



Therapeutic Horsemanship

Office 100 Oak Avenue, Dumas TX 79029 Phone 806-930-4316 or 806-934-2300

www.gaitquest.com

Gaitquest@yahoo.com

Directions: From Dumas take 14th west of the Big R Store, cross tracks and follow road south. Pass the gas plant and when the road heads directly south (FM722-no signs) we are about 1 mile south on the east side of the road there is a windmill in the yard of the property immediately to the north of GaitQuest Turn in by the black sign drive to the back and park on the property to the north (left).



VOLUNTEER REGISTRATION

NAME: Mr. Mrs. Ms. Miss (First) (MI) (Last) Address, City, State, Zip, Phone, Mobile, Email, Height, Age, Returning New

Please check all areas in which you would be interested in helping the GaitQuest Program.

Must have horse experience for schoolers, grooming, tacking

Sidewalking, Leader, Grooming, Tacking, Schooler, Rider preparation, Fundraising, Administrative, Maintenance, Tack cleaning, Special events

Please give brief details of horse experience.

Blank lines for horse experience details

Any other areas of interest not listed.

Blank lines for other areas of interest

Availability.

Saturdays, Sundays, Mondays, Tuesdays, Wednesdays, Thursdays, Fridays with time slots

Other Organizations affiliated with.

Blank lines for other organizations

Are you certified in: First Aid CPR Certification expires.

List two NON FAMILY references (students must add a teacher or school counselor as a third reference).

Name, Relationship, Phone for three references



Therapeutic Horsemanship

RELEASE OF LIABILITY

This form must be updated annually

Name of Volunteer: _____

GaitQuest employees, agents and participating property owners will not be responsible for any damages to person, animal or property during participation of any GaitQuest equine assisted activity or at any time participant is on grounds being used by GaitQuest for any equine assisted activities. Nor will they be responsible for any property lost or destroyed. The undersigned rider or parent/guardian hereby releases GaitQuest, its employees, agents and participating property owners from any and all liability, claims and damages whatsoever (including costs, expenses and attorney's fees) that might result from damages, injuries, or losses to their person or property or property during, or in connection with, or arising out of, any class, lesson, demonstration, show, clinic, event or other function, whether or not such damages, injuries, or losses result directly or indirectly from the negligent act or omission of such released parties.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

In exchange for the use of property owned or leased by GaitQuest and other valuable consideration, I agree that my use of the premises and any animals, facilities or equipment owned or leased by GaitQuest is at my own risk. I further agree to indemnify and hold harmless GaitQuest and its respective employees, agents and participating property owners from any and all suits, actions, or claims of any type arising from my use of the premises or participation in an equine activity, or of such use or participation by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise.

I acknowledge that riding, and involvement with horses, is a high risk activity. I have read this agreement and fully understand its content.

AGREED: _____ DATE: _____

Signature of adult volunteer, or parent/guardian/caregiver of minor volunteer.



Therapeutic Horsemanship

CONFIDENTIALITY AGREEMENT

To be renewed annually

Applicant Name: _____

The undersigned volunteer of GaitQuest Therapeutic Horsemanship acknowledges that in the course of volunteering, Volunteer may receive and have access to information and records of GaitQuest clients, volunteer, and donors including but not limited to medical records, diagnosis, progress reports and financial statements.

The Volunteer hereby agrees to hold such information in confidence and not divulge the information to any person except as directed by GaitQuest.

Volunteer also further agrees that written materials in the client, volunteer or donor's file will be maintained in confidence and not removed from such files.

Volunteer signature: _____ Date: _____

Volunteer print name: _____



Therapeutic Horsemanship

CONSENT FOR PHOTOGRAPHY

(PHOTO RELEASE)

Applicant: _____

For valuable consideration given and which is hereby acknowledged, the Volunteer named above hereby grants to GaitQuest permission to take, or have taken, still and moving photographs and films, including television pictures, of the Volunteer, and consents and authorizes GaitQuest, its advertising agencies, news media, and any other persons interested in GaitQuest and its work, to use and reproduce such photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of GaitQuest to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting GaitQuest and its work.

Volunteer signature

Date

I represent to GaitQuest that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of the Volunteer, I agree to and accept all of the provisions of the foregoing Consent for Photography (Photo Release). I am authorized to sign this Statement on behalf of the Volunteer and my doing so legally binds the Volunteer as if he or she were not a minor.

Signature of Parent/Guardian

Date

OR

NON-CONSENT FOR PHOTOGRAPHY

(ONLY TO BE COMPLETED IF REFUSING TO SIGN CONSENT)

The Volunteer named above withholds permission to GaitQuest to take or have taken still or moving photographs and films, including television pictures, of the Volunteer.

NON CONSENT: _____

Volunteer Signature

Date

I represent to GaitQuest that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of the Volunteer, I agree to and accept all of the provisions of the foregoing Non-Consent for Photography. I am authorized to sign this Statement on behalf of the Volunteer and my doing so legally binds the volunteer as if he or she were not a minor.

Signature of Parent/Guardian

Date



Therapeutic Horsemanship

STATEMENT OF UNDERSTANDING, AUTHORIZATION, RELEASE AND INDEMNITY
To be renewed annually

Applicant Name: _____

I, the undersigned ("Volunteer") am over 18 years of age and fully competent to make this Statement of Understanding, Authorization Release and Indemnity ("Statement"), which I have read and understand. I understand the information I have provided may be verified and permit GaitQuest to inquire of others concerning my suitability as a volunteer. In the course of volunteering, I may deal with confidential information and agree to keep said information in the strictest confidence. The relationship between GaitQuest and me is an "at will" arrangement and may be terminated at any time, without cause, by either GaitQuest or me. I understand that, as a volunteer, I will assist in the riding and instruction of mentally or physically challenged riders, and that I will work with and around horses, as well as riders. I understand that I cannot serve as a volunteer until this Statement has been signed.

In return for the opportunity to serve as a volunteer with GaitQuest I hereby forever release, acquit and discharge GaitQuest and its officer, directors, trustees, agents, employees, representatives, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the Released and indemnified Parties and that arise in a whole or in part as a result of my involvement with GaitQuest. I also understand and agree that GaitQuest assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Releases and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demand or causes of action of any and every kind or nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a result of my involvement with GaitQuest. If any provision of this Statement is determined to be unenforceable, all other provisions shall remain in full force and effect.

Signature of Volunteer

Date

I represent to GaitQuest that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer I agree and accept all of the provisions of the foregoing Statement of Understanding, Authorization, Release and Indemnity. I am authorized to sign this Statement on behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

Signature of Parent/Guardian

Date



Therapeutic Horsemanship

CONSENT FOR CRIMINAL BACKGROUND CHECK

To be renewed annually

APPLICANT

Each GaitQuest staff member or volunteer who is to receive a criminal background history check must sign an authorization/waiver/indemnity form (shown below), giving approval for GaitQuest and the Volunteer Center of Moore County to perform the criminal background search.

The Department of Public Safety recommends that the following information be obtained for identification purposes: Social Security number, driver's license number, and length of residence in Texas. The Volunteer Center requires that GaitQuest obtain the following additional information on staff and volunteers who will be checked for a criminal background history: full name, maiden name and all aliases (other names used), date of birth, gender and race.

AUTHORIZATION, WAIVER AND INDEMNITY

I, the Applicant named above, hereby give my permission for GaitQuest to obtain information relating to my criminal history record through the Volunteer Center of Moore County. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for employment or a volunteer position with GaitQuest. I also understand that, as long as I remain an employee or a volunteer with GaitQuest, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history report and a procedure is available for clarification if I dispute the record as received.

I, the Applicant named above, do, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge and agree to indemnify and hold harmless the Volunteer Center of Moore County and each of their officers, directors, employees, and agents from and against any and all causes of action, suits, liabilities, costs, debts and sums of money, claims and demands whosoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee o, or volunteer for, GaitQuest.

AGREED: _____ DATE: _____

Applicant Signature above

Social Security #: _____ Driver's License # _____ State: _____

How long have you lived in Texas? _____ years _____ months Print ALL other name(s) used.

Maiden name: _____ 1) _____

Current Address: _____ 2) _____

City: _____ State: _____ Zip: _____ 3) _____

I represent to GaitQuest that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Consent for Criminal Background Check. I am authorized to sign this Statement on behalf of the Applicant and my dong so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian _____ Date _____



Therapeutic Horsemanship

CONSENT FOR EMERGENCY MEDICAL TREATMENT

This form must be updated annually

Name: _____

Parent/Guardian (If under 18): _____

Address: _____ City: _____ State: _____ Zip: _____ DOB: _____

Tel. Home: _____ Work: _____ Cell: _____

Physician's Name: _____ Phone: _____

Office

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT:

Name: _____ Relationship _____

Tel.

Home: _____ Work: _____ Cell: _____

PREFERRED MEDICAL FACILITY: _____

Describe any medical conditions requiring special treatment, including allergies, and any current medications and dosage: _____

Please list all known allergies _____

I, _____ ("Volunteer"), am over 18 years of age and fully competent to sign this Emergency Medical Form, which I have read and understand, or, if under age, Volunteer has obtained the signature of his/her parent/guardian, who by such signature, represents he/she has read and understand this form.

In case of medical emergency or necessity, "Volunteer" authorizes GaitQuest to seek or provide for "Volunteer" such medical assistance as may be necessary or advisable and further authorized GaitQuest to seek the assistance of any physician or medical facility to provide any medical/surgical care, including, but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medical facility deems or determines to be necessary or advisable, pending receipt by the physician or medical facility of any other consent to treatment from or on behalf of "Volunteer".

"Volunteer" understands that NO LIABILITY can be accepted by any of the organizations concerned, including GaitQuest, in the event such accident may occur. In the event any provision of this form is determined to be unenforceable, all other provisions shall remain in full force and effect.

Signature of parent/parents/guardian Date: _____

Signature of volunteer (age 18 years or older) Date: _____

Insurance Carrier

Policy Number



Therapeutic Horsemanship

NON CONSENT FOR EMERGENCY MEDICAL TREATMENT

ONLY TO BE COMPLETED IF REFUSING TO SIGN CONSENT

This form must be updated annually

Volunteer Name: _____

I DO NOT GIVE MY CONSENT for emergency medical treatment/aid in the event of illness or injury during the process of any participation on my part at GaitQuest. In the event emergency treatment is required, I authorize GaitQuest or its representatives to take the following action in my behalf (please write your instructions in the space provided below):

Please notify the following in the event of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

No person can be accepted for participation as a volunteer at GaitQuest until this form has been completed. If the person wishing to be a volunteer is of legal age (18 years or older), he or she may complete this form. If the person is not of legal age, a parent or guardian must complete this form. Volunteer activities will be supervised, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including GaitQuest.

_____ Date: _____

Signature of Volunteer

I represent to GaitQuest that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Non Consent for Emergency Medical Treatment. I am authorized to sign this statement on behalf of the Volunteer and m doing so legally binds the Volunteer as if he/she were not a minor.

_____ Date: _____

Signature of Parent/Guardian

VOLUNTEER CLASS PROCEDURES

- **INSTRUCTOR** WILL TACK HORSES
- VOLUNTEERS ARRIVE ¹⁵30 MINUTES BEFORE CLASS
- GROUP MEETING WITH INSTRUCTOR
- **INSTRUCTOR** WILL ASSIGN SIDEWALKERS AND LEADER TO APPROPRIATE HORSE/RIDER
- **INSTRUCTOR** GOES WITH LEADERS AND INSTRUCTOR BRIDLES HORSES
- LEADERS TAKE HORSES TO WAITING AREA
- SIDEWALKERS WAIT BY MOUNTING AREA-CAN HELP RIDERS WITH HELMET AND SEATING
- SIDEWALKER STAY WITH THEIR RIDERS AND KEEP THEM SEATED AND SAFE BEFORE MOUNTING
- LEADER BRING HORSE TO MOUNTING RAMP AND STOP FOR INSTRUCTOR TACK CHECK
- **INSTRUCTOR** ESCORTS RIDER TO MOUNTING RAMP/PLATFORM
- **INSTRUCTOR** MOUNTS RIDER WITH OFFSIDE ASSISTANCE (SIDEWALKER)
- RIDER PROCEEDS WITH LEADER AND SIDEWALKERS TO ARENA
- UNTIL ALL RIDERS ARE IN ARENA LEAD HORSES ON SOUTH END AND USE ONLY ½ THE ARENA UNTIL GATE IS CLOSED
- CLASS IS CONDUCTED-ANY PROBLEMS TO BE ADDRESSED COME TO CENTER OF ARENA OR SEEK INSTRUCTORS ATTENTION
- END OF CLASS HORSES LINE UP IN ORDERLY/SAFE FASHION FACING TO THE EAST FOR DISMOUNTING
- **INSTRUCTOR** DISMOUNTS EACH RIDER WITH SIDEWALKERS ASSISTANCE
- AFTER DISMOUNT SIDEWALKERS ESCORT RIDER TO GUARDIAN/PARENT AND REMOVE HELMET
- LEADERS WILL LOOSEN GIRTH/CINCH AND RUN ENGLISH IRONS UP ON SADDLE
- AFTER RIDERS/SIDEWALKERS ARE CLEAR FROM ARENA HORSES WILL EXIT (2 HORSE LENGTHS APART) OUT SOUTH "LEAD THROUGH" GATE IN SINGLE FILE (**BE CAREFUL NOT TO CATCH ANY PARTS OF THE SADDLE IN THE GATE.. LEAD STRAIGHT THROUGH NOT AT AN ANGLE**) TO WAITING AREA. WE WILL SWITCH LEADERS IF NECESSARY AND WAIT FOR NEXT CLASS OF RIDERS AND/OR PUT HORSE UP IF NOT USED FOR NEXT CLASS
- BEFORE LEAVING --- SIGN VOLUNTEER SHEET: YOUR NAME/LEADER OR SIDEWALK, RIDER YOU WERE WITH, HORSE YOU WERE WITH

PLEASE BE SURE TO ALWAYS PRACTICE COMMON SENSE AROUND HORSES... NEVER ASSUME ANYTHING AND BE SURE TO ASK IF YOU'RE NOT SURE!! SAFETY IS ALWAYS FIRST!! QUIET VOLUNTEERS MAKE A SAFE ENVIRONMENT FOR OUR #1 THERAPIST (THE HORSE) TO DO THEIR JOB.... AND LAST BUT NOT LEAST LET'S HAVE SOME FUN!!

SIDEWALKING AT A GLANCE

- **MAIN RESPONSIBILITY IS RIDER SAFETY**
- USE ARM OVER THIGH HOLD UNLESS OTHERWISE INSTRUCTED
- ALLOW RIDER TO BE AS INDEPENDENT AS POSSIBLE
- KEEP RIDER'S ATTENTION TO THE INSTRUCTOR
- ALLOW PLENTY OF PROCESSING TIME FOR THE RIDER TO UNDERSTAND INSTRUCTION
- REINFORCE INSTRUCTOR'S COMMANDS IF RIDER SEEMS CONFUSED
- **ONLY ONE SIDEWALKER COMMUNICATES WITH RIDER-THE ONE CLOSEST TO INSTRUCTOR**
- **DO NOT LEAN ON HORSE AT ANY TIME-THIS CONFUSES THE HORSE AND PUTS EVERYONE AT RISK**
- **DO NOT ENCOURAGE HORSE AT ANY TIME-THAT IS THE LEADER'S JOB**
- **DO NOT CARRY ON WITH UNESSECARY TALK AND CHAT-THIS DISTRACTS THE RIDER AND CONFUSES THE HORSES**
- **LISTEN TO THE HORSE LEADER IF THERE IS A PROBLEM WITH THE HORSE. IF THE LEADER HAS GUIDANCE FOR SIDEWALKERS REGARDING THE HORSE—PLEASE LISTEN!!**
- **CHANGE SIDES IF YOUR ARMS GET TIRED (ALERT THE INSTRUCTOR BEFORE DOING SO)-NEVER WALK BEHIND THE HORSE**
- **MAINTAIN YOUR POSITION WITH YOUR RIDERS KNEE DO NOT WALK IN THE "KICK ZONE/FLANK AREA"**
- DO NOT CROWD THE LEADER
- I have read these and understand these guidelines

Signature of Volunteer

Date: _____

Effective Sidewalking

By Susan Tucker and Molly Lingua, R.P.T.

Sidewalkers are the ones who normally get the most hands-on duties in therapeutic riding. They are directly responsible for the rider. As such, they have the capability to either enhance or detract from the lesson.

In the arena, the sidewalker should help the student focus his/her attention on the instructor. Try to avoid unnecessary talking with either the rider or other volunteers. Too much input from too many directions is very confusing to anyone, and to riders who already have perceptual problems, it can be overwhelming. If two sidewalkers are working with one student, one should be the "designated talker" to avoid this situation.

When the instructor gives a direction, allow your student plenty of time to process it. If the instructor says "Turn to the right toward me," and the student seems confused, gently tap the right hand and say "Right," to reinforce the command. You will get to know the riders and learn when they need help and when they're just not paying attention.

It's important to maintain a position behind the rider's knee. Being too far forward or back will make it very difficult to assist with instructions or provide security if the horse should trip or shy.

There are two ways to hold onto the rider without interfering. The most commonly used is the "arm-over-the-thigh" hold. The sidewalker grips the front of the saddle (flap or pommel depending on the horse's size) with the hand closest to the rider. Then the fleshy part of the forearm rests gently on the rider's thigh. Be careful that the elbow doesn't accidentally dig into the rider's leg.

Sometimes pressure on the thigh can increase and/or cause muscle spasticity, especially with the cerebral palsy population. In this case, the "therapeutic hold" may be used. Here, the leg is held at the joints, usually the knee and/or ankle. Check with the instructor/therapist for the best way to assist. In the (unlikely) event of an emergency, the arm-over-thigh hold is the most secure.

Avoid wrapping an arm around the rider's waist. It is tempting, especially when walking beside a pony with a young

or small rider, but it can offer too much and uneven support. At times, it can even pull the rider off balance and make riding more dif-

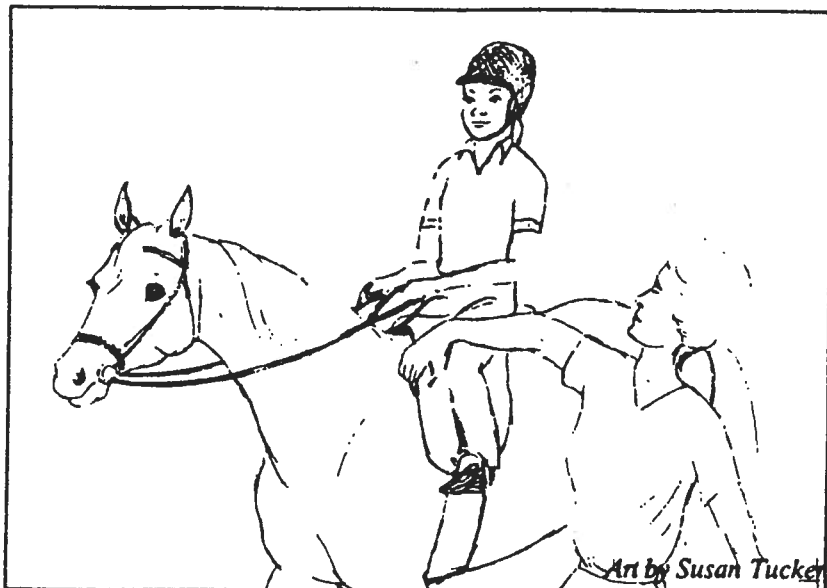
icult. Encourage your students to use their own trunk muscles to the best of their abilities.

If the instructor chooses to use a safety belt on your rider, be very careful not to pull down or push up on it. As your arm tires it's hard to avoid this, so rather than gripping the handle firmly, just touch your thumb and finger together around it. This way you are in position to assist the rider if needed, but you will neither give unneeded support nor pull him off balance. When you are ready for relief for your arm, ask the leader to move into the center to stop and trade sides, one at a time, with the other sidewalker. (Instructors: if your rider has serious enough balance problems to warrant a safety belt, you should probably be using two sidewalkers.)

During exercises, pay attention to your student. Sometimes volunteers forget that the riders are to do the exercises and the sidewalkers are to reinforce and assist. The same applies to games. Don't get so competitive that your rider doesn't get to use his skills because you do it for him in an all out effort to win.

The ultimate goal for therapeutic riding is to encourage the rider to stretch and grow to be as normal as he can possibly be. You are right at his side, so help the instructor to challenge him to the best of his ability.

Without you, these programs couldn't exist. We thank you for all you give and challenge you to be the best you can be.



LEADING AT A GLANCE

- **LEADER'S MAIN RESPONSIBILITY IS THE HORSE**
- BE AWARE OF YOUR RIDER, INSTRUCTOR AND SIDEWALKERS
- LISTEN
- LEAVE ENOUGH ROOM FOR SIDEWALKERS TO WALK
- REINFORCE THE RIDER'S ATTEMPTS TO CONTROL THE HORSE
- STAND IN THE HALT POSITION WHENEVER YOU STOP (FACE HORSE FROM A SHOULDER ANGLE)
- DO NOT WRAP LEAD ROPE AROUND YOUR HAND
- WALK ALONGSIDE HORSE ABOUT EVEN WITH HIS EYE-DO NOT PULL OR DRAG ON HIM!
- WATCH YOUR HORSE FOR SIGNS OF AGGITATION, AGGRESSION, CONFUSION OR FEAR
- OFFER SIDEWALKERS GUIDANCE IF THEY ARE CAUSING THE HORSE TO BEHAVE IRRATICALLY OR CONFUSED, YOU ARE IN CHARGE OF MAKING THE RIDE SAFE BY HANDLING THE HORSE APPROPRIATELY AND COMMUNICATING WITH SIDEWALKERS WHEN NECESSARY.
- KEEP THE HORSE MOVING FORWARD UNLESS OTHERWISE INSTRUCTED
- SET THE PACE FOR YOUR HORSE AT THE WALK/TROT. YOU MAY HAVE TO JOG, BUT DON'T RUN
- USE VOICE COMMANDS (WHOA, WALK, TROT) AND CLICKING/CLUCKING IF NECESSARY
- KEEP HORSES 2 HORSE LENGTHS APART AND CIRCLE BACK OR ACROSS THE ARENA TO OPEN SPACE IF NECESSARY
- NEVER LEAVE YOUR HORSE
- LEAD HORSES AWAY FROM FALLEN RIDERS
- ALWAYS STAY CALM AND USE COMMON SENSE

I have read and understand these guidelines:

_____ Date: _____

Vounteer signature

Accent On Accreditation

Follow The Leader

By Susan F. Tucker, NARHA Accreditation Committee

As a volunteer, one of the most challenging duties you could be assigned is the position of leader. A leader's first responsibility is the horse but you must also constantly be aware of the rider, instructor, and any potential hazards in or around the arena. In addition, you must also consider the sidewalkers, making sure there is enough room along the fence, and around obstacles for them to pass.

An effective leader pays close attention to the rider's needs as well as to where the horse is going. This reinforces the rider's attempts to control the

horse, about even with his eye. This helps keep him in a proper frame, which is more beneficial for everyone.

Talk to the horse; most of them know "whoa," "walk," and "trot," or can learn the words. Watch where you're going and what's happening around you. Do not walk backward to look at the rider. It's dangerous for everyone and the horse isn't eager to follow someone who can't see where he is going.

Figure B shows the correct position for leaders. The lead shank is held with the right hand 6-12 inches from the snap, allowing free motion of the horse's head. This is more therapeutic to the rider and less irritating to the horse.

The tail end of the lead should be looped in a figure-eight in the left hand to avoid tripping on it. Never coil the rope around your hand. That could end a close relationship with your fingers!

Use short tugs rather than a steady pull to keep a lazy horse moving. The horse can set himself against a steady pull, but tugs keep him awake. Move out, about 1,000 steps per 15 minutes, to provide the most therapeutic benefit.

When you halt for more than a few seconds, stand in front of the horse with your hands on the halter's cheek pieces (if the horse permits) or loosely hold the lead or reins. Standing in front is a psychological barrier to the horse and he will stand more quietly than if he has an easy chance to move out. If you like your thumbs, don't put them through the snaffle or halter rings.

If the worst happens and there is an accident, stay with the horse. There are other people to care for a fallen rider. The situation could easily become more dangerous if there are loose horses running around the arena. Move your horse as far from the fallen student as possible and keep calm. Listen for the instructor's directions.

These suggestions can help you control your horse, be a good aide to a rider and be a valuable assistant to an instructor. You will provide real therapeutic input to your rider, as well as make it safe for them to have fun riding. In short, if you lead, we'll be happy to follow.

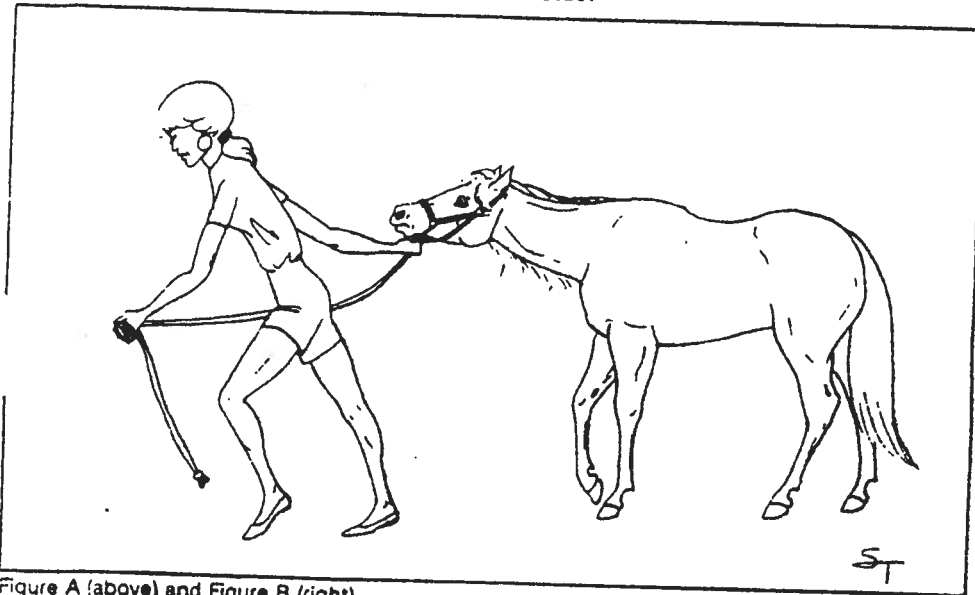


Figure A (above) and Figure B (right).

horse. However, you should not execute an instruction for the rider before he has time to process the information and make an effort to comply. Sometimes it may be appropriate to walk into the corner and stand until the student figures out what to do.

Avoid the temptation to talk to the rider and/or sidewalkers. A rider may get confused by too much input and not know who's in charge. (Instructors often make terrible leaders because they can't keep their mouths shut!)

Figure A depicts a few faults common among leaders. Here is a leader grimly marching along - head down, one hand on the lead snap, the other in the coiled end of the rope - dragging a strung-out horse. In a battle with a horse, you lose. You must get the horse to cooperate. Walk alongside the

