Reinbow Riding Center
Seasonal riding facility located at
892 Tarbellville Road
Belmont, VT 05730
802-236-2483
email: programs@reinbowridingcenter.org
Mail to: P.O. Box 395, Shrewsbury, VT 05738
website: reinbowridingcenter.org

Equine Assisted Connection Seminar for First Responders, Veterans & Medical Personnel

For: PTSD/Anxiety/Depression specific
Client Reach: VSP, RCPD, RRMC, First Responders (*police, fire & EMS*), Veterans, Medical (nurses, doctors, aides) etc.
Time: 3 Hours *(9 am to 12 pm)*
Location: Stone Wall Farm, Belmont VT
Offering: Tuesday September 1 and Thursday September 3rd *(repeat seminar offering)*
Fee: $125/per person. *(The session size limit is 10 people per day)*

Seminar Content:

Horses and humans share a connection that is as old as humanity itself. As trusted companions, modes of transportation, partners in war, agriculture, and competition, they have stood the test of time as one of the natural world's most honest and direct conduits to our own souls. Horses do not judge. They feel, trust, and connect with humans in the most honest and unique way.

This immersive seminar offers clients the opportunity to spend the day at Reinbow's beautiful private facility located in the heart of Vermont, surrounded by our wonderful equine companions and the serene setting of an historic farm. Clients will spend the morning with our Program Coordinator and Instructor Julia, as well as allied health professionals and volunteers, to find connections and meaningful experiences through grounding techniques, observation and reflection, meditation, breathing practices, movement, and direct contact with our horses. We welcome all first responders and medical professionals to take part in this special opportunity and to take advantage of our programming services upon completion.

Rider Registration Packet and Schedule

Agenda:

9:00 am start: Orientation and Introduction to therapeutic horsemanship and RRC offerings
9:15: Trail walk, grounding, reflection, processing: what you carry
10:00 am: Break
10:15: Introduction to horses, handling, stretching, brushing, breathing, and coregulation- barn and arena
11:00: Break and change
11:15: Mindfulness breathing, meditation, stretches/yoga and grounding in The Orchard
12:00: Debrief, snacks, & reflection

Name of Participant: _____

Preferred Phone: _____

Preferred Email: _____

Emergency Contact (*name & phone*): _____

Payment is expected prior to the start of the first lesson.

Fee: $125 per person for the seminar. Payment may be mail via:

- **Check:** made out to Reinbow Riding Center & mail payment to: P.O. Box 395, Shrewsbury, VT 05738
- **Zeffy:** https://www.zeffy.com/en-US/ticketing/first-responder-program

Participant Application

Participant: _____

Diagnosis (If applicable): _____

DOB: _____Age: ___ Height*: ____ Weight*: _____

Gender(circle one): Female Male Non-binary Prefer not to say

Address: _____

Phone: _____ E-mail: _____

Employer: _____

Address (if different from above): _____

Phone (if different from above): _____

Are there any medical concerns we need to be aware of and corresponding medications (for example: allergies requiring an epi-pen, prescriptions, over the counter, name, dose and frequency)

_____

_____

_____

Physical Function (i.e. mobility skills such as transfers, walking, wheelchair use)

_____

_____

_____

Psycho/Social Function (i.e. work/school including grade completed, hobbies, relationships, family structure, support systems, companion animals, fears, etc.)

_____

_____

_____

_____

Do you have any previous horse experience or handling skills?

_____

_____

_____

Signature: _____ **Date:** _____

Required

Client Input Form

In order for us to provide a unique and immersive experience, please take a few moments to complete this input form.

Name:_____ **Nickname:**_____

My greatest strengths:

My current challenges:

My current interests / motivators ***(activities, music, hobbies, etc)***

What are you looking to take away from the seminar? Do you have interest in future programming?

Authorization for Emergency Medical Treatment

Name: _____ DOB: _____

Phone: _____

Physician's name: _____

Preferred medical facility: _____

Health Insurance Co. _____ Policy #:_____

Current allergies, medications and health concerns: _____

_____

In the event of an emergency:

Emergency Contact Name: _____

Relationship: _____

Preferred Phone : _____

Secondary Phone: _____

Emergency contact 2: _____

Relationship: _____

Preferred Phone: _____

Secondary Phone: _____

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Reinbow Riding Center 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 medical emergency treatment.

CONSENT PLAN This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) listed cannot be reached.

Consent signature: _____ Date: _____

NON-CONSENT PLAN I do not give consent for emergency medical aid/treatment in the case of illness or injury and agree to be present with the participant during the process of receiving services or while being at Reinbow Riding Center.

Consent signature: _____ Date: _____

Consent for Release of Information

I hereby authorize: _____ to release information

(person or facility) from the records of: _____

DOB: _____ (participant's name) _____

The information is to be released to Reinbow Riding Center for the purpose of developing an equine activity program for the above-named participant. The information to be released is indicated below:

☐Medical history

☐Physical therapy evaluation, assessment and program plan

☐Speech therapy evaluation, assessment and program plan

☐Mental health diagnosis and treatment plan

☐Other:_____

_____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____

Print name:_____

Liability Release

Name_____ Date of Birth _____

Today's Date _____

Address _____ City _____ State ____ Zip _____

LIABILITY RELEASE (Required): _____(Name) would like to participate in the Reinbow Riding Center's Therapeutic Equine Program. I acknowledge the risks and potential for risks of therapeutic horsemanship and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Reinbow Riding Ltd dba Reinbow Riding Center "RRC", its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the Program from whatever cause including but not limited to negligence of these released parties.

Warning: Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in the equine activities resulting from the inherent risks of equine activities that are obvious and necessary, Pursuant to 12 V.S.A. 1039 – added 1995, No. 136 (ADJ. Sess.), 2. The term "Equine Activity Sponsors" includes Reinbow Riding Center, Ltd, its Board of Directors, Instructors, Therapists, Aids, Volunteers, and/or all Employees.

Signature:_____

Date:_____

RELEASES

I _____ do _____ do not consent to and/or authorize the use and reproduction by Reinbow Riding Center of any and all photographs and any other audio-visual materials taken of me for the promotional use, educational activities, and exhibitions or for any other use for the benefit of the program.

I _____do _____ **do not** consent to and/or authorize photos of me to be posted on a Social Media page such as Facebook, X/Twitter, Instagram, LinkedIn, YouTube, etc.

I _____**do** _____ **do not** consent to and/or authorize the use of a quote from me to be used in promotional material and/or posted on a social media page.

I _____do _____do not wish to receive program information via email.

Signature:_____ Date:_____

Site Rules:

- Once the program has started, latecomers will not be admitted
- Lessons may be canceled due to weather.
- Please drive slowly near the facility and park appropriately.
- No smoking is allowed on site
- No dogs are allowed on site
- Please walk, use appropriate voices and avoid sudden movements particularly near the horses
- Refrain from using umbrellas near the horses and riding arena
- Do not approach or feed any animals without permission and accompanied by Reinbow Riding Center staff.
- While on the premises families of participants and visitors must be closely supervised and remain outside the riding area and paddock area at all times.
- Participants must remain outside the riding area except during lessons.
- Ask permission from the instructor to take photos or use a flash.

Dress requirements:

- Closed toe shoes for around the horses and the walk
- Approved helmet (provided on site)- for handling
- Shirt, jacket, sunscreen and bug spray- watch the weather- we are outside!
- Pants, leggings, or shorts- may want to bring a change of clothes for after
- Water bottle

Reinbow Riding Center Health and Safety Guidelines

802-236-2483

Reinbow Riding Center takes precautions to keep all participants healthy and safe. In that respect we would appreciate everyone, participants, to also take normal precautions to help us accomplish this. Please make note of and call the above number to cancel your lesson if you exhibit any of the following symptoms or symptoms of any other illnesses.

- Complaints of not feeling well
- Has a fever
- Persistent cough or wheezing
- Recent nausea or vomiting
- **Or has been exposed to someone with Covid or has tested positive for Covid within the past week.**

Please follow these guidelines to help us create and maintain a healthy and safe environment for everyone.

Directions to Our Facility Located at 892 Tarbellville Road, Belmont, Vermont:

From the Rutland Area take Route 103 south to the right hand turn onto Rte. 140/155 in East Wallingford. Follow signs for Route 155 to Belmont, a left turn. Stay on 155 to Belmont (3.8 miles). At the Belmont sign turn left onto Tarbellville Road. Then turn left at the sign for Reinbow Riding/Stone Wall Farm (.2 miles) across from a grey house on the right.

From the Ludlow Area take Route 103 to the blinking light in Mt. Holly. Turn left to go to Belmont. At the Belmont Store turn right onto Tarbellville Road. In .9 miles turn right at the Reinbow Riding/Stonewall Farm sign across from a grey house.

Watch for Reinbow Riding Center Signs along the way!