



AHEAD With Horses

10157 Johanna Ave, Shadow Hills, CA 91040 • (818) 767-6373 • awhla.org

Risk/Benefit Assessment of equine movement and therapeutic activities specifically for:

_____ (name of participant)

Risk to Rider

1. Possibility of contracting COVID-19 despite infection control measures taken by AHEAD With Horses, Inc.
2. Possibility of falling from horse despite safety measures and equine training taken by AHEAD With Horses, Inc.

Risk Potential: Please check any/all that apply to the individual named above.

- _____ is at higher risk due to having an underlying medical condition.
- _____ is at higher risk because he/she struggles to maintain social distancing.
- _____ is at higher risk because he/she is unable to comply with wearing a mask.
- _____ is at higher risk because he/she touches his face/mouth frequently, drools, etc.

Risk to Others: (ex. allergies, drooling, touching face)

Benefits to Rider

1. Provides general exercise and gentle cardio workout.
2. Provides sensory stimulation in a rhythmic way which modulates the sensory system that helps to calm the overactive areas and stimulate the underactive areas.
3. Requires rider to maintain midline and balance in response to each unique step of the horse, with the added balance challenges provided by vaulting exercises, games and/or skill challenges.
4. Works on social interaction, engagement and command following.
5. Provides rider with a place to be normal and have fun.
7. Provides an activity that can be customized based on abilities on that day.
8. Provides an opportunity to use both hands equally in activities.
9. During COVID-19 pandemic, rider has fewer opportunities for social interaction, exercise, and cognitive challenge.

After assessing the risk/benefit specifically for _____ and considering the attached COVID-19 control protocols, phases and policies, AHEAD With Horses staff and parents both agree that the benefits outweigh the risks and that riding is appropriate at this time.

Parent Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____