

## Participant Package Check List

All of the forms listed below are required to be completed, checked, signed and dated as indicated prior to the start of rider participation and annually thereafter.

**To be completed by participant, parent or caregiver by**

- 1. Participant package check list
- 2. Participant registration form
- 3. Contact
- 4. Participant Release
- a) Liability release
- b) Photo and video release
- 5. Annual Health History and Contact Information Update Form
- 6. Tuition details
- 7. Possible reasons for discharge form
- 8. Barn rules
- 9. Additional policies

**For office use only**

Forms	1	2	3	4	5	6	7	8	9

## Participant Registration

### Program Information

Date \_\_\_\_\_

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

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

DOB \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender

M F

Primary Diagnosis \_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_

Mobility status (walks unassisted, assistive devices, etc) \_\_\_\_\_

Address \_\_\_\_\_

Communication (verbal, non-verbal signs) \_\_\_\_\_

Behaviors (impulsive, fearful, frustration tolerance) \_\_\_\_\_

Medications Taken \_\_\_\_\_

Seizures (if applicable please describe) \_\_\_\_\_

Limitations \_\_\_\_\_

Allergies \_\_\_\_\_

Skin sensitivity \_\_\_\_\_

Participant's occupation/ school grade level \_\_\_\_\_

**Personal Goals (fill in the areas that apply, can be added to later):**

Physical \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cognitive \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social/Behavioral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emotional \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Life skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**Availability for the Program (Check all available times and days)**

Monday am \_\_\_\_\_ Tuesday am \_\_\_\_\_ Wed. am \_\_\_\_\_ Thursday am \_\_\_\_\_ Friday am \_\_\_\_\_

Tuesday pm \_\_\_\_\_ Wed. pm \_\_\_\_\_ Thursday pm \_\_\_\_\_ Saturday am \_\_\_\_\_ Saturday pm \_\_\_\_\_

**Start Date** \_\_\_\_\_ **Confirmed Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

\_\_\_\_\_

## Participant Contact

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

Address \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Names of parents/guardian:

Father \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Mother \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

How were you referred to Worthy Stables? \_\_\_\_\_

\_\_\_\_\_

## **Participant Liability Release, Confidentiality Agreement, Photo and Video Release**

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

Date:

\_\_\_\_\_  
Parent/Legal Guardian/ Conservator (if applicable)

### **Liability Release:**

Name of Parent/Guardian/  
Conservator \_\_\_\_\_

I acknowledge the risks and potential risks for horseback riding and activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors or administrators, I hereby waive and release forever all claims for loss or damages of any kind against Worthy Stables, its Board of Directors, Instructors, Therapists, aids, Volunteers and employees for any and all injuries and losses that I/my son/my daughter/my ward may sustain while participating in the Worthy Stables program. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at Worthy Stables voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Worthy Stables and the property owners are materially relying on this waiver and assumption of risk in allowing me/my son/my daughter/my ward to participate in activities at Worthy Stables.

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Participant, Parent or Caregiver)

### **Photo and Video Release:**

\_\_\_\_\_ I consent to and authorize:

\_\_\_\_\_ I do not consent to nor do I authorize:

the use and reproduction by Worthy Stables of any other audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Participant, Parent or Caregiver)

## Possible Reasons for Participant Discharge

Please be advised of the following reasons that may lead to discharge from the riding program.

1. The client has reached all of their goals and is ready to graduate.
2. The client's potential to maintain head and neck control while riding presents a safety concern.
3. Inability to follow directions is interfering with progress toward goals.
4. Uncontrolled and/or inappropriate behavior that constitutes a safety risk to client, staff and/or horse.
5. Client exceeds weight that can safely be managed by staff, volunteers, and/or horses.
6. Any change in the client's medical, physical, cognitive, or emotional condition that makes therapeutic riding inappropriate.
7. Three scheduled appointments are missed without prior cancelation.
8. Non-payment of fees as originally agreed.
9. Caregiver/family member/sibling presents disruptive or otherwise inappropriate behavior while on premises.

I understand and agree with the possible reasons for client discharge.

Signature of Participant or Legal Guardian: \_\_\_\_\_

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

## Barn Rules

1. Shoes must be worn at all times at the facility.
2. Only service animals may accompany guests.
3. Please do not hand feed horses and ask which ones may be pet.
4. Horses will be mounted and ridden in the arena or round pen only unless arrangement has been made to ride in empty paddocks.
5. Boarders may ride in open areas after hours or when no guests are present.
6. Children under 14 must be accompanied by an adult to handle any horse.
7. Helmets will be worn by minors and are highly recommended for adults.
8. Posted barn hours will be adhered to unless special arrangements are made 72 hours in advance.
9. If you open a gate or door, close it behind you.
10. Do not open gates or doors unless you have been instructed to do so.
11. The office is off limits without a staff member present.
12. No smoking in barn or arena area. Smoking is only permitted in parking area.
13. Place your trash in designated trash or recycling cans.

14. Riders and guests must sign a liability release before handling any horse.
15. No climbing on gates, fences, or railing.
16. Therapy horses will be properly groomed and cooled before and after all use.
17. Do not borrow any tack, tools, or other items without asking.
18. No cussing, please.
19. Do not come to the facility while under the influence of alcohol or drugs.
20. Be kind and respectful to all humans and animals present. Encourage one another and help us keep our horses healthy and happy so that we can all enjoy our time together.



Rules are in place for the safety and enjoyment of our guests, horses, volunteers, and staff. If you do not understand any of the rules, please ask any staff member to clarify. We would be happy to do so. Repeated failure to adhere to them will result in being asked to leave the premisses. Any guest or participant expelled from any program due to bad behavior will not receive a refund for lessons remaining in the session.

**I, \_\_\_\_\_, have read and understand the rules of  
Worthy Stables and commit to follow them.**

# Information for Physician

(Please give to the participant's physical as a guideline for Therapeutic Riding if any of the following conditions are present.)

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. **Please complete the Worthy Stables Medical Release and Health History Assessment forms. Also, please note if any of the following conditions are present, and to what degree.**

## Orthopedic

Spinal Fusion  
Spinal Instabilities/Abnormalities  
Atlantoaxial Instabilities  
Scoliosis  
Kyphosis  
Lordosis  
Hip Subluxation and Dislocation  
Osteoporosis  
Pathological Fractures  
Coxas Arthrosis  
Heterotopic Ossification  
Cranial Deficits  
Spinal Orthoses  
Internal Spinal Stabilization Devices

## Neurological

Hydrocephalus/shunt  
Spina Bifida  
Tethered Cord  
Chiari II Malformation  
Hydromyelia  
Paralysis due to Spinal Cord Injury  
Seizure Disorders

## Medical/Surgical

Severe Allergies  
Cancer  
Poor Endurance  
Recent Surgery  
Diabetes  
Peripheral Vascular Disease  
Varicose Veins  
Hemophilia  
Hypertension  
Serious Heart Condition  
Stroke (Cerebrovascular Accident)

## Secondary Concerns

Behavior Problems  
Age under Two Years  
Age Two - Four Years  
Indwelling Catheter  
Acute Exacerbation of  
Chronic Disorder

## Annual Participant Health History

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_

Address \_\_\_\_\_

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

Onset \_\_\_\_\_

Past/Prospective Surgeries:

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

Seizures Y N Type \_\_\_\_\_ Controlled Y N Date of Last Seizure \_\_\_\_\_

Shunts/Implants/Appliances

\_\_\_\_\_

Hospitalizations/

Surgery \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Neurologic Symptoms of Atlanto Axial Instability Yes No

\_\_\_\_\_

Please indicate and comment on any Special Problem Areas Below:

Area	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological/Sensation			

Bowel/Bladder			
Muscular			
Orthopedic			
Allergies			
Behavior			
Cognition			
Emotional/Psychological			
Other			

**Physician Annual Medical Clearance report for Neurologic Symptoms of Atlanto Axial Instability Exam**

**For All Participants with Down syndrome ONLY:**

\_\_\_\_\_ has undergone a neurological exam by a licensed physician to test for symptoms consistent with atlantoaxial instability.

\_\_\_\_\_ has been given medical clearance by the licensed physical below, due to the results of the neurological exam that denies any symptoms consistent with atlantoaxial instability.

Physician name: \_\_\_\_\_

Signature:

Stamp:

## 2020 Program Tuition Payment Details

Please tell us how you will be paying:

Check (please make payable to Worthy Stables)

Credit Card

I \_\_\_\_\_ authorize Worthy Stables to charge

\$ \_\_\_\_\_ to my credit card. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Cardholder

signature \_\_\_\_\_

Billing zip code \_\_\_\_\_ Card Number \_\_\_\_\_

Exp. \_\_\_\_\_

Via payment link on invoice

Other: \_\_\_\_\_

I understand and agree that all paperwork must be up to date in the calendar year in which I am (or my child is) participating. All tuition is to be paid prior to the start of each month (no later than the 10th) in the amount of (\$110). PayPal or website payments are subject to the same due dates as other payments. Please add \$3 to online payments to cover the fee we must pay to access your payment.

Signature of Participant or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## A few important policies:



**Make-up sessions:** Because of our extremely full schedule, we can no longer guarantee weekly make-up sessions on alternate weekdays if your time is cancelled due to weather, illness, or other plans. We will, however, schedule at least one weekend a month for make-up sessions to insure you/your child receives at least 4 lessons a month.



**Early/late arrival:** Again because of our busy schedule, it is best if you arrive for your time slot no earlier than 5-10 minutes before you are scheduled. This is largely for safety. Also, if you are 10-15 minutes late for your time slot, there will not be time for a complete riding session and we will instead work on unmounted activities. Beyond 15 minutes late your horse will be turned out and lesson considered a no-show.



**No shows:** If you are a scholarship recipient and don't show up for appointments twice in a row without calling, we will have to take you/your child off the schedule or, if you are self-pay client, you'll have to pay for missed sessions.



**Other kiddos:** Siblings or children of riders need to be under the supervision of an adult at all times. We love how much your kids enjoy the Stables. However, a working barn is simply not safe for unsupervised children.



**Payment must be received by due date noted on invoice or sessions will be suspended until payment is made. If payment is not made by the end of the calendar month, participant will be removed from schedule and placed on waiting list.**

Thanks for being part of the Worthy Stables Family!  
We are here for you!