

SMILES Recreational Rides

What is a recreational ride?

A recreational ride is a unique and engaging one-time experience designed to provide a variety of equine-related activities to individuals with physical, cognitive, sensory, and learning disabilities. Participants rotate through three 30-minute stations, which ensures a well-rounded experience that combines fun, learning, and connection with the horses. Stations are discussed with each group prior to the scheduled date. Stations may include:



- *Therapeutic/Adaptive Riding:* Participants enjoy time in the saddle, practicing skills such as balance, steering, and connection with the horse in a safe and supportive environment.
- *Unmounted Activities:* Participants learn to bond with their horse from the ground, gaining experience grooming, saddling, or leading their horse. Participants may do arts and crafts activities, like making horse art or horseshoe crafts.
- *Horse Nutrition:* Participants are given the opportunity to understand what keeps our horses healthy and strong. They may bake horse cookies for the horses, learn how to measure grain and hay, or explore our hay barn/hay fields.

Who can attend?

Recreational rides are offered to schools, group homes, or children/adult day service groups of 4 – 18 participants.

Recreational Ride Policies

Age: All participants must be at least four years of age. There is no maximum age.

Weight Limits: Maximum weight limits are provided below, however, decisions about a person's ability to participate in mounted programming will be based on the availability of a suitable horse that can accommodate the participant's height, weight, and balance needs.

- 150-pound limit for participants who require side walker assistance due to balance issues, poor postural control, or those with active seizure conditions. This limit ensures our staff and volunteer team can provide proper support while maintaining the safety of the participants.
- 300-pound limit for well-balanced, centered participants who do not require side walker assistance, contingent upon the availability of a suitable horse.

Contraindications to the Mounted Riding Station: Mounted horseback riding is not an appropriate activity for everybody. As a PATH Intl. Premier Accredited Center, SMILES must follow the guidelines established by PATH Intl. A contraindication is a specific condition, factor, or circumstance in which participation in the mounted station may pose a significant risk or harm to the participant, horse, or staff/volunteer. According to PATH Intl., riding is contraindicated if:



- The safety or comfort of the horse is compromised.
- The participant exceeds the weight limits established by SMILES.
- The participant meets criteria on the PATH Intl. list of Precautions and Contraindications (see last page of this packet.)
- The staff is unable to safely manage the participant in any situation, including an emergency dismount.
- The staff and volunteer team cannot manage the participant's behaviors with verbal prompts and/or light touch.

An unmounted station may be provided to recreational ride participants who may not be best served by participating in the mounted station.

Helmet and Attire: All participants must wear an ASTM/SEI helmet (provided by SMILES) and closed-toed, closed-heel shoes. We recommended that participants wear long pants when working around the horses.

Dogs: There are no dogs allowed on the SMILES property. Service Animals are welcome in the SMILES lobby and throughout the property. Please keep Service Animals a safe distance from the horses.

SMILES is a smoke-free and drug-free environment.

What is the cost of a recreational ride?

The cost is \$55 per participant for a 90-minute experience.

How to schedule a Recreational Ride?

Contact the SMILES Program Coordinator to schedule a recreational ride:

Katie Luessenhop
(262) 882-3470, option 2
classes@visitsmiles.org



Thank you for your interest in recreational rides at SMILES!

Date: _____



RECREATIONAL RIDE REGISTRATION AND RELEASE FORM

First Name: _____ Last Name: _____

Street: _____ City: _____ State: _____ Zip: _____

County: _____ Age: _____ Male Female Height: _____ Weight: _____

Parent/Guardian/Partner Contact Information

Parent/Guardian/Spouse/Partner Name: _____

Parent/Guardian/Spouse/Partner Phone Number: _____

Parent/Guardian/Spouse/Partner Email: _____

Relationship to Client: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Emergency Contact Name (2): _____ Emergency Contact Number (2): _____

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- I do not wish to provide this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to provide this information

Primary Disability: _____ Other Disabilities: _____

School/Group that you are participating with: _____

Has the participant ever ridden or otherwise been around a horse? Please describe: _____

Adaptions needed to participate: _____

Has the participant ever been convicted, pled guilty, no contest to a crime or had deferred adjudication? Yes / No

If yes, please explain, including date, nature of offense, and terms of probation. _____

Note: Conviction of a felony does not automatically restrict your participation. All factors will be considered.

PHOTO RELEASE

I Do I Do Not

Consent to and authorize the use and reproduction by SMILES of all photographs and other audio/visual materials taken of this participant for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____

LIABILITY RELEASE

_____ (Participant's name) would like to participate in the SMILES program. I acknowledge the risks and potential for risks of equine activities, including the possibility of communicable illness due to engagement in social activity, despite infection control measures taken by SMILES. However, I feel the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damages against SMILES, its Board of Directors, Instructors, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the SMILES programs.

Signature: _____ Date _____

CONSENT or NON-CONSENT FOR MEDICAL TREATMENT

I Do I Do Not

I authorize SMILES to secure and retain medical treatment and transportation if needed and release my records upon request to the provider of any such emergency medical treatment including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician. If I do not authorize, please see my non-consent plan listed below.

Signature: _____ Date _____

NON-CONSENT PLAN, if applicable

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during my time at SMILES or while on the SMILES property. If treatment/aid is required, I wish the following procedure to take place:



Participant Physician's Statement

Participant: _____ DOB: _____

Height: _____ Weight: _____ Diagnoses: _____ Date of Onset: _____

Assistive Devices: _____

Seizure Type: _____ Controlled: Y / N Date of Last Seizure: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y / N Assisted Ambulation Y / N Wheelchair Y / N

For those with Down Syndrome: NEUROLOGIC SYMPTOMS FOR ATLANTOAXIAL INSTABILITY: PRESENT ABSENT

Present medical and functional status, such as physical abilities (balance, muscle strength, or mobility), communication and speech, emotional needs, comprehension and any other relevant information: _____

PHYSICIAN SIGNATURE REQUIRED FOR ONE OF THE OPTIONS BELOW

This person is cleared for participating in the SMILES equine-assisted activities, including mounted horseback riding.

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that SMILES will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to SMILES for ongoing evaluation to determine eligibility for participation.

Physician Name/Title: _____ MD DO NP PA Other

Physician Signature: _____ License/UPIN: _____ Date: _____

Address: _____ Phone: _____

OR

Due to precautions and contraindications, this person may only participate in unmounted equine-assisted activities.

Physician Name/Title: _____ MD DO NP PA Other

Physician Signature: _____ License/UPIN: _____ Date: _____

Address: _____ Phone: _____

POSSIBLE PRECAUTIONS AND CONTRAINDICATIONS LISTED ON THE NEXT PAGE.

PRECAUTIONS AND CONTRAINDICATIONS TO CONSIDER PRIOR TO HORSEBACK RIDING

Please note that the following conditions *may* suggest precautions and contraindications for equine activities/therapeutic riding. When completing the Physician's Statement please note whether these conditions are present and to what degree.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms
Coxarthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic/Other

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation
Tethered Cord/Hydromyelia
Age – Under four years old
Indwelling Catheters/Medical Equipment
Medications – i.e. Photosensitivity
Poor Endurance
Skin Breakdown

Medical

Allergies
Cardiac Condition
Blood Pressure Control
Exacerbations of Medical Conditions- i.e. RA, MS
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries

Psychological

Animal Abuse
Dangerous to self or others
Physical/Sexual/Emotional Abuse
Fire Setting
Substance Abuse
Thought Control Disorders
Weight Control Disorders

If any of the above conditions apply, please circle and expound to what degree:

If you have any questions or concerns regarding this patient's participation in equine-assisted services, please contact us using the contact information below.