



Adaptive Riding Participant Application

Participant's Information

Regional Center Consumer UCI # _____

Self-determination FMS Company _____

Full Name _____ DOB _____ Age _____

Height _____ Weight _____ Gender ☐ Male ☐ Female

Address _____

Phone # _____

Diagnosis _____

Date of Onset _____

Ethnicity

☐ Caucasian ☐ African American ☐ Hispanic/Latino

☐ Asian/Pacific ☐ Other/Unknown ☐ Decline to Answer

Islander

Parent/Guardian Information

1) Parent/Legal Guardian Full Name _____

Cell Phone # _____ Email: _____

Relationship to Participant: _____ ☐ Single ☐ Married ☐ Divorced

2) Parent/Legal Guardian Full Name _____

Cell Phone # _____ Email: _____

Relationship to Participant: _____ ☐ Single ☐ Married ☐ Divorced

Is either parent/guardian an active member of the military? ☐ Yes ☐ No

How did you hear about our facility? _____

Are you willing to help NDR with donations or volunteer hours? ☐ Yes ☐ No

Short & Long Term Goals

3 Short-Term Goals:

- 1) _____
- 2) _____
- 3) _____

3 Long-Term Goals:

- 1) _____
- 2) _____
- 3) _____

Schedule Preference

What is your availability during the week and times? _____

Has the participant ridden previously? ☐ Yes ☐ No

If yes, where? _____

Participant Health History

Health History

Does the participant have a medical diagnosis? ☐ Yes ☐ No

If yes, please describe: _____

Does the participant walk independently? ☐ Yes ☐ No

Does the participant have poor balance? ☐ Yes ☐ No

Does the participant have speech difficulties? ☐ Yes ☐ No

Does the participant have difficulties with hand-eye coordination (fine motor skills)? ☐ Yes ☐ No

Does the participant have difficulties with walking or running (gross motor skills)? ☐ Yes ☐ No

Does the participant have any allergies or breathing problems? ☐ Yes ☐ No

If yes, please explain: _____

Does the participant have any emotional or behavioral problems? ☐ Yes ☐ No

If yes, please explain: _____

Does the participant have any heart or circulation problems? ☐ Yes ☐ No

If yes, please explain: _____

Does the participant have short or long term memory loss? ☐ Yes ☐ No

Does the participant have a fear of heights? ☐ Yes ☐ No

Does the participant have a fear of animals? ☐ Yes ☐ No

Is the participant on any medication?

If yes, please list below:

What are some activities or things the participant likes?

What are some activities or things the participant dislikes?

I, the undersigned, declare that the above information is true and accurate. I understand I am financially responsible for all charges whether or not paid by insurance or elsewhere. I hereby authorize NDR Therapeutic Riding & Therapy Services to release all information necessary to secure the payment of benefits.

Signature of Parent/Legal Guardian

Date

In Case of Emergency Authorization

Authorization for Emergency Medical Treatment

Participant's Full Name _____ DOB: _____

Address _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Provider: _____ Policy # _____

Allergies to medication? ☐ Yes ☐ No If yes, please explain: _____

Current Medication (if applicable): _____

In the event of an emergency and medical aid/treatment is required, I, the parent/legal guardian,
(please choose an option):

☐ Authorize ☐ Do Not Authorize

NDR Therapeutic Riding & Therapy Services to secure and retain medical treatment and
transportation if needed; along with releasing client's record upon request to the authorized
individual or agency involved in the medical emergency.

The authorization includes x-ray, surgery, hospitalization, medication, and any treatment
procedure deemed "life-saving" by physician. This provision will only be invoked if the person(s)
are unable to be reached.

Signature of Parent/Legal Guardian

Date

Emergency Contacts

Please list 3 ICE contacts in case of emergency.

- | | |
|---------------------|-----------------|
| 1) Full Name: _____ | Relation: _____ |
| Cell Phone # _____ | Email: _____ |
| 2) Full Name: _____ | Relation: _____ |
| Cell Phone # _____ | Email: _____ |
| 3) Full Name: _____ | Relation: _____ |
| Cell Phone # _____ | Email: _____ |



Participant Photo Release

Photo Release

I, _____, ☐ Consent ☐ Do not Consent

for NDR Therapeutic Riding & Therapy Services the use and reproduction of any and all photographs and any other audio/visual materials taken of my child/myself for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program. I agree that NDR Therapeutic Riding & Therapy Services has complete ownership of such pictures etc. including copyright and may use them for any purpose consistent with the NDR Therapeutic Riding & Therapy Services program mission. I acknowledge I will not receive any compensation, etc. for the use of these pictures, etc. and hereby release NDR Therapeutic Riding & Therapy Services and any of its agents and assigns from any and all claims which arise or are in any way connected with such use.

☐ I give consent to NDR Therapeutic Riding & Therapy Services to use my name/child's name and likeness to promote the program, its fiscal agent, and/or their activities. I consent to allow use in the following ways:

- Social Media (Facebook & Instagram @ndrtherapeuticriding)
- Printed Materials (photos, illustrations, bulletins, publications)
- Promotional Material (advertisements, flyers, exhibitions)
- Videos

☐ I decline the use of my/ my child's image, likeness, voice and/or appearance in any way

I, the undersigned, declare that the above information is true and accurate

Signature of Parent/Legal Guardian/Responsible Party

Date

Warning: Nature of the Horse, Mule, or Pony

Warning: Nature of the Horse, Mule, or Pony

Riding, leading, and handling horses, mules or ponies are classified as rugged adventure recreational sport activities. There are numerous obvious and non-obvious inherent risks always present in such activities despite all safety precautions. No horse, mule or pony is a completely safe animal. Horses, mules and ponies are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse, mule or pony to the ground, it will generally be a distance from 3.5 to 5.5 feet, and the impact may result in injury to the rider. Horseback, mule or pony riding is the only sport where one much smaller, weaker predator animal (the human), tries to control and become one unit of movement with another much larger, stronger prey animal (the horse, mule, or pony), with each having a limited understanding of the other. If a horse, mule, or pony is frightened or provoked it may divert from its training and act according to its natural instincts. Such instincts may include, but are not limited to stopping short, changing direction or speed abruptly at will, shifting its weight from side to side, bucking, rearing, biting, kicking, or running from what the horse, mule or pony perceives as danger.

I hereby acknowledge that I have read and understand the Warning: Nature of the Horse, Mule, or Pony in its entirety.

Signature (parent signature if under 18 years old)

Date



Release and Indemnity Agreement

I the undersigned, _____, am fully understanding that there are risks, including the risk of injury to the participant, rider/handler and/or horse when riding, interacting, handling, and transporting horses, hereby waive and release NDR Therapeutic Riding & Therapy Services, any agents and employees, NDR Board/Officers or operators from any and all claims, causes of action, or liability arising out of, or in connection with any use of facilities or services of NDR Therapeutic Riding, including any and all liability for negligent acts or omissions of NDR Therapeutic Riding, operators, agents, and employees.

Furthermore, I agree to and hereby waive and release NDR Therapeutic Riding & Therapy Services, Board/Officers, agents and employees for any damages of any kind or nature arising from any cause whatsoever, including but not limited to, loss by fire, theft, running away, illness or injury to any person or other animals on the property. I agree that I shall be solely responsible at all times for any and all acts of the horse(s) that I own, lease, ride, train, or use other horse(s) owners or leased by NDR Therapeutic Riding & Therapy Services, while the horse(s) is under my control, possession, or care. I agree to hold NDR Therapeutic Riding & Therapy Services, NDR Board/Officers, agents or employees, harmless from any claim resulting from damage or injury caused by any horse, the owner, or lease-holder of any horse, a boarder, or guest of a boarder or property user and agree to pay any legal fees and expenses incurred by NDR Therapeutic Riding & Therapy Services, in the defense of such claim.

I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on NDR Therapeutic Riding & Therapy Services premises while participating, interacting, riding, handling, working a horse, and/or working using the premises, and of any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby for myself; my heirs, administrator, release and discharge NDR Therapeutic Riding & Therapy Services, and its board operators, agents, employees, officers and all other participants of and from all claims, demands, actions, and cause of action for such injuries sustained to my person or property. I shall be liable to NDR Therapeutic Riding & Therapy Services, for any and all damages or injury to NDR Therapeutic Riding & Therapy Services, personnel and property caused by the horse(s) while under my control.

I have been advised that in order to participate in equine-assisted activities on the premises of NDR Therapeutic Riding & Therapy Services, an ASTM certified helmet and a gait belt must be worn at all times when interacting with and/or handling a horse.

I hereby acknowledge that riding and jumping horses is a dangerous activity. Therefore, I expressly assume the risk involved when engaging in riding, jumping, or other related activities at NDR Therapeutic Riding & Therapy Services. I hereby release and discharge NDR Therapeutic Riding & Therapy Services, NDR Board/Officers, operators, agents, and employees from any and all liability from any accident that may occur as a result of engaging in riding, jumping, or other related activities at NDR Therapeutic Riding & Therapy Services.

I agree to assume all responsibility for my competence and ability as the rider or handler of the horse(s) owned, leased, trained, or ridden by me or as the rider or handler of the horse(s) owned, leased, trained, or ridden by me or as the rider of the horse(s) belonging to NDR Therapeutic Riding & Therapy Services, agents, or employees. NDR Therapeutic Riding & Therapy Services, Board/Officers, agents, employees, property users, or boarders are not responsible for the prior named rider's competence or riding ability.

I hereby acknowledge that I have read and understand the "Release of Liability Agreement" in its entirety.

Signature of Parent/Legal Guardian

Date

Office Policies

Program Participation & Eligibility

Program eligibility is determined at the time of the Adaptive Riding Assessment; the 1st step in our program. From the Assessment, we deem which type of sessions would best fit your rider's goals and needs. While we strive to provide our services consistently, please understand that various factors may occasionally affect our ability to guarantee services and eligibility.

We reserve the right to decline service.

Appropriate Attire

Sturdy closed-toe shoes (riding boots with a heel for adaptive riding preferred); comfortable, appropriate, non-restrictive clothing; Participants (whether ground based or adaptive riding) must wear ASTM-SEI helmets and gait belts.

Appointment Policy - Zero Tolerance Policy

It is important that Participants understand that securing a recurring appointment entails coordination of staff, volunteers, and horses. If a lesson needs to be canceled, **NDR requires a notice of cancellation 24 hours prior to the scheduled appointment.** If a 24-hour notice is not provided, the Participant will be charged for the missed lesson in full. If the Participant does not show up and does not notify us ("no call/no show"), they will not be able to make up the lesson and will be charged the full price of the lesson. Missed lessons can be rescheduled only based on availability in the schedule and cannot be guaranteed. **If a Participant cancels 2 or more lessons consecutively or 3 lessons within a month, regardless of the reason, they will be removed from the schedule** and lose their scholarship (if applicable) at the discretion of NDR Therapeutic Riding or prior arrangements were made and approved.

Participants are strongly encouraged to arrive 5-10 minutes prior to their lesson time and be prepared to start on time. Scheduled lesson times are 1 hour. For an hour session, if the Participant arrives 10 minutes late, the lesson will be canceled and considered a No-Show, and they will be charged the full amount of the lesson.

Please be aware that NDR Therapeutic Riding does not cancel sessions due to weather conditions. We will continue to hold sessions as scheduled and can provide unmounted activities that will work on the Participant's goals.

Payment Policy

Payments are billed monthly and due on receipt.

NDR Therapeutic Riding charges tuition for each lesson. Lessons can be ground-based, adaptive riding, or a combination of both. Lesson type is determined by our Instructors.

- \$125.00 - Equine-Assisted, Adaptive Riding or ground-based Assessment (**Annual fee**); \$100.00 - Reassessment
- Level 1 - Equine-Assisted Learning and Life Skills Program
- Level 2 - Adaptive Riding Foundations
- Level 3 - Supported Adaptive Riding
- Level 4 - Intensive Adaptive Riding or Ground-Based Work

Note: Prices are subject to change

We accept:

- Zelle (ndrtherapeuticriding@gmail.com)
- Venmo @NDR-TherapeuticRiding
- QuickBooks (processing fees apply)

We are approved Vendors with:

- Third Party Payments from Self Determination
- Regional Center Approved Vendor
- River Springs Charter Schools

I hereby acknowledge that I have read and fully understand all Office Policies.

Signature of parent/Legal Guardian

Date

Regional Center Consumer Notice

I, (Financially Responsible Party of Participant/House/Facility/Guardian/Conservator)

_____ is aware and fully understand he/she/we is (are) responsible for a full lesson cost payment of participant's riding level if more than 10 minutes late to lesson. There are no makeup lessons available, unless missing lesson due to sickness (**limit 2 sick make-ups in a 6-week period**). If a scheduled lesson needs to be canceled, participant/parent is required to call or text our Cancellation line and leave a message with rider's name, and scheduled appointment time. **Cancellation line -**

(951) 675-5043. The entire lesson fee will be charged if lesson is missed. **Regional Center is not responsible for payment. Financially Responsible Party of participant will be charged. Payment must be paid prior to next lesson, or the participant cannot ride.**

_____ **is aware and fully understands he/she is responsible for full cost of the lesson payment and charged as Regional Center will not pay for (any missed/canceled lessons), therefore:**

Initials

_____ If more than 10 minutes late for a 1-hour group lesson, the horse will be put away and there will be no lesson for that day, and you will be charged.

_____ If more than 10 minutes late for a 1-hour private lesson, the horse will be put away and there will be no lesson for that day, and you will be charged.

_____ No Show

_____ **Any missed/canceled lessons, regardless of reason, will be charged directly to participant/responsible party of participant/House and all payments owed must be paid prior to next lesson or participant will not be able to participate in lesson. Payment can be made by coming in the office prior to next lesson or requesting an invoice.**

2 sick make-ups allowed in a 6-week period. Sick lesson can be rescheduled but not guaranteed.

By signing this document, he/she/we have been aware, understand and accept the terms of this agreement.

Guardian/Custodian

Date

Guardian/Custodian Email address: _____

Guardian/Custodian Phone Number: _____

CSC Contact Information - Required

Your child's CSC is required in order for Regional Center to fund lessons. If not provided, you will be billed as an out-of-pocket client. Important to please notify us if a change in CSC so we can keep your records updated. Thank you.

Name _____

Email _____

Phone Number _____