

SAGE Program For Chronic Illness



High Horses Therapeutic Riding Program

## IT'S MORE THAN JUST A RIDE

### Our Mission

To improve the well being of people with special needs through a therapeutic equine experience.

### **What we offer at High Horses in the SAGE (Sentient, Animals, Giving, Equilibrium) Program:**

Our four-legged friends can help to improve social skills and impulse control, reduce anxiety, alleviate depression, lower blood pressure, and improve fine motor skills. Equine therapy has many additional applications, including decreasing isolation and promoting confidence, self-esteem, communication, trust, and spiritual connection. Being with horses can prove very beneficial for those in treatment for cancer and other chronic illnesses, as it releases endorphins and serotonin, which are known to reduce stress and depression.

The program will encompass experiential learning in the following areas: haltering the horse/pony, using grooming equipment correctly, leading a horse/pony and most importantly, understanding horses and how they communicate their thoughts and emotions through body language.

- ★ Other modalities like Yoga, music, aroma therapy, journaling etc... may also be incorporated.

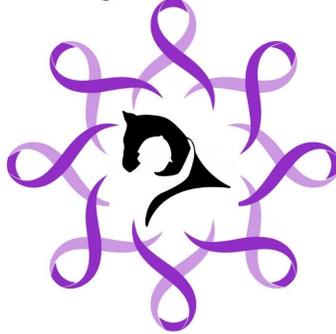
Not only does equine therapy assist chronic illness, but it also benefits cancer survivors by increasing strength and fitness levels. We utilize the power of the horse for regaining strength and a sense of peace. Working on dexterity by using grooming tools to brush the horse with up and down & side to side movements helps clients improve their strength after surgery.

This program is offered to those dealing with chronic illness and their caregivers/significant others. Class size is limited to 6 participants. Please contact us to register to be included.

- ★ Class will run from 9:00-10:30 am on Saturday Mornings starting September 5, 2020 & run for 8 consecutive weeks.
- ★ Participant Application must be filled out completely to participate.
- ★ This class is \$200. For the full 8 weeks or \$30. Per class.
- ★ There is funding for Scholarships
- ★ Please sign up each week by 10:00am of Thursday class by emailing [Program@highhorses.org](mailto:Program@highhorses.org) - We need to keep track of who will be attending. Thank you.

High Horses PO Box 278, Sharon, VT 05065 8802-763-3280, Fax: 802-522-4087  
[Program@highhorses.org](mailto:Program@highhorses.org)

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High Horses Therapeutic Riding Program

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Female  Male

Have you had any horseback riding experience? Yes \_\_\_ None \_\_\_ Limited \_\_\_

Brief synopsis of horse experience:

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Do you currently exercise (type, frequency and amount):

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Do you have any physical limitations:

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Why are you taking this class:

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Please mark all that apply to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Anxiety/Panic Disorder | <input type="checkbox"/> Recent Surgery (in past year)   |
| <input type="checkbox"/> Balance Issues         | <input type="checkbox"/> Recent Injuries                 |
| <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> Spells of Dizziness or Fainting |
| <input type="checkbox"/> Joint Problems         | <input type="checkbox"/> Spinal Disease                  |
| <input type="checkbox"/> Peripheral Neuropathy  |  |

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PHOTO RELEASE:

- I DO
- I DO NOT

\_\_\_\_\_ consent to and authorize the use and reproduction by High Horses Therapeutic Riding of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**Please give a *brief* synopsis of your health:**

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Acknowledgement/Assumption of Risk

I would like to participate in the High Horses Therapeutic Riding Program (HHTRP). I acknowledge the inherent risks and potential for risks of equine activities and the risks associated with the COVID-19 Coronavirus. However, I assume these risks and feel the possible benefits to me/my son/my daughter/my ward are greater than the risks assumed.

If I have any underlying medical condition, I have discussed starting my HHTRP program and the risks of contracting the COVID-19 virus with my primary care doctor.

I agree to follow all precautions and procedures that HHTRP mandates to prevent the spread of COVID19.

Warning Under Vermont Equine Activities Law

I further acknowledge that under Vermont law (12 V.S.A. 1039), an equine activity sponsor is not liable for 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. The term "equine activity sponsor" includes the HHTRP, its employees, volunteers, instructors, therapists, contractors, agents and members of its board of directors.

Liability Release

In consideration for the opportunity to participate in the HHTRP, I release the HHTRP and its employees, volunteers, instructors, therapists, contractors, agents and members of its board of directors from all claims, suits, judgments, losses, and expenses, including those associated with the COVID-19 Coronavirus, arising in whole or in part from my participation in the HHTRP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Legal Guardian