



Equine Assisted Therapy  
at North Florida School  
of Special Education

# WELCOME!

Welcome to the Delores Barr Weaver Therapeutic Equestrian Center at North Florida School of Special Education. We are beyond excited to open our barn doors to our families and neighbors! We teach basic riding and horsemanship skills to riders of all ages of all abilities. Our program is designed to benefit our riders physically, socially, and emotionally by using horses and volunteers who are trained to work with individuals of varying abilities.



NorthFloridaSchool  
Of Special Education

*Enhance. Empower. Enlighten.*



**Equine-Assisted Therapy incorporates equine activities and/or the equine environment. For individuals with challenges, the unique relationship formed with the horse can lead to increased confidence, patience and self-esteem.**

**Therapeutic Riding involves mounted activities, including riding disciplines or adaptive riding activities, conducted by either our PATH certified instructor, or instructors training for their PATH certification. North Florida School of Special Education is a member of PATH Intl., with the therapeutic equestrian center currently seeking center certification.**



Included in your rider request package are the following items:

1. Welcome Page
2. Rules for Riding
3. Participant Application Form
4. \*Annual Physicians Referral Form
5. \*Emergency Contact Information
6. \*Photo/Name Release Form
7. Therapeutic Riding Release Form

\* NFSSE students/riders do NOT need to fill out the form since we have them on file

Each lesson is one hour, over a six-week period. Lessons are available on **Sundays, Mondays, Wednesdays, Thursdays and Saturdays**. During each lesson, riders will engage in:

- 15-minute warm-up
- 30 minutes of mounted activities
- 15-minute cool down

Upon completion of these forms, please return them to the Delores Barr Therapeutic Equestrian Center. Once the forms have been reviewed by our barn staff, we will contact you to schedule a time for an evaluation. Please check the flyer/calendar on our website for the most current riding schedule. If there is not an opening in an appropriate class, then you will be placed on a waiting list until a spot opens up.

Once again welcome to Delores Barr Weaver Therapeutic Equestrian Center at North Florida School of Special Education. We hope you will enjoy our program!

For questions or concerns, please contact Faye Clever, Senior Equestrian Manager,  
[FClever@northfloridaschool.org](mailto:FClever@northfloridaschool.org)

*Please Keep This Page for Your Reference*

## RULES FOR RIDING

1. Riders and family members must follow all of the instructor's directions at all times in the barn.
2. A safety helmet must be worn at all times when riding, in the arena, grooming and in the barn.
3. For the safety of all riders, staff and volunteers, NFSSE requires the following:
  - a. A parent or adult guardian must be available by phone during the entire riding lesson for all riders under the age of 21 years old and all non-verbal riders. NFSSE reserves the right to extend this policy to other riders as deemed necessary by a NFSSE designated representative.
  - b. Due to the weight carry limits of our therapy horses as well as the availability and limitations of our volunteers, riders must weigh no more than 190 pounds. This rule is required in order to ensure the safety of the riders, volunteers, and staff as well as to protect the health and soundness of the horses. If you exceed these weight requirements, contact the Program Director.
4. Closed-toed shoes are required for all riders. Long pants are recommended.
5. Remember this is Florida. Bring something cool to drink, a hat for shade and a sweat band or towel if needed.
6. Any bleeding wounds or open sores must be covered with a bandage, or the rider cannot attend that lesson.
7. Please advise the instructor or Senior Equestrian Manager if the rider has a behavioral or medical problem so that assisting volunteers may be informed.
8. Please be sure to advise the instructor of any medical changes (i.e.: a recent seizure).
9. Please refrain from coaching your rider from the sidelines. It is important their focus remain on the instructor and assisting volunteers.
10. Please make sure that any visitors you bring (including siblings) are kept under your supervision. (No climbing/sitting/standing on the fence, no shouting or loud voices, no running around the riding arena or parking lot, etc.)
11. Please check with the instructor or a staff member before using a camera or video.
12. Please do not hesitate to ask for help if you are unsure of something. The instructors, staff, and volunteers are always happy to assist.
13. Everyone on NFSSE property is asked to make themselves aware of and abide by our Rules for Riding.
14. Riding participation at NFSSE is at the discretion of NFSSE. If at any time the senior equestrian manager determines that riding at NFSSE is not an appropriate activity for a rider or their family, NFSSE may remove a rider from the program. NFSSE will not tolerate any rider or family member who engages in disruptive conduct, exhibits behaviors that are unacceptable or unsafe, is disrespectful to instructors, horses or other riders, or fails to follow directions of instructors.

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**Thank You for Following Our Rules for Riding. Safety Is Our Number One Priority.**

Note: Signature of Parent/Guardian is REQUIRED if Participant is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

ADULT/PARENT/GUARDIAN NAME (PRINT)

ADULT/PARENT/GUARDIAN SIGNATURE

WITNESS NAME (PRINT)

WITNESS SIGNATURE

EXECUTED THIS                      DAY OF                      , 20.

# PARTICIPANT APPLICATION FORM

(Please print or type all information)

RIDER'S FULL NAME

AGE

DATE OF BIRTH

WEIGHT

GENDER (MALE/FEMALE)

(min. age of 4 years old for program eligibility)

ADDRESS

CITY

STATE

ZIP

WHO TO CONTACT

RELATIONSHIP

PHONE NUMBERS (HOME)

(WORK)

(CELL)

EMAIL ADDRESS

HOW DID YOU HEAR ABOUT NFSSE?

IS RIDER ABLE TO (accomplish the following items by themselves?):

YES

NO

WALK		
SIT		
STAND		
SPEAK		
EAT		
DRINK		
GO TO THE BATHROOM INDEPENDENTLY		

CAN HE/SHE RIDE A:

☐ TRICYCLE

☐ BICYCLE

☐ HORSE

DOES HE/SHE HAVE ANY FEAR OF:

YES

NO

FALLING		
SOUNDS		
HEIGHTS		
ANIMALS		
OTHER		

PLEASE DESCRIBE ANY BEHAVIORAL ISSUES:

**Note: Signature of Parent/Guardian is REQUIRED if Participant is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.**

ADULT/PARENT/GUARDIAN NAME (PRINT)

ADULT/PARENT/GUARDIAN SIGNATURE

WITNESS NAME (PRINT)

WITNESS SIGNATURE

EXECUTED THIS  DAY OF , 20 .

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**\*NON-NFSEE STUDENTS/RIDERS MUST FILL OUT**

## ANNUAL PHYSICIAN'S REFERRAL FORM

PARTICIPANT'S NAME:

DATE OF BIRTH

HEIGHT

WEIGHT

PARENT/GUARDIAN NAME

PHONE

EMAIL

Equine Assisted Therapy at NFSSE is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protections and greatest personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a rider:

DIAGNOSIS

DATE OF ONSET

**For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability:**

PRESENT

ABSENT

*Note: If the diagnosis is Down syndrome, the first Physician's Referral Form ever submitted to NFSSE must be accompanied by a negative diagnosis x-ray report for Atlantoaxial Instability. This must be a signed statement from a qualified physician giving the date and result of the x-ray. If you have questions, please call us.*

MEDICAL HISTORY

ALLERGIES

SURGICAL PROCEDURES

MEDICATIONS

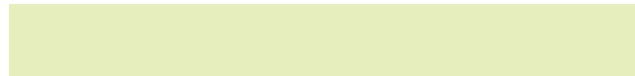
PRESCRIBED FOR

PRESENT IMPAIRMENTS (PLEASE CHECK YES OR NO FOR EACH CATEGORY):

IMPAIRMENT	YES	NO	COMMENTS
AUDITORY			
VISION			
TACTILE SENSATION			
SPEECH/COMMUNICATION			
SENSORY INTEGRATION			
CARDIAC			
PULMONARY			
INTEGUMENTARY/SKIN			
BALANCE			
MOBILITY			
MUSCULAR			
SPASTICITY AND/OR RIGIDITY PRESENT			
BRACES OR ASSISTIVE DEVICES			
ORTHOPEDIC			
SEIZURES (IF YES, DATE OF LAST ONE)			
COGNITIVE			
EMOTIONAL/PSYCHOLOGICAL			
OTHER			

PRECAUTIONS OR CONTRAINDICATIONS TO THERAPEUTIC HORSEBACK RIDING


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 NFSSE will weigh the medical information given against the existing precautions and contraindications identified above and by the Professional Association of Therapeutic Horsemanship (PATH). Therefore, I refer this person to NFSSE for ongoing evaluation to determine eligibility for participation.

A light green rectangular box intended for the physician's signature.

Physician's Signature

A light green rectangular box intended for the physician's printed name.

Printed Name

A light green rectangular box intended for the date.

Dated this                      day of                      , 20.

A light green rectangular box intended for the physician's stamp.

(Physician's Stamp)



## **\*NON-NFSEE STUDENTS/RIDERS MUST FILL OUT**

### **EMERGENCY CONTACT INFORMATION**

#### **In Case of Emergency:**

In case of emergency, NFSSE's policy is to immediately call 911 and to then contact the name indicated below if not already on site.

#### **Emergency Contact Information:**

<input type="text"/>		<input type="text"/>
NAME		RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBERS (HOME)	(WORK)	(CELL)

#### **Authorized Personal:**

A parent or adult guardian must be present during the entire riding lesson for all riders under the age of 21 years old, all non-English speaking riders, and all non-verbal riders. If someone other than the parent or guardian will be accompanying the rider, please add this person's name and contact information below.

Please indicate designated persons:

<input type="text"/>	<input type="text"/>
NAME	PHONE NUMBER
<input type="text"/>	<input type="text"/>
NAME	PHONE NUMBER

**NOTE: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.**

<input type="text"/>	<input type="text"/>
ADULT/PARENT/GUARDIAN NAME (PRINT)	ADULT/PARENT/GUARDIAN SIGNATURE
<input type="text"/>	<input type="text"/>
WITNESS NAME (PRINT)	WITNESS SIGNATURE

## \*NON-NFSEE STUDENTS/RIDERS MUST FILL OUT

### PHOTO AND NAME RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) North Florida School of Special Education, a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NFSSE") the following permission:

#### Photo Release:

\_\_\_\_\_ The undersigned hereby grant(s) NFSSE to take or have taken, still and moving photographs and films including television pictures of \_\_\_\_\_ (print full name) and consents and authorizes NFSSE, its advertising agents, news media, and any other persons interested in NFSSE and its work, to the use and reproduction of the photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, NFSSE website, brochures, pamphlets, instructional materials, books and clinical material.

\_\_\_\_\_ The undersigned choose(s) not to grant permission for the use of photographic images.

#### Name Release:

\_\_\_\_\_ The undersigned hereby grant(s) NFSSE to use \_\_\_\_\_'s (print full name) full name and consents and authorizes North Florida School of Special Education, its advertising agents, news media, and any other persons interested in North Florida School of Special Education, and or its work, to the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, NFSSE website, brochures, pamphlets, instructional materials, books and clinical material.

\_\_\_\_\_ The undersigned choose(s) not to grant permission for the use of the aforementioned name.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on NFSSE to use or be in use or be used the aforementioned name and such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

IN WITNESS WHEREOF, the undersigned executes this release

\_\_\_\_\_  
This \_\_\_\_\_ day of \_\_\_\_\_, 20.

**NOTE: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.**

\_\_\_\_\_  
ADULT/PARENT/GUARDIAN NAME (PRINT)

\_\_\_\_\_  
ADULT/PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
WITNESS NAME (PRINT)

\_\_\_\_\_  
WITNESS SIGNATURE



## Volunteer Registration Form

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Phone Number

Please let us know of physical limitations you may have:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any additional skills that may benefit our program?  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to hold your arm at shoulder height and support modest weight?

Yes

No

Are you comfortable around special needs children and adults?

Yes

No

Are you able to walk briskly for 30 minutes in sandy arena footing?

Yes

No

Are you able to jog for a short distance next to a horse?

Yes

No

Volunteer Availability: (check all that apply)

☐ Sunday

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

For questions or more information, contact Leigh  
Washburn lwashburn@northfloridaschool.org  
(904) 724 – 8323 ext. 1110

## **RELEASE AND HOLD HARMLESS AGREEMENT FOR EQUINE RELATED ACTIVITIES**

KNOW ALL PERSONS BY THESE PRESENTS, that \_\_\_\_\_, who is a visitor, volunteer, participant, spectator, invitee, employee or guest (hereinafter, the "Participant") of North Florida School of Special Education, Inc., for and in consideration of the participation by Participant in any equine programs and related activities, including without limitation handling, care, grooming, leading, riding, and other related activities involving equines, all as defined in Section 773.01, Florida Statutes (collectively, "Equine Activities"), conducted by North Florida School of Special Education, Inc., or on the properties of NFSSE (as hereinafter defined) or any of them and located at 223 Mill Creek Road, Jacksonville, Florida 32211, and for other good and valuable consideration, the receipt and sufficiency of which by and for the Participant is hereby acknowledged, does hereby acknowledge that North Florida School of Special Education, Inc., is an equine activity sponsor and employs equine professionals in connection with the provision of its Equine Activities, all as defined in Chapter 773, Florida Statutes, and does hereby **RELEASE AND AGREES TO HOLD HARMLESS** North Florida School of Special Education, Inc., and MC Markets, Inc., and each and every of their respective officers, directors, managers, employees, agents, volunteers, representatives and assigns (hereinbefore and hereinafter, collectively, "NFSSE"), of and from any and all manner of actions, claims, causes of action, suits, controversies, agreements, promises, damages, judgments, executions, and demands whatsoever, in law or in equity, whether past, present or future, which Participant and/or Participant's personal representatives, heirs, successors and assigns, had, has, or may have against NFSSE, or any of them, by reason of any matter, cause, or thing whatsoever and arising out of Participant's participation in North Florida School of Special Education, Inc.'s Equine Activities or on NFSSE's properties, including without limitation any and all claims for personal injury or death, or for damage to personal property of Participant, or for injury, death, or damage by reason of transport in any vehicle of North Florida School of Special Education, Inc., whether on or off NFSSE's properties and related to or arising from North Florida School of Special Education, Inc.'s Equine Activities.

**Warning Notice:** Participant acknowledges that under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or for the death of, a participant in equine activities resulting from the inherent risks of equine activities.

IN WITNESS WHEREOF, the undersigned Participant, or Parent or Guardian, executes this Release and Hold Harmless Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

\_\_\_\_\_  
Participant

**Note: Signature of Parent or Guardian is required if Participant is under the age of 18 years or is an adult and under guardianship.**

\_\_\_\_\_  
Print name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness name (Print)

\_\_\_\_\_  
Witness signature