible risks of horseback riding, however, I feel that the potential benefits to myself, my child or my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs, assigns, executors, or administrators, waive and release forever all claims for damages against Whispers of Hope Horse Farm, its Board of Directors, Officers, Agents, Instructors, Therapists, Aides, Volunteers, Employees and Owners of horses for any and all injuries, illnesses, and/or losses sustained by myself/my son/my daughter/my ward or my horse, while participating in Whispers of Hope Horse Farm Programs on site or away. I agree to indemnify Whispers of Hope Horse Farm for any and all claims arising directly or indirectly out of my use of Whispers of Hope Horse Farm horses, equipment or facilities.

Photo Release: I hereby authorize the use and reproduction by Whispers of Hope Horse Farm of any and all photographs and any other audiovisual 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, with the understanding that discretion will be used at all times.

Confidentiality Policy: WOHHF shall preserve the right to confidentiality for all individuals in the program. No one associated with WOHHF will reveal any medical, social, referral, personal, and financial information regarding any client or other person associated with WOHHF to anyone unless required by court order. This policy applies to clients, staff, contractors, temporary employees, volunteers and board members. Failure to comply can result in reprimand, loss of certain job responsibilities, or terminated.

Participate Name (Print Clearly) Myself Child (under 18) Ward

Authorizing Signature Myself Parent Legal

Print Name of Authorizing Signature

Date

WARNING

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 INHERENT RISKS OF EQUINE ACTIVITIES.

Parents or Guardian _____

Address: _____
Street, city, State, zip code

Phone: _____
cell or most easy to reach

These times do not necessarily reflect the actual class schedule. From the list of times provided below please mark a "B" **Best Time** and an "A" **Alternate Time**.

We will do our best to give you your chosen time.

Tuesday	Wednesday	Thursday	Friday	Saturday
8:30 to 12:30 Home school	Adult Riding lessons Only	Challenged Riders ____ 10:00am ____ 10:30am ____ 11:00am	10/11adult ride prep	10 - 12:00
Challenged Riders ____ 10:30 am ____ 11:00 am ____ 3:30pm ____ 4:00pm ____ 4:30pm ____ 5:00pm ____ 5:30pm			Wounded Soldiers	Sp Events, BP, ODR At Shows during season
	Private Show		____ 3:30pm ____ 4:00pm ____ 4:30pm ____ 5:00pm ____ 5:30pm	8:30 to 12:30 Home school
	Team Lessons JRJV & Beg Rider w/ SHOW DIRECTOR		Jr. Vol. ShowTeam ____ 4:00pm ____ 5:00pm	12:30/1:30 Lunch
	Mary Elizabeth not on site.		Show Director Hannah Reames	1:30 to 4:00 By Special Schedule BP,ODR, Special Grp 4:00/4:30 Feed, water

RIDER PROFILE:

Has Child ridden with Whispers of Hope before?

Yes ____ No ____ if yes, how many sessions ____ apx

Has Child ridden with another therapeutic riding program? Yes____ No____

Child's Diagnosis &/or issues: _____

I/My child is: ambulatory____ non-ambulatory____ Verbal____ non-verbal____

I/My child uses: wheelchair____ crutches____ braces____ walker____ cane____ None____

I am/My child sits independently: Yes____ No____ assistance needed:_____

Additional Comments: _____

Mail to: Whispers of Hope Horse Farm
Rider Registration
3545 Parkhills Rd.
Wichita Falls, Tx 76310

For more information o contact
Rider Coordinator Dianne Clary
Home Phone 691-2199
Mary Elizabeth Pearce cell - 631-4264
Barn (940) 696-8044

Office Only: **Application Complete:__ MUST HAVE ALL FORMS TO PARTICIPATE**
Date Received _____ __ Registration/Release __ Emergency Medical __ Rider Application/Choice
Check #: _____ Check Amount: _____