



WELCOME!

The adaptive riding program at Laughing Buck Farm delivers equine assisted activities (EAA) and equine facilitated learning (EFL) to individuals with cognitive, physical and social/emotional special needs. Participants will experience horsemanship lessons with PATH (Professional Association of Therapeutic Horsemanship) International certified instructors who are also PATH Equine Specialists in Mental Health and Learning. Along with instructors, students will work with equines in a safe, secured and private setting. Private or group (two or more participants) lessons are available and are designed to meet every participant's needs.

HOW TO BECOME PART OF THE ADAPTIVE PROGRAM

1. Fill out EAA interest form available on our website www.laughingbuckfarm.com/
2. Contact Laughing Buck Farm at laughingbuckfarm@gmail.com to set up a short visit to the farm
3. Complete participant enrollment packet and return to Laughing Buck Farm
4. Set up an evaluation- \$45.00 fee due at time of evaluation

POLICIES AND PROCEDURES

- **Minimum age:** 4 years
- **Weight Maximum:** due to safety considerations for staff, volunteers and equines, if participant weighs more than 180 lbs., mounted equine activities may not be an option.
- **Discharge Policy:** Laughing Buck Farm strives to provide the safest possible conditions for participants, staff, volunteers and equines. The acceptance and continued participation of a participant in our EAA program depends on the availability of Professional Association of Therapeutic Horsemanship (PATH) International certified instructors, volunteers and suitable equines and is based on our determination that we can safely and responsibly accommodate the participant. Laughing Buck Farm adheres to precautions and contraindications for participants as established by PATH Intl. Laughing Buck Farm has the right to refuse service to any person whom we cannot safely accommodate. Participants

- must inform Laughing Buck Farm of changes in health status in order to maintain best safety practices.
- **Fall Policy:** if the participant falls off a horse during mounted activities, there will be no remounting of the horse on that day. The instructor will decide, in the best interest of the participant, whether to terminate activities for the day. If activities are terminated, no refund will be given. Follow up communication can be expected within 24 hours of the incident.

ATTENDANCE AND PROMPTNESS

Regular attendance is important in order to maximize the therapeutic benefit of EAA! Please notify us as soon as possible (at least 24 hours prior to your scheduled lesson time) if you are unable to attend your lesson so that we do not have instructors, volunteers and horses waiting for you. **TWO "NO CALL/NO SHOWS" may result in you being asked to forfeit your spot to someone on the waiting list.** If you are late to your lesson, Laughing Buck Farm is not required to make up the time lost. If you are late by more than 15 minutes, it is possible that your lesson may be cancelled for that day and that you will be charged for the lesson. Laughing Buck Farm does not refund money for lessons that you must cancel.

LESSON FEES AND ENROLLMENT

Private 1 hr.- \$45.00

Group (two or more) 1 hr.- \$40.00

Enrollment in lessons is year round and can be terminated by the participant at any time. Once enrollment is terminated, there is no guarantee of placement if re-enrollment is desired.

PAYMENT

Payment for lessons is due in full at the beginning of each session. Setting up a PayPal account is highly encouraged and appreciated as a method of payment for lessons. If payment is not received prior to the first scheduled lesson of the month, it is possible that you may forfeit your spot to someone on the wait list.

CANCELLATION POLICY

Laughing Buck Farm will hold ground horsemanship lessons during adverse weather conditions, however, if any conditions arise that may create unsafe circumstances in which to hold lessons, lessons may be cancelled. The safety of participants, instructors, volunteers and equines is of utmost importance.

Refunds or credits are not issued for lessons that are cancelled for circumstances beyond the control of Laughing Buck Farm.

- Larimer County is on accident alert status or weather conditions have the potential to deteriorate significantly by the end of lesson time.
- Extreme winds or cold (below 20F)

THANK YOU!!!

Thank you for taking the time to review our policies and procedures and for your interest in becoming a part of the Laughing Buck Farm community. We welcome and encourage your suggestions and feedback. Please send comments to:

laughingbuckfarm@gmail.com

CONTACT LAUGHING BUCK FARM

Address: 3724 North County Road 13, Fort Collins, CO 80524

Email: laughingbuckfarm@gmail.com

2020 ENROLLMENT PACKET

Today's Date _____

Participant's Name _____ Sex _____

DOB _____ Weight _____ Height _____

Current Living Situation _____

Legal Guardian _____

Parent/Caregiver/Self (please circle) Name _____

Email _____ Phone _____

Address _____ City _____ Zip _____

Employer _____ Phone _____

GOALS

Personal _____

School _____

Family _____

Horsemanship _____

Riding Experience _____

Strengths and Abilities

Presenting Problems/Concerns

Primary Diagnosis _____

Secondary Diagnosis _____

Physical Disabilities/Limitations

EMERGENCY CONTACTS

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Allergies to Medications/Foods

Current Medication(s)

Name _____ Purpose _____

Possible Side Effects _____

Name _____ Purpose _____

Possible Side Effects _____

Name _____ Purpose _____

Possible Side Effects _____

Name _____ Purpose _____

Possible Side Effects _____

Name _____ Purpose _____

Possible Side Effects _____

HEALTH HISTORY

Please indicate current or past concerns with any of the following:

Behavioral _____

Emotional/Mental Health _____

Communication _____

Thinking/Cognition _____

Digestion _____

Breathing _____

Circulation _____

Heart (Cardiac) _____

Muscular _____

Bone/Joint _____

Hearing _____

Vision _____

Sensation _____

Pain _____

Other _____

Additional Information

POLICY OF CONFIDENTIALITY

I agree to respect and observe privacy and confidentiality of the participants, volunteers and staff of Laughing Buck Farm and will not discuss or disclose any sensitive information about any person or his or her family.

Minor Participant Signature _____

Parent or Legal Guardian _____

CLASS CANCELLATION POLICY

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- Larimer County is on accident alert status or weather conditions have the potential to deteriorate significantly by the end of lesson time.
- Extreme winds or cold (below 20F)

I have read and understand Laughing Buck Farm cancellation policy:

Signature of Responsible Party _____

PHOTO POLICY

Photographs and video are **prohibited** during adaptive programs at Laughing Buck Farm unless given permission from a program staff member at the time photos/video are being taken. If permission is granted, personal photographs and videos are not to be used for social media or commercial purposes. The Laughing Buck Farm blanket policy is implemented to protect the privacy and rights of all participants. Thank you for strictly adhering to this policy.

Signature _____ Date _____

Signature of participant, parent or guardian (if participant is a minor)

PHOTO & VIDEO RELEASE

Name of participant _____

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Laughing Buck Farm permission to take or have taken, still and moving photographs and films including television pictures of

the above named participant, and consents and authorizes Laughing Buck Farm, its advertising agencies, news media and any other persons interested in Laughing Buck Farm and its programs to use and reproduce the photographs, films, videos and pictures and to circulate and publicize the same by any means deemed appropriate by Laughing Buck Farm, including, without limitation the generality of the foregoing: newspapers, websites, social media, television media, brochures, pamphlets, instructional materials, books and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than intention of Laughing Buck Farm to use, or cause to be used, such photographs, films, videos, and pictures for the primary purpose of promoting and aiding Laughing Buck Farm and the field of equine assisted activities and therapies.

I give consent _____ Date _____
Signature of adult participant/guardian/caregiver of minor participant

I **do not** give consent _____ Date _____
Signature of adult participant/guardian/caregiver of minor participant

PHYSICIAN ASSESMENT AND HEALTH HISTORY

Please submit pages 8-11 to your physician and return to Laughing Buck Farm.

_____ Date of birth _____ Age _____
Name of Participant _____
Gender _____

The following is to be completed by a physician

Height _____ Weight _____ Date of Last Tetanus Shot _____
Mobility: Independent/Assistive Device _____
Primary Diagnosis _____
Date of Onset _____
Secondary Diagnosis _____
Date of Onset _____

Seizures: Yes/No Type _____
Date of Last Seizure _____

Past/Prospective Surgeries (include dates and reasons) _____

PLEASE LIST ALL CURRENT MEDICATIONS:

- 1. _____ Taken for: _____
- 2. _____ Taken for: _____
- 3. _____ Taken for: _____

In order to safely provide this service, Laughing Buck Farm requests that you please note that the following conditions may suggest precautions and contraindications to equestrian activities. When completing this form, please indicate whether any of the following conditions are present and the degree to which they are present.

Orthopedic

- Atlantoaxial instability (include neurologic symptoms)
- Coxarthrosis
- Cranial defects
- Heterotopic Ossification/Myositis Ossification
- Joint subluxation/dislocation

Osteoporosis
Pathologic fractures
Spinal joint fusion/fixation
Spinal joint instability/Abnormalities

Medical/Psychological

Allergies
Animal abuse
Cardiac conditions
Physical/sexual/emotional abuse
Blood pressure control
Dangerous to self or others
Exacerbations of medical conditions (e.g. RA, MS)
Fire setting
Hemophilia
Medical instability
Migraines
PVD
Respiratory compromise
Recent surgeries
Substance abuse
Thought control disorders
Weight control disorders

Neurologic

Hydrocephalus/shunt
Paralysis due to spinal cord injury
Seizure
Spina Bifida/Chiari II Malformation
Tethered cord/hydromyelia

Other

Age- Under 4 years
Indwelling catheters/medical equipment
Medications- e.g. photosensitivity
Poor endurance
Skin breakdown

Name of Participant _____
Date of Birth _____ Age _____ Gender _____

As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply (include surgeries).

Auditory: Y/N _____
Visual: Y/N _____
Tactile/Sensory: Y/N _____
Speech: Y/N _____
Cardiac: Y/N _____
Circulatory: Y/N _____
Integumentary/Skin: Y/N _____
Immunity: Y/N _____
Pulmonary: Y/N _____
Neurologic: Y/N _____
Muscular: Y/N _____
Balance: Y/N _____
Orthopedic: Y/N _____
Allergies: Y/N _____
Learning Disability: Y/N _____
Cognitive: Y/N _____
Emotional/Psychological: Y/N _____
Pain: Y/N _____
Other: Y/N _____

*****FOR PARTICIPANTS WITH DOWN SYNDROME*****

An annual neurological exam to exclude Atlantoaxial instability is required for all participants with Down Syndrome over the age of three. Please provide the following information:

Date of Exam _____ Results of Exam _____

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 Laughing Buck Farm will weigh the medical information indicated above against any existing precautions and contraindications before accepting this person for mounted equestrian activities. Therefore, I refer this person to Laughing Buck Farm for ongoing evaluation to determine eligibility for participation.

Physician Name/Title _____

MD DO PA NP Other _____

Signature _____ **Date** _____

Address _____

Phone _____

License/UPIN Number _____