



SHINING HORIZONS

Therapeutic Riding Association

*Creating experiences for persons with disabilities that will
enhance their physical, social and emotional well being.*

PARTICIPANT HANDBOOK

1680 Red Head Road,
Saint John, New Brunswick
E2P 1K4
Canada

admin@shininghorizons.ca



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Contact Information

Instructors:

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Kody Gard		

Program Director:

Paula Bernard	c: 613-302-3235	e: program@shininghorizons.ca
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Executive Director:

Dave Ryan	c: 506-333-0907	e: admin@shininghorizons.ca
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Associated sites:

www.cantra.ca

www.shtra.ca



Introduction

Shining Horizons Therapeutic Riding Association (SHTRA) is delighted that you are interested in our programs.

The people that make up SHTRA include participants, instructors, physiotherapists, board members, and volunteers in many guises: horse handlers, sidewalkers, parents, care workers, volunteer coordinators, fundraisers.

Volunteers play a major role in the operation of SHTRA by arriving at the facility at least thirty minutes before the session is scheduled. This ensures there will be time to groom and tack up the horse, set up the arena and help the participant with helmet adjustment as needed.

Participants are asked to arrive between 10-15 minutes prior to the start of their session.

General Information

Shining Horizons Therapeutic Riding Association (SHTRA) was established in 1996. Our objective is to provide unmounted and mounted programs for cognitively and physically challenged people as a source of enjoyment, therapeutic exercise, and recreational sport. SHTRA is currently located at 1680 Red Head Road, Saint John NB E2P 1K4.

Basic criteria for program eligibility (unmounted):

- Must have a disability, either physical or cognitive
- Parent/caregiver must be able to stay for the entire lesson
- Must be able to follow instructions and must not display inappropriate behaviours which could lead to placing self or others at risk
- Must be able to tolerate all approved safety equipment for the entire session

Basic criteria for program eligibility (mounted):

In addition to the criteria listed above:

- Must be developmentally 4 years of age both physically and cognitively, and have the ability to accommodate equine movement
- Must have referral form completed by attending physician



For information on participant eligibility and space availability please contact the Program Director (listed in contacts).

For any participant who requires an Epi-Pen®, it must be brought to each session and be immediately available if needed.

All Appendices must be completed in their entirety and submitted, following the participant's tentative acceptance into the program, 4 weeks prior to attending the first session. **Note: Appendix E only if applicable.

SHTRA is a charitable organization. As such, there is a cost associated for the sessions. For information on the cost, please contact our Executive Director.

Unless otherwise arranged, fees are required to be paid by the beginning of each semester.

If you require financial assistance, there are several local programs that accept applications for supplementing recreational activities.

- Recreation NB-Inclusive Recreation Activity Fund: Exclusive to persons with disabilities. (www.recreationnb.ca/programs-and-initiatives)
- PRO Kids: Assists with cultural and sport/recreation activities and is exclusive to low-income families. (www.prokidssj.ca/main.html)
- Canadian Tire Jumpstart: Similar to and administered by SJ PRO Kids. Exclusive to low income families to reduce financial barriers to sport participation. Contact SJ PRO Kids manager for more information. (David.dobblesteyn@saintjohn.ca)
- Kidsport: A provincial program administered by Sport NB to assist low-income families in reducing financial barriers exclusively to sport participation in areas where similar organizations do not exist. (www.kidsportcanada.ca/new-brunswick/)



Benefits to Participants

Therapeutic riding programs, both mounted and unmounted can:

- improve balance, coordination and normalize muscle tone
- build self-confidence and self-esteem, decrease anxiety
- foster independence
- improve focus and attention span
- build social and communication skills, improve ability to follow instructions

Programs Offered

- Horse Friends- private unmounted
- Pony Pals- group unmounted
- Therapeutic riding- mounted on horse, Simulator and unmounted
- Simulator Riding- mounted on Simulator and unmounted (grooming)

Registration Procedure

- Complete Registration Form, email to Program@shininghorizons.ca
- Once your Registration is received, the Program Administrator will be in touch to discuss your goals, program options and availability
- Once a potential program slot is available, an assessment will be scheduled
- After the initial assessment, 4 trial sessions may be scheduled.
- Once it is mutually agreed that the participant will continue in the program, that participant will be offered programming throughout the year, one semester at a time.



Program Schedule

There are five semesters per year, with 7 to 12 week sessions per semester. Sessions are between 30-45 minutes in duration, and there are between three to five sessions per day.

Sessions are dependent on the soundness of the horse(s), and availability of instructors and volunteers. For these reasons, it may sometimes be necessary to have an unmounted session vs a mounted session.

The parent or caregiver will be notified by either the instructor or a parent liaison in the event of a session cancellation, and you will be credited.

If the participant is unable to attend a session, please notify the Program Director at 613-302-3235 as soon as possible. Fees will not be refunded.

Certification

Canadian Therapeutic Riding Association (CanTRA) is the governing body for therapeutic riding organizations across Canada. They set forth a set of strict rules and guidelines regarding the facility, the instructors and the volunteers.

The facility must undergo a rigid safety inspection every three years. The local organization pays a fee for this inspection and pays liability insurance to CanTRA. All instructors and volunteers must undergo a criminal background check.

Instructors must act as a volunteer for a minimum of 100 hours before they can begin the training program. They must complete a rigorous training program and then pass certification by CanTRA to be allowed to teach in a therapeutic riding program. The instructors also attend workshops on a regular basis to keep current with their counterparts across Canada, and ensure they have the latest 'best practice' information for this field.

Volunteers in the SHTRA undergo a thorough training program to ensure the safety of the participants. They attend training sessions where they are taught safe handling practices for the participant and the horse, facility safety rules, and specialized procedures to follow in the event of a fire or accident. They are taught how to ensure the safety of the participant both on the ground, and on the horse, and to monitor their condition. They respect the confidentiality of the participants/their parents/caregivers and do not discuss them outside the facility or the needs of the session.



Emergency Accident Plan

The following is the procedure to be followed in the event of an accident or unusual occurrence during a lesson. Falls can and do happen.

1. The Instructor will call the entire ride to a halt.
2. Each horse handler and all sidewalkers will stay with their assigned horse and rider. In the case of a rider fall the horse handler will move the horse away from the fallen rider.
3. The Instructor will go to the rider in difficulty.
4. The Instructor will determine which sidewalkers should assist, and only the Instructor will give directions and instructions. Parents/caregivers and spectators may be requested to help. Parents must remain calm and remember to await instructions before entering the arena.
5. The Instructor will send for a first aid kit and blanket if necessary.
6. Depending on the severity of the incident, no one is to move the rider or remove their helmet.
7. A volunteer may be requested to call 911 for an ambulance.
8. The Instructor should stay with the rider in difficulty, and if the incident is more than a minor injury, the remaining riders should be dismounted. The Instructor will decide if they need to stay with the rider in difficulty or supervise the dismounting.
9. If the injury is minor, the rider will sit out and the lesson will be continued for other riders. Riders will not be re-mounted.
10. When a rider has fallen, it is imperative that they go either to the hospital or be checked by their attending physician.
11. The Instructor will always complete an incident report. If the parent/caregiver or rider refuses medical attention, this must be noted on the incident form. The instructor will follow-up with the rider and all volunteers involved.

It is crucial that everyone involved remains calm and follows the Instructor's directions.

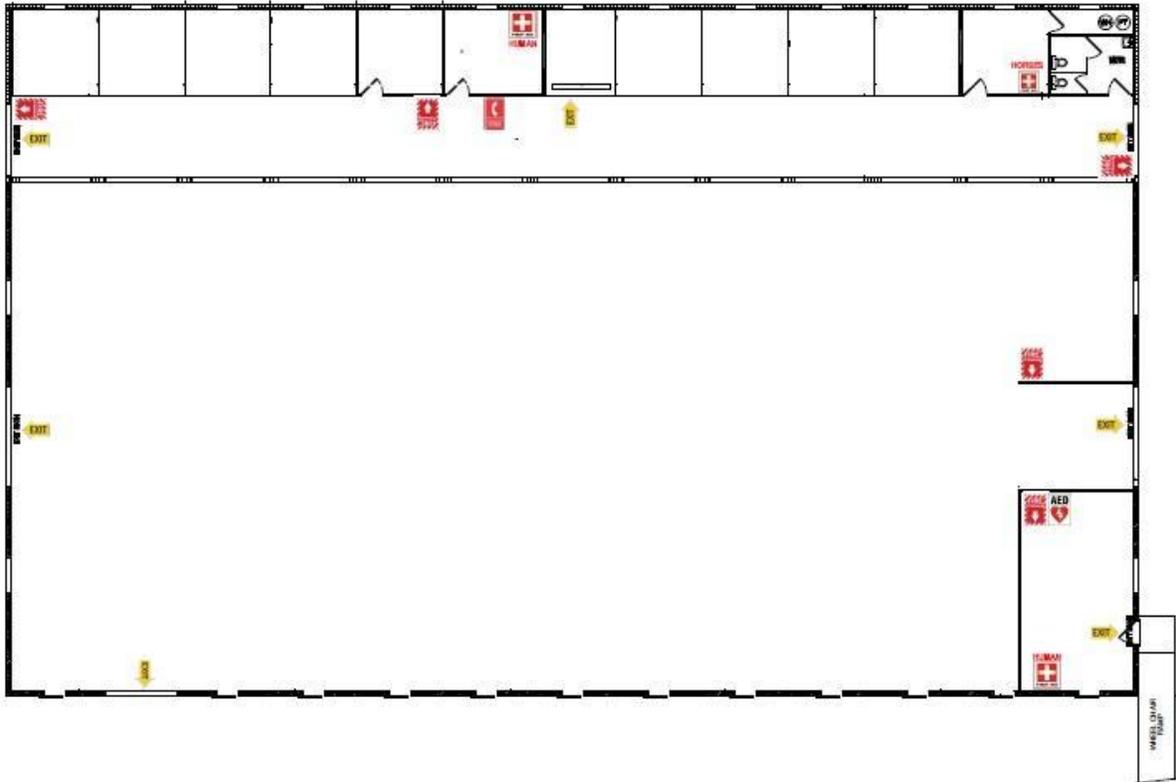
Action in the Event of a Fire

The following is the procedure to be followed in the event of a fire on the property:

1. 1. The person who discovers the fire is to advise the Instructor and stable management or staff and call 911 immediately.
2. 2. The Instructor will call the ride to a halt, and commence the evacuation process for the riders, volunteers, and horses in use.
3. 3. If the participants are mounted, volunteers are to remove the riders from the horses, under supervision of the Instructor. Under emergency conditions, use of the mounting block is not necessary. Riders can be lifted or helped to slide off. Riders, volunteers and parents are to proceed to the parking area beside the barn. From the arena, exit via the arena doors. Do not go through the barn. Side-walker volunteers are always to remain with the rider.
4. 4. Assigned horse handlers are to bring the horse they are responsible for outdoors and remove the tack and place them in a paddock in the Muster area, unless otherwise instructed.
5. 5. Instructor must ensure the call to 911 has been made and designate a person to direct the fire department responders to the location of the fire.
6. 6. Firefighting by volunteers is only to be undertaken with direction from the Instructor or stable management.
7. 7. Instructor or stable staff to perform a head count to ensure all people have been evacuated.

It is crucial that everyone involved remains calm and follows the Instructor's directions.

Stable Map





Appendix B.1 – Participant Registration Form

Participant Information:

Name: _____

Date of Birth: ex: (12-Jan-1981) _____

Height: _____ Weight: _____ Diagnosis: _____

Home Address: _____

Email: _____

Phone: (c) _____ (w) _____ (h) _____

Emergency Contact Information:

Parent /
Caregiver: _____

Email: _____

Home Address: _____

Phone: (c) _____ (w) _____ (h) _____

Physician: _____ Phone: _____

In the event of any of the above information changes please update with SHTRA

Signature: _____

Date: _____



Appendix B.2 – Photo Release:

I consent to authorize the use and reproduction, by Shining Horizons Therapeutic Riding Association, of any and all photographs and/or any other audiovisual materials taken of me/ my child/ my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____
 (Participant, Parent, or Caregiver)

Date: _____

Appendix B.3 – Consent for Release of Information Form:

I authorize _____ (person or facility) to release information from the records of _____ (prospective participant’s name).

The information is to be released to Shining Horizons Therapeutic Riding Program for the purpose of developing a Therapeutic Riding Program for the above-named prospective participant.

The information to be released is indicated below. (circle one)

Medical History	Yes	No
Physiotherapy evaluation, assessment, and program plan	Yes	No
Occupational therapy evaluation, assessment, and program plan	Yes	No
Speech therapy evaluation, assessment, and program plan	Yes	No
Classroom Individual Education Plan (I.E.P.)	Yes	No
Other: _____	Yes	No



Signature: _____

Participant, Parent, or Caregiver

Date: _____

Appendix B.4 – Information Release Form:

I authorize Shining Horizons Therapeutic Riding Program to release to its instructors and helpers such information as may be necessary to conduct a beneficial and safe Therapeutic Riding Program.

Name of Rider: _____

Signature: _____

Participant, Parent, or Caregiver

Relationship: _____

Witness: _____

Date: _____

Appendix B.5 – Degree of Bodily Contact When Working with Participants:



Due to the nature of the activity at Shining Horizons Therapeutic Riding Association, it is understood that instructors and trained volunteers will need to assist most riders/participants when mounting or riding a horse.

It may be necessary to lift a rider onto the horse, or correct posture by placing hands at the front or back of the trunk of the rider, or to correct leg and hand positions, or to provide physical support at the hip or thigh.

It is understood that this is part of the therapy/recreation sessions to which parents/caregivers and riders/participants have consented.

During riding lessons, it may be necessary to quickly remove the rider from the horse due to safety concerns. This is done for the wellbeing of all concerned and may involve two volunteers lifting the rider.

Any bodily contact provided by the trained staff or personal care workers is in the interest of providing a safe and fun environment for the riders and will be undertaken with the utmost discretion.

I have read and understood and agree to the terms above.

Name of Rider: _____

Signature: _____

Participant, Parent, or Caregiver

Relationship: _____

Witness: _____

Date: _____





Appendix C- Participant Waiver

SHINING HORIZONS THERAPEUTIC RIDING ASSOCIATION
APPENDIX C
RELEASE OF LIABILITY
ASSUMPTION OF RISKS, LIABILITY, WAIVER OF CLAIMS AND IDEMINITY AGREEMENT

1

Schedule A

Section 1- Parties

This waiver is made in duplicate between:

A- The “**Provider**”

Shining Horizons Therapeutic Riding Association Inc, Driftwood Equestrian Centre Inc and all employees of the same

1690 Redhead Road. Saint John. New Brunswick

Civic Address

E2P 1K4

Postal Code

506 333 0906

Phone Number

admin@shininghorizons.ca

E-mail address (electronic address)

B- The “**Participant**”

First Name

Last Name

Civic Address

Province

Phone Number

E-mail address (electronic address)

Initials:



SHINING HORIZONS THERAPEUTIC RIDING ASSOCIATION
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Section 2- Waiver

1 The clients on their own behalf and on behalf of any minor children from whom they are legally responsible (herein referred to as the “**participant**”) who shall participate, volunteer, or otherwise whatsoever be engage in the activities of the provider (herein referred to as the “**activities**”) agree and consent to the following:

1.1 THAT any activity involving horses, including but not limited to those activities carried on by the provider involves risks and dangers including:

- (a) As powerful, unpredictable and potentially dangerous animals, horses may without warning change their behaviour resulting in any or all of the following
 - i. jumping
 - ii. wild running
 - iii. bucking
 - iv. kicking
 - v. biting; and
 - vi. stepping on people or things
- (b) Horses may collide with
 - i. other horses
 - ii. objects
 - iii. or may trip, stumble, or fall despite being led, ridden, driven or attended to.
 - iv.
- (c) The failure of other riders, drivers, the participants to ride safely to exercise ordinary and proper care
- (d) Equipment failure
- (e) changing weather resulting in dangerous conditions
- (f) changing terrain leading to inherent risks including but not limited to
 - i. exposed natural objects;
 - ii. trees; and
 - iii. water ways.
- (g) activities carrying the potential for illness or injury which take place in remote areas located at considerable distance from doctors, hospitals or other forms of emergency and non emergency aid;

1.2 Notwithstanding those risks and dangers enumerated in subsection 1.1. Negligence on the part of the participant, third parties participating in or providing equipment, facilities or animals to the provider or the provider or any employees or volunteers thereof.

2 The Participant agrees and consents that in addition to the non-exhausted listed of risks, hazards and dangers provided for in this waiver, other risks, dangers and hazards may exist throughout the trails, stables, practice and within the premises used by the provider which are non obvious and unmarked.

Initials:



SHINING HORIZONS THERAPEUTIC RIDING ASSOCIATION
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2.1 The participant acknowledges and consents that such risks are inherent to participation in the activities and that no action taken by the provider will completely eliminate such risks. In such, the participant freely accept and fully assume all such risks, dangers and hazards including the possibility or personal injury, death, property damage as well as damages resulting therefrom.

3 In consideration of the provider providing the participant with

- (a) Horse;
- (b) sleigh riding;
- (c) carriage driving;
- (d) use of equipment;
- (e) use of the providers, or third party facilities;
- (f) or any other services which the participant may require for participation in the activities (herein referred to as the “Services”).

3.1 TO WAIVE ANY AND ALL PAST, PRESENT, OR FUTURE CLAIMS which the participants have as against the provider, it’s directors, officers, employees, agents, representatives, or volunteers; AND

3.2 TO RELEASE such persons from any and all liability for any loss, damage, injury, or expense which the participant may suffer as a result of the participant’s use of the services of the provider.

3.3 TO IDEMINIFY such persons from any and all liability for damages to the property of or personal injury to any third party as a result of the participant’s use of the services.

4 This agreement shall be governed and interpreted in accordance with the laws of the province of New Brunswick;

5 Any litigation involving the parties this Agreement shall be brought within the Province of New Brunswick.

Section 3- Signatures

The **Provider** and the **Participant** have read this waiver in its totality acknowledge that in signing this waiver the participant, effective from the date of signing, have waived certain legal rights which they may have against the providers or any of its representatives. The provider and the participant so acknowledge their understanding in affixing to each of the **three (3)** pages their initials, and by affixing their signatures below.

Signature of the **Participant**

Date

Signature of **Provider**

Date



Appendix D – Physician Referral Form- (for mounted participants)

Prospective Rider/participant Information

Name: _____

Date of Birth: _____

Address: _____

Phone(h): _____ (c): _____ (w): _____

Parent / Caregiver: _____

Living Arrangement: Home Other

Details: _____

Medical Background

Primary diagnosis: _____

Secondary diagnosis: _____

Height: _____ Weight: _____ Gender: _____

Diabetic: _____ Insulin: _____ Epileptic: _____

Seizures / Type: _____

Date of last seizure: _____

Medications and Indications: _____

Communicable diseases: Yes No

If yes, details: _____



Surgery and dates: _____

General Physical Condition

Ambulatory: Yes No

If yes, details: _____

Muscle tone: (Spasticity, flaccidity, etc.)

Tone Upper Extremities: _____

Tone Lower Extremities: _____

Tone in Trunk: _____

Balance: _____ Sitting: _____ Standing: _____ Walking: _____

Communication: Spoken: Sign Language:

Speech: Good Fair Poor

Comprehension: Good Fair Poor

Sensory Function: Sight Hearing Tactile

Continence: _____

Allergies: _____



Additional Comments: _____

Physician's Permission

I hereby give my permission for the above individual, _____ to participate in the Shining Horizons Therapeutic Riding Program.

Physician's name (print): _____

Physician's address: _____

Phone Number: _____ Fax: _____

Physician's signature: _____

Date: _____
dd/mm/yyyy



Appendix E – ATLANTO-AXIAL X-RAY VERIFICATION For Participants with Down Syndrome

Name of Participant: _____ DOB: _____

Address: _____

Phone: (h) _____ (c) _____

Height: _____ Weight: _____

Physician Information

Physician Name: _____

Phone Number: _____ Fax: _____

Date of x-ray: _____

Result of x-ray: _____

Physician Signature: _____

Date: _____

dd/mm/yyyy



Appendix F – Summary Form

Participant Name: _____

(To be submitted at least 4 weeks before first scheduled session)

I have attached the completed applicable forms:

- Participant register and release forms
- Bodily contact form
- Stable release form
- Physician referral form
- Atlanto-axial x-ray form

I have paid or made payment arrangements (receipt attached):

- Cash
- Money order
- Certified cheque
- E payment
- Other (specify): _____

Signature: _____

Participant, Parent, or Caregiver

Relationship: _____

Witness: _____

Date: _____



Appendix G- Dress Code for Participants/Riders – all seasons

Please be aware that the instructors need to see and evaluate rider position. Loosely fitted clothing does not allow for this to happen. Please wear clothing that protects from flies and sun

- Boots with a small heel .5” are best.
- Stretchy pants. Ideally riding pants fit and work best. They have seams and grip where needed. Jeans or pants have seams that will rub under the knees.
- Snugly fitted waist length jackets are ideal. Longer jackets will get in the way when riding.
- In warm weather, T-shirts or sleeveless shirt with collar. Please no tank tops, or plunging necklines. Riders need to be protected from the flies and sun.
- No hoodies or scarves, as these may get caught when mounting and dismounting. Please leave jewelry at home, as they may get caught, broken or lost.
- Watches and wedding bands are accepted.
- Supportive under garments for all genders
- Riding gloves when using the reins for more than 5 minutes
- Sunblock and bug spray as needed, as we try to ride outside as much possible, weather permitting
- Keep hair tied back in a low ponytail vs loose. Bangs should be neatly out of the eyes
- All participants must wear a helmet whether mounted or unmounted programs.
- Helmets will be provided for the first few sessions
- Nothing under helmet (tuques, French braids, large barrettes, head scarves), as this will interfere with the fit and safety of the helmet.
- Helmets must be ASTM or SEI approved and no older than 5 years after manufacture date (label is in the helmet). Helmets must be treated kindly, should not be dropped, or left in a hot or cold car. As per manufacturer directives, do not apply stickers to your helmet.