



# GREAT OAK

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EQUINE ASSISTED PROGRAMS

## GREAT OAK PARTICIPANT HANDBOOK

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## GREAT OAK AIKEN EQUINE ASSISTED PROGRAMS SCREENING PROCESS

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All new clientele to Great Oak must undergo a screening which will allow for appropriate placement in our programs.

This screening gives us the opportunity to assess you or your child for placement as well as answer any questions riders or family members may have about our services. Screening time slots are scheduled throughout our weekly schedule.

This screening session costs \$45 per each individual. During this session, we will evaluate the potential client on the ground and on horseback to determine eligibility for Great Oak programs. We have helmets and boots that are available to borrow. If you choose to use your own equipment, boots must have a flat sole and small heel and all helmets must be riding helmets that are ASTM/SEI approved. In addition, we ask that all riders wear long pants and socks.

All paperwork must be submitted prior to setting up your screening session.

Please fill out the enclosed forms and mail them back to our office.

Great Oak EAP  
PO Box 1288  
Aiken, SC 29802

or

visit the website at <https://www.greatoakeap.org> to submit the forms electronically.

Our office staff will be in contact regarding available dates and times for screenings.

Once the screening has been completed the instructor will determine appropriateness for the program and make recommendations. Great Oak staff will follow up with program offerings and scheduling availability.

If you have any further questions about our programming please feel free to contact our office staff at 803-226-0056.



## WHO IS GREAT OAK?

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Great Oak is a therapeutic horseback riding program that provides equine-assisted living activities that promote the physical, emotional and psychological health of individuals with special needs. Great Oak is a 501(c)(3), nonprofit organization. Great Oak was originally founded as STAR Riding in 1996, providing equine assisted therapy to children and adults in the Aiken community.

In the fall of 2015, the board voted to reconfigure the organization. A new name, expanded programs and a year round facility was initiated. Great Oak is currently located on Edgefield Highway within five minutes of downtown Aiken and the major interstates. Great Oak is poised to offer an array of equine-assisted therapies on its 20 acre farm that program participants will find rewarding and beneficial in an almost undefinable way.

Great Oak is a member of PATH (Professional Association of Therapeutic Horsemanship) International. The facility at Great Oak adheres to PATH's rigorous standards to ensure the health and safety of our participants, horses, volunteers and staff. PATH was founded in 1969 as the North American Riding for the Handicapped Association to promote safe and effective therapeutic horseback riding throughout the United States and Canada. Today, PATH International has more than 850 member centers and nearly 7,600 individual members in countries all over the world, which help and support more than 54,000 men, women and children with special needs each year. The Great Oak is symbolic of the facility's impact as a place of nourishment for every aspect of one's being and as a secure and safe place open to everyone's journey.

## MISSION

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Our mission is to provide equine-assisted activities that promote the physical, emotional and psychological health of individuals with special needs.

## VISION

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Our vision is to impact the lives of participants through transformative healing and personal growth by creating the premier accredited equine assisted activity center in the Southeast.

## WHO DO WE SERVE?

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This dreamlike place is open to people of all ages. Children, teenagers, and adults will feel welcome. Their challenges may be physical, mental or emotional, and often reflect a combination of these factors. Sound horses and certified professionals guide participants down the path of discovery and recovery.

## HOW DO WE DO IT?

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Under the leadership of our Board of Directors, Great Oak employs three PATH certified instructors, a program and volunteer coordinator, and executive director. Great Oak currently has seven horses in its possession. These special equines have passed a stringent trial period and tests to determine their suitability for therapy work at Great Oak. Along with certified instructors and capable horses, Great Oak's work is dependent upon trained volunteers to help facilitate lessons and the day to day program operations.

## BENEFITS OF THERAPEUTIC RIDING

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Each individual we treat at Great Oak comes with his or her own diagnosis, necessitating an individualized treatment plan with specific therapeutic goals. The benefits of using a horse as part of a treatment plan for individuals with special needs are vast and varied, and there is significant evidence of success.

### PHYSICAL BENEFITS

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The horse's movement has a dynamic effect on the rider's body. The horse stimulates the rider's pelvis and trunk in a manner that resembles a human's normal gait. This helps improve an array of areas including balance, strength, tone, and endurance.

### SENSORY BENEFITS

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The movement, as well as the multi-sensory opportunities on the horse, can help with a variety of sensory integration issues. A smooth-gaited, consistently-paced horse provides needed input to help a rider establish rhythm. A rough-gaited horse may provide a rider with the stimulation to help organize and integrate sensory input.

### EMOTIONAL BENEFITS

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The impacts are vast — success of overcoming fear and anxiety, the ability to achieve independence, master a riding skill, control and attend to an animal will help a rider to realize self-worth and increase self-esteem. The relationships that develop between riders, volunteers, horses and staff are integral to the positive emotional experience at Great Oak.

### COGNITIVE BENEFITS

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The horse's gait helps organize the nervous system of the rider and thus is a perfect time to work on educational goals such as multi-tasking, cause and effect learning, sequencing and attention while riding. The alternative setting also proves the motivation and inspiration to address other specific cognitive tasks.

## HOW TO GET THE MOST OUT OF YOUR LESSONS

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Great Oak strives to provide an individualized goal-oriented therapy program for every participant. Each Great Oak participant will work with a treatment team to develop a program to meet his or her specific needs. Program goals will be specific and time-oriented and may be focused on occupational, physical and speed therapy improvement. Great Oak hopes that all participants will achieve their personal goals through creative equine partnerships and achieve confidence and self-esteem that extends outside of the Great Oak program.

#### TIPS ON HOW TO GET THE MOST OUT OF YOUR LESSONS:

- Communicate with your instructor, share any issues, concerns and goals immediately.
- Ask other providers to attend a lesson and give feedback. (Please schedule with your instructor.)
- Be an active participant in your treatment. Ask questions.
- Participate in monthly feedback with your instructor and Great Oak.
- Remember that not all treatment occurs on horseback. program.

## SAFETY

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There is an inherent risk associated with horseback riding. That being said, Great Oak uses every precaution to provide a safe environment for participants. Safety is a top priority at Great Oak. Great Oak instructors have been trained, tested and certified by PATH International to ensure that the highest safety standards are being upheld. Instructors may end a session prior to completion if they feel the circumstances have become unsafe.

### **GREAT OAK STRONGLY RECOMMENDS THE FOLLOWING:**

- Riders should wear long pants and appropriate clothes for the weather.
- Riders should wear barn appropriate footwear. Flat soled boots with a heel are preferable.
- Riders should purchase their own riding helmets. An ASTM-SEI designated helmet is required for all mounted activities and strongly suggested for groundwork conducted with or near equines (grooming, tacking, leading, lunging, etc.). All helmets should fit correctly and have the harness strap adjusted correctly. Helmets should not interfere with vision. If you do not have a helmet, Great Oak will provide one.
- Do not enter the barn without a Great Oak staff member.
- Do not use flash photography around the horses, as it could spook them.

## FACILITY SAFETY RULES

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These rules have been established for the protection and safety of everyone, including staff, horses, riders, family and friends. Please follow them and use common sense when around horses. If you ever have a question about anything, please ask.

- Please wait in the viewing room for your instructor before and during your student's lesson.
- The riding arenas are for riders only, unless invited by a Great Oak instructor.
- Children must be supervised at ALL times.
- Do not enter the barn unless accompanied by a Great Oak staff member.
- Do not enter a horse stall unless accompanied by a Great Oak instructor.
- Do not feed the horses unless accompanied by a Great Oak instructor. Horses are to be fed in their buckets only.
- Helmets are required for all mounted riders. Riders participating in ground work may be asked to wear a helmet as well.
- Riders should wear appropriate riding attire and barn appropriate footwear.
- Long pants and proper clothes for the weather.
- Flat soled boots with a heel are best.
- No open toed shoes, sandals or Crocs.
- No dogs are permitted at Great Oak.
- Anyone on property must sign a Great Oak release.
- No smoking on the property.
- No drugs or alcohol on the property.

# GREAT OAK PARTICIPANT'S APPLICATION AND HEALTH HISTORY

## General Information

Participant Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referral Source: \_\_\_\_\_

How did you hear about Great Oak? \_\_\_\_\_

## Health History

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

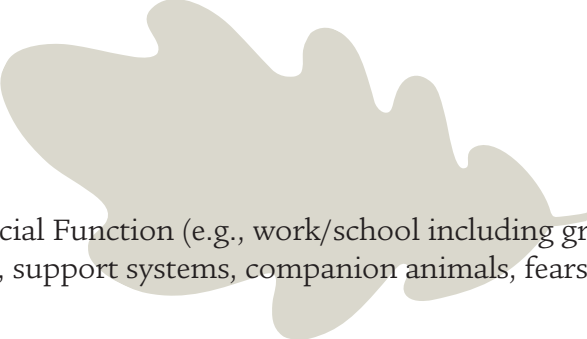
*Please indicate current or past special needs in the following areas:*

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Mental/Emotional Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Cognition			
Allergies			

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Physical Function (e.g., mobility skills such as transferring, walking, wheelchair use, etc.):



Psychosocial Function (e.g., work/school including grade completed, leisure interests, relationshipsfamily structure, support systems, companion animals, fears/concerns, etc.):

Goals (Why are you applying for participation? What would you like to accomplish?)  
Remember to make your goals SMART! (Specific, Measurable, Attainable, Reward, Timeframe specific):



## NON-DISCLOSURE AGREEMENT

The Receiving Party (hereinafter Director) understands that Great Oak (hereinafter GO) has disclosed or may disclose information relating to its operations, including but not limited to business practices, fundraising, marketing and other related areas, which to the extent previously, presently, or subsequently disclosed to the Director is hereinafter referred to as Proprietary Information of GO.

In consideration of the Director's election to the Board of GO, the Director hereby agrees: (i) to hold the Proprietary Information in strict confidence and to take all reasonable precautions to protect such Proprietary Information (ii) not to disclose any such Proprietary Information or any information derived therefrom to any third person and (iii) not to make any use whatsoever at any time of such Proprietary Information except as necessary to fulfill his/her responsibilities to GO.

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Signed as Director

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Date



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EQUINE ASSISTED PROGRAMS

803-226-0056

1123 Edgefield Highway  
Aiken, SC 29801

[www.greatoakeap.org](http://www.greatoakeap.org)



# FOR INDIVIDUALS WITH DOWN'S SYNDROME

To be completed by your physician and returned to Great Oak Equine Assisted Programs.

Negative Cervical X-ray for Atlantoaxial Instability X-ray Date:

Negative for clinical symptoms of Atlantoaxial Instability

For Physician's use only:

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weight the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations.

Physician's Name:

Physician's Signature:

Address:

Phone:

Date:



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# PARTICIPANT'S CONSENT FOR RELEASE OF INFORMATION

I hereby authorize Great Oak to release information from the records of:

(Participant's name) \_\_\_\_\_ DOB: \_\_\_\_\_

This information is to be released to \_\_\_\_\_  
for the purpose of developing an equine activity program for the above named  
participant.

The information to be released is indicated below:  
(Please initial next to the appropriate information for release.)

\_\_\_\_\_ Medical History

\_\_\_\_\_ Physical therapy evaluation, assessment and program plan

\_\_\_\_\_ Speech therapy evaluation, assessment and program plan

\_\_\_\_\_ Mental health diagnosis and treatment plan

\_\_\_\_\_ Classroom Individual Education Plan (IEP)

\_\_\_\_\_ Psychosocial evaluation, assessment and program plan

\_\_\_\_\_ Cognitive behavioral management plan

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

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

Print Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Please send material to:



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# PHOTO RELEASE FORM

## Permission to Use Photograph

I grant to Great Oak, its representatives and employees, the right to take photographs of me and my property in connection with the above-identified subject.

I authorize Great Oak, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Great Oak may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

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

Printed name: \_\_\_\_\_

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



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**GREAT OAK AIKEN THERAPEUTIC RIDING CENTER  
RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE AND INDEMNITY AGREEMENT**

**WARNING: PURSUANT TO S.C. CODE ANNOTATED SECTION 47-9-720, AN EQUINE ACTIVITY SPONSOR OR AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, AND NO PARTICIPANT OR PARTICIPANT'S REPRESENTATIVE MAY MAKE A CLAIM AGAINST, MAINTAIN AN ACTION AGAINST, OR RECOVER FROM AN EQUINE ACTIVITY SPONSOR, OR AN EQUINE PROFESSIONAL, FOR INJURY, LOSS, DAMAGE, OR DEATH OF THE PARTICIPANT RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY.**

On behalf of myself, my personal representatives, heirs, next of kin, spouse, and assigns hereby acknowledge that horseback riding involves serious risks and that it is not possible to foresee or prevent all such risks. I am aware that the fall of a rider from a horse and other accidents involving the horse and it's rider can be caused by sudden, unforeseen occurrences and that a fall or other accident can be crippling or fatal to the rider and may cause an injury to or the death of the horse. I understand that the behavior of horses can be unpredictable and irrational regardless of their past training and past performance.

On behalf of myself, my personal representatives, heirs, next of kin, spouse, and assigns hereby acknowledge the risks related to COVID 19 also known as the Coronavirus. I agree to hold Great Oak harmless from any claim for illness or death arising from the Virus that may be alleged to have been caused directly or indirectly from exposure to the Virus at any facility maintained by Great Oak or at any function organized by or on behalf of Great Oak. I agree that Great Oak shall not be liable for any sickness, disease, or death which may be suffered by myself or any guest or invitee of mine arising from our related to the Virus. I agree that all risks relating to the Virus are to be borne by me. I hereby assume the sole responsibility for and agree to indemnify, defend and save Great Oak harmless from any and all loss and expenses (including legal and expert witness fees actually incurred) by reason of the liability imposed upon any of Great Oak due to illness, including death at any time resulting therefrom, sustained to myself, my guests and invitees, on account of the Virus. I expressly warrant and represent to Great Oak that neither I nor any of my guests or invitees have knowingly contracted nor been exposed to the Virus nor are any of the aforesaid exhibiting any symptoms of the Virus. In the event that I later discover that the aforesaid representation and warranty is false in any manner, I agree to immediately notify Great Oak and provide as much detailed information as is available.



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In light of the above, I voluntarily assume the risk and danger of injury or death inherent in the use of the horse, equipment and gear provided to me by Great Oak Aiken Therapeutic Riding Center, and/ or its officers, directors, employees, agents, sponsors and volunteers (all of the aforesaid being collectively known as "Great Oak"). If I have requested my own equipment be used, I agree that Great Oak shall have no responsibility to maintain such equipment and that safety hazards may be present.

I agree to and do Release, Discharge, and Promise Not to bring a lawsuit against Great Oak doing business under their own name or any other names.

I agree and promise to hold Great Oak harmless and to fully indemnify then from and against any claim, judgment, or expense that may incur arising out of or in any way connected with either my use of the horse and any equipment provided therewith or the facility and landowners, or any acts or omissions of other employees and agents and volunteers.

I agree to abide by and follow any instructions given or rules established by Great Oak.

The laws of the State of South Carolina shall govern this release and waiver. If a court holds any portion of this release invalid, it is agreed that the remainder of this release shall continue in full legal force and effect notwithstanding the invalidity of some part of it.

**I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A PROMISE NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS. I SIGN THIS RELEASE VOLUNTARILY.**

Rider Name: \_\_\_\_\_

Signature of Rider (or Legal Guardian if Rider is a Minor): \_\_\_\_\_

If signed by Legal Guardian, Print Name of Legal Guardian: \_\_\_\_\_

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

Name of Personal Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_



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