APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

HALTER is member of the Professional Association of Therapeutic Horsemanship International (PATH Intl.) and has been providing services since 1987 to individuals with physical, cognitive, and emotional needs. Therapeutic horsemanship lessons are conducted Tuesday – Saturday and are scheduled in two (2) sessions each year, plus limited opportunities in June. Participants are appropriately assigned to services and lessons based on their skills and needs and we are unable to guarantee a specific day for participation. The last page of this application provides fee information.

To apply please take the following steps:
1. Fully complete the attached Application and have your doctor complete the Physician Release.
2. After receiving the completed application each child is individually assessed for the appropriate service, and services will be scheduled if a suitable opening is available and HALTER can meet the needs of the applicant, or your child will be placed on the waiting list. Children who are on the waiting list have the first opportunities to attend June programming, if appropriate.
3. Should you need financial assistance, we encourage you to discuss your needs with the executive director.
4. Please contact HALTER at (864)-586-1671 or email at sarah@HALTERSC.com if you have any questions.

Program Overview

HALTER is a member of the Professional Association of Therapeutic Horsemanship International (PATH Intl.) that provides Equine Assisted Activities and Therapies (EAAT). All services are provided by credentialed providers. Applicants are assessed to determine if HALTER has the resources to meet the applicants’ needs and provide the appropriate service/s. Therapeutic Riding and Therapeutic Horsemanship approved participants are assigned to the lesson that is best matched with their needs. Most services require the support of volunteers as horse leaders and side aides. EAAT services provided by HALTER include:

Therapeutic Riding is an equine-assisted activity for the purpose of contributing positively to the cognitive, physical, emotional and social well-being of individuals with special needs. The horse’s movement provides physical, sensory, and neurological stimulation. Therapeutic benefits include increased muscle strength, balance, coordination; motor skills, communication, self-confidence, self-esteem, and independence (just to name a few).

Therapeutic Horsemanship is an un-mounted equine-assisted activity that focuses on teaching participants equestrian skills while improving their cognitive, emotional, social and behavioral skills. Horsemanship activities focus on developing a relationship between the horse and participant that fosters the ability to learn about equine safety, health, behavior, and communication.
APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

Equine Assisted Learning (EAL) is an educational approach with the goal of facilitating life skills, personal growth and development with activities that involve horses.

Hippotherapy is a physical, occupational or speech and language therapy treatment strategy that utilizes equine movement. Hippotherapy literally means "treatment with the help of the horse" from the Greek word, "hippos" meaning horse. These services are not provided directly by HALTER, but by the Spartanburg Regional Healthcare System Pediatric rehabilitation through a contract with HALTER.

Therapy vs. Therapeutic: Therapy is a service that is used to relieve or heal a disorder and is conducted by a licensed professional, such as a Physical, Occupational, Speech or Mental Health Therapist. Services that are therapeutic in nature provide restorative and corrective benefits and are not conducted by a licensed professional and are not funded by insurance.

School/Agency/Church/Civic Groups: Call us to discuss how we serve groups coming from other organizations

June & Summer Programs: HALTER also offers specialty programs that are offered first to the children who are on our waiting list, then to children who are already receiving services, and finally to other organizations that are serving children with special needs. Contact us to learn about these opportunities.

 ✓ Private opportunities: HALTER offers opportunities for children with a variety of special needs that can be purchased through an organization or business. These opportunities are customized to meet the needs of the organization/business based on the learning objectives and criteria provided to us; i.e. activities for children who are grieving.

Single Day Field Trips: HALTER provides single day field trips (does not include horseback riding) and experiences that can be centered on core values, communication skill building, team work, leadership and building confidence. Each experience is customized to the group or organization’s needs and goals. Pricing varies based on the custom program that is developed.

HALTER Participant Eligibility Guidelines

- HALTER programs are based on a child’s ability to participate safely and effectively and be compliant with the PATH Intl. standards. Enrollment is offered when the necessary resources are available including: an appropriate horse, volunteers, and class suitable to the participant’s needs.
- Age: 4 years or older for therapeutic riding, and 3 and older for hippotherapy (OT, PT, speech)
- Weight: Maximum weight is 200 pounds (assuming HALTER has a horse available to meet this need at the time the participant is best suited to attend).
- Postural Control: Riders over 80 pounds must be able to maintain a sitting position; at least by holding on with one hand
APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

GENERAL INFORMATION

This section is to be completed by the Parent/Guardian

Registration & Physician forms must be renewed annually by all participants who are actively participating in HALTER programs to remain in compliance with PATH International

Child’s Name: ______________________________ Date: __________________________

Address: ________________________________________________________________

City: __________________________ State: ______ Zip Code: _________________

Phone: (H) _______________ (C) __________________________ (W) ________________

Height: _______________ Weight: _______________ Date of Birth: ___________

Email Address: __________________________

Applicant’s School: __________________________ Home Schooled  □ YES  □ NO

Parent/Legal Guardian/Caregiver: ______________________________

Parent/Legal Guardian/Applicant Employer: ______________________________

Address (if different from above): ______________________________

Phone (if different from above): ______________________________

How did you hear about our program? ______________________________

In the event of an emergency, contact:

Name: __________________________ Phone: __________________________ Relationship: __________________________

Describe the applicant’s abilities/difficulties in the following areas (including assistance required or equipment needed):

Function: Mobility skills such as transfers, walking, wheelchair use, driving/bus riding: __________________________

________________________________________________________

________________________________________________________

________________________________________________________
APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

Social: Work/school activities, including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns, etc.  

Behavioral/Emotional: Describe specific needs/issues in terms of life skills:  

GENERAL INFORMATION CONTINUED (To be completed by Parent/Guardian)

Goals: What would you like for your child to accomplish?

Changes in the applicant’s condition or in HALTER’S resources may preclude services being provided. I agree to these terms.

CONFIDENTIALITY POLICY

Maintaining the confidentiality of our participants’ medical and sensitive information is of utmost importance to the staff at HALTER. Participants and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. HALTER staff and volunteers will preserve this right of confidentiality for all individuals in its program. HALTER staff, volunteers, and workshop participants will keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family. All participants, their families, volunteers, employees, and guests have a right to confidentiality. Therapy services are medical services (such as those provided through the contract with the Spartanburg Regional Hospital contract) and federal confidentiality regulations apply for participants in these services. Anyone who works, volunteers for, participates in, or provides services to HALTER is bound by this policy. This includes, but is not limited to, full and part time staff, independent contractors, temporary employees, volunteers, and guests. In effect, this policy applies to anyone connected to HALTER who could obtain medical/sensitive information accidentally or purposely. Confidentiality includes photographic/video imaging. I affirm that I understand this policy in its entirety and I agree to comply.
APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

MEDIA/ VIDEOGRAPHY / IMAGING RELEASE

☐ I DO ☐ I DO NOT

consent to and authorize the use and reproduction by HALTER of any and all photographic, any other audio/visual materials taken of me and/or my child or the participant for whom I am the legal guardian of, and any artwork produced by me and/or my child or the participant for whom I am the legal guardian of or other family members for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency, contact:

Name: _______________________________ Phone: _______________________________
Relationship: __________________________
Physician’s Name: _______________________ Physician Phone: _______________________
Medical Facility: __________________________ Facility Phone: _______________________
Health Insurance Company: ________________ Policy #: ___________________________

CHECK ONE OF THE OPTIONS BELOW TO INDICATE CONSENT OR NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT
☐ I DO consent for emergency medical treatment in the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with HALTER. I authorize HALTER and/or its representatives to:

1. Obtain medical treatment and/or transportation if needed:
2. Release records upon request to the authorized agency or its representative involved in the medical emergency treatment.

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT
☐ I DO NOT give my consent for emergency medical treatment in the case of illness or injury while on the premises of or in connection with HALTER. In the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with HALTER I wish the following procedure to take place (LIST PROCEDURE):

**Note: HALTER is unable to guarantee that emergency medical treatment will be withheld**
Release, Waiver & Indemnity Agreement

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I acknowledge the risks inherent in horseback riding and other forms of equine activity. I, and any of my heirs, assigns, executors, administrators, agents, or attorneys, or any other person acting for, on behalf of, or under the authority or control of me, hereby waive and release forever all claims for damages against HALTER, and any officer, director, shareholder, employee, volunteer, agent, or attorney for HALTER, and any other person acting for, or on behalf of, or under the authority or control of HALTER, resulting from any and all injuries, deaths, or losses my child, my ward, or I myself may sustain while participating in HALTER.

The signature/s below indicates that I agree to ALL of the following terms:

1. EMERGENCY MEDICAL TREATMENT (you can opt out of this, but this is not guaranteed)
2. RELEASE, WAIVER & INDEMNITY
3. CONFIDENTIALITY POLICY
4. MEDIA POLICY (you can opt out of this)
5. CODE OF CONDUCT (at end of this package)
6. FINANCIAL AGREEMENT

Printed Name of Potential Participant

______________________________________________________________

Signature of Applicant if at least Age 18 and competent

______________________________________________________________

Parent or Legal Guardian Name if Applicant is younger than 18

______________________________________________________________

Signature of Parent or Guardian of Applicant, if Applicant under the age of 18
MEDICAL HISTORY/PHYSICIAN RELEASE

Parent/Guardian AND Physician MUST COMPLETE

Name of Applicant/Child: ____________________________ Date: __________

Address: ______________________________________________

City: ____________________________ State: __________ Zip Code: __________

Height: ________________ Weight: ________________ Date of Birth: __________

Primary Diagnosis: ____________________________ ICD10 Code: __________

Onset (please check one):  □ Birth   □ Childhood   □ Adolescence

Secondary: ____________________________ ICD10 Code: __________

Tertiary: ____________________________ ICD 10Code: __________

***Please answer the following questions for participants with Down Syndrome***

Atlantodens Interval X-Ray Results:  □ POSITIVE □ NEGATIVE X-Ray Date: __________

Neurological Symptoms of Atlantoaxial Instability? □ YES □ NO

Physician attests to Negative Atlantodens Interval X-Ray Results for child with Down Syndrome:

Physician’s Signature: __________________________

Title: MD / DO: __________ License/UPIN#: __________

Physician’s Signature: __________________________ Date: __________

PLEASE LIST ALL CURRENT MEDICATIONS (Additional medications can be listed on separate paper)

1. ____________________________ Taken For ____________________________

2. ____________________________ Taken For ____________________________

3. ____________________________ Taken For ____________________________

Ambulatory: □ YES □ NO    Uses: □ Crutches □ Braces □ Cane □ Walker □ Wheelchair

Special precautions needed with this applicant: __________________________

Please answer the following medical questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the applicant have seizures?</td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>
### APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

- **Are seizures controlled?** □ YES □ NO
- **Type of Seizure**
- **Date of Last Seizure**

Does the applicant have any indwelling medical devices? □ YES □ NO
- **Please list devices if applicable**
- **The applicant has had a tetanus shot** □ YES Date:_____ □ NO

Please CHECK if the following APPLIES to applicant: __________________________________________

**Print Applicant’s Name**

**BOTH applicant/parent/legal guardian (P/G) AND PHYSICIAN (DR) must complete the following:**

Please check box if any of the conditions below are present and to what degree.

<table>
<thead>
<tr>
<th>P/G</th>
<th>DR</th>
<th>System Area</th>
<th>System Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P/G</td>
<td>DR</td>
<td>System Area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P/G</td>
<td>DR</td>
</tr>
<tr>
<td>Allergies (incl. asthma) &amp; medications</td>
<td></td>
<td></td>
<td>Spinal Joint Fusion/Fixation</td>
</tr>
<tr>
<td>Hearing Impaired / Sensitivity</td>
<td></td>
<td></td>
<td>Spinal Joint Instability/Abnormalities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If scoliosis, what is curvature degree: ______</td>
</tr>
<tr>
<td>Balance</td>
<td></td>
<td></td>
<td>Hydrocephalus/Shunt/Shunt revision</td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
<td></td>
<td>Paralysis Due to Spinal Cord Injury</td>
</tr>
<tr>
<td>Circulatory / Blood Pressure Control</td>
<td></td>
<td></td>
<td>Spinal Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia</td>
</tr>
<tr>
<td>Cognitive Impairment</td>
<td></td>
<td></td>
<td>Stroke</td>
</tr>
<tr>
<td>Emotional/psychological</td>
<td></td>
<td></td>
<td>Indwelling catheters/medical equipment</td>
</tr>
<tr>
<td>Immunity</td>
<td></td>
<td></td>
<td>Medication side effects</td>
</tr>
<tr>
<td>Skin Break Down</td>
<td></td>
<td></td>
<td>Allergies</td>
</tr>
<tr>
<td>Learning Disability</td>
<td></td>
<td></td>
<td>Animal Abuse</td>
</tr>
<tr>
<td>Muscular</td>
<td></td>
<td></td>
<td>Cancer</td>
</tr>
<tr>
<td>Neurological Condition</td>
<td></td>
<td></td>
<td>Physical/Sexual/Emotional Abuse History</td>
</tr>
</tbody>
</table>
APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

<table>
<thead>
<tr>
<th>P/G</th>
<th>DR</th>
<th>Orthopedic Condition</th>
<th>P/G</th>
<th>DR</th>
<th>Dangerous to Self or Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pulmonary</td>
<td></td>
<td></td>
<td>Fire setting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Speech Impairment</td>
<td></td>
<td></td>
<td>Hemophilia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tactile Sensation Impairment</td>
<td></td>
<td></td>
<td>Medical Instability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Visual Impairment</td>
<td></td>
<td></td>
<td>Migraines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Atlantoaxial Instability-include</td>
<td></td>
<td></td>
<td>Peripheral Vascular Disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>neurologic symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coxa Arthritis</td>
<td></td>
<td></td>
<td>Compromised Respiratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cranial Deficits</td>
<td></td>
<td></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heterotopic Ossifications/Myositis</td>
<td></td>
<td></td>
<td>Recent Surgeries- List</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ossificans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Internal Spinal Stabilization Device</td>
<td></td>
<td></td>
<td>Thought Control Disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joint subluxation/dislocation</td>
<td></td>
<td></td>
<td>Weight Control Disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pathological Fractures</td>
<td></td>
<td></td>
<td>Body Temperature Deregulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Allergy to Bee Stings</td>
</tr>
</tbody>
</table>

Activities at HALTER include horseback riding. Can the participant tolerate the movement (jarring) that is associated with riding horses?  
Yes____  No___

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. I understand that the therapeutic riding center will weigh this medical information against the existing precautions and contraindications. Therefore, I refer this person to the therapeutic riding center for ongoing evaluation to determine eligibility for participation.

Physician’s Printed Name: ________________________________
Title:  MD / DO: ______________________ License/UPIN#: ______________________
Physician’s Signature: ________________________________ Date: ________________
Address: ____________________________________________
City: ____________________________ State: ________________ Zip: ________________
Office Phone #: ____________________________ Office Fax #: ____________________
Financial Policies

- EVERY participant is subsidized by donations; therefore no individual is paying the full cost of the service.

- If your family is experiencing financial hardship, a scholarship application can be completed, and will be considered based on need and available scholarship funds. Ask for a Scholarship Application, if needed.

- Therapeutic riding, horsemanship, and Equine Assisted Learning are charged at a service rate based on the number of weeks in the session, not by the hour. If an individual is enrolled after the beginning of the session, the charge is determined by the number of weeks remaining in the session.

- Groups of participants that have a higher than average need for support are charged accordingly (i.e. children in self-contained classrooms).

- The rate depends on the day of the week of participation, because some dates are blocked out from service, there may be a differential for services provided on Saturdays vs. weekdays.

- Every new applicant to the Community Rider Program (Thurs/Fri/Sat) or Equine Assisted Learning, as of 7/1/2020 is assessed a $25 assessment fee, due on the day of the assessment.

- All fees from prior sessions must be paid in full, including late fees, before registering for the next session.

- The fee for each session must be paid in full during that session.

- Payments are due the 10th of every month of every month until payment is made in full.

- There is a $25 late fee for payments not received by their due date.

- There is a $25 late fee for registration forms returned later than the registration deadline.

- There is a $50 returned check fee for any check returned by our bank for insufficient funds.

- There are no makeup lessons or refunds for lessons cancelled due to severe weather.

- There are no makeup lessons for missed lessons.

- Services are not provided to participants who are more than 15 minutes late for their service time.

- Please print all HALTER documents emailed to you for your records and reference. They are your “official” notices.
APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

PAYMENT AGREEMENT 2020

Participant Name: _______________________________________________________________
Parent/Guardian Name(s): _______________________________________________________

Address: _____________________________________________________________________
City/State/Zip: __________________________________________________________________

Home #: ___________________ Cell #: ___________________ Work #: ____________

Email #1: ___________________ Email #2: ___________________

Please select the session/s in which you/your child has been assigned and how you will be making payments:

<table>
<thead>
<tr>
<th>Check Box</th>
<th>Sessions</th>
<th>Check Box</th>
<th>One Time Payment</th>
<th>Check Box</th>
<th>Multiple Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Spring (17 wks: Thurs) Jan 9-May 21</td>
<td></td>
<td>One-time payment of $425</td>
<td></td>
<td>4 Payments of $106.25</td>
<td></td>
</tr>
<tr>
<td>2020 Spring (17 wks: Friday) Jan 10-May 23</td>
<td></td>
<td>One-time payment of $425</td>
<td></td>
<td>4 Payments of $106.25</td>
<td></td>
</tr>
<tr>
<td>2020 Spring (17 wks: Saturday) January 11-May 23</td>
<td></td>
<td>One-time payment of $425</td>
<td></td>
<td>4 Payments of $106.25</td>
<td></td>
</tr>
<tr>
<td>2020 Fall A (14 wks: Thurs) Sept 17 - Dec 14</td>
<td></td>
<td>One-time payment of $350</td>
<td></td>
<td>4 Payments of $87.50</td>
<td></td>
</tr>
<tr>
<td>2020 Fall (14 wks: Friday) Sep 11-Dec 18</td>
<td></td>
<td>One-time payment of $350</td>
<td></td>
<td>4 Payments of $87.50</td>
<td></td>
</tr>
<tr>
<td>2020 Fall (14 wks: Saturday) Sept 12-Dec 19</td>
<td></td>
<td>One-time payment of $350</td>
<td></td>
<td>4 Payments of $87.50</td>
<td></td>
</tr>
</tbody>
</table>

Equine Assisted Learning is billed according to individual vs. group. Individual rate is $40 per hour per week. Group rates vary.

I have read and understand the financial policies

Signature ___________________ Date ___________

I/we choose to pay in the following way:
☐ By check (Please drop off at office M-F 8:30-4:30 or by mail)
APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

☐ By Credit Card (please complete the information below AND RETURN TO HALTER)

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (to be completed by merchant)
Customer/Company ____________________________
Contact Name ____________________________ Account Number ____________________________
Email Address ____________________________ Phone ( ) - ______ Ext: ______

Payment Information (to be completed by merchant)
I authorize _______ to automatically bill the card listed below as specified:

Product/Service Description: ____________________________
Recurring Amount: ____________________________
Start on: _____/_____/______ End on: [ ] No end date

Credit Card Information (to be completed by customer)
Card Type [ ] MasterCard [ ] VISA [ ] Discover [ ] AMEX [ ] Other [ ]__
Cardholder Name ____________________________ Cardholder ZIP Code: ____________________________
Card Number: ____________________________ Expires: _____/_____
[ ] Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer’s signature ____________________________ Date: ____________________________

CHILDS NAME: ____________________________
CODE OF CONDUCT
(PLEASE RETAIN THIS PAGE FOR YOUR RECORDS)

All personnel, volunteers, students/participants, and guests are expected to behave in a way that does not put other people, animals, or property at unreasonable risk. Recognizing that while the behaviors of some students/participants and guests may be caused by medical or behavioral health diagnoses, the facility, volunteers and staff are not able to provide a sufficient level of safety to allow the exhibition of behaviors that, by their nature or magnitude, put others at unreasonable risk. Individuals who display Unbecoming Conduct may be discharged from all services and activities provided by HALTER, based on the determination of the Executive Director or Designee.

Unbecoming Conduct shall consist of any of the following:

1. Removing property from the premises without proper authorization
2. Gross immorality and/or disorderly conduct; including actions and/or words
   a. Includes violation of physical and emotional boundaries of other people
3. Violation of posted or signed rules and regulations
4. Damaging, defacing, or destroying property
5. Verbal intimidation, including, but not limited to, inciting and/or derogatory statements
6. Physical intimidation, assault, and/or battery against another
7. Making false and/or incomplete accusations or charges
8. Conduct tending to bring HALTER into disrepute and/or injury to its good name
9. Theft and/or misappropriation of funds
10. Making false or misleading statements and/or reports (by act or omission)
11. Conducting an illegal and/or unapproved activity
12. Any activity that puts students/participants, volunteers, horses and/or staff at unacceptable risk of injury due to their behaviors towards themselves or others, as determined by the Executive Director
13. Individuals who have been accused or convicted of a sexual offense or any offense against a child
14. Students/participants/volunteers who do not willingly participate
15. Students/participants/volunteers who are obviously impaired by alcohol or street drugs, or prescription medication not being taken as directed
16. Indecorous conduct, not otherwise listed above, as defined by the Executive Director
17. Participants/volunteers who inconsistently attend the service at the scheduled time, without medical reason