

H.O.R.S.E.S. Ltd.

A.K.A

The Adaptive Riding Institute

P.O. Box 280
Scotts Mills, OR 97375
503 873 3890

* * * * *

www.AdaptiveRidingInstitute.org
email: info@AdaptiveRidingInstitute.org

WELCOME LETTER

Dear Clients and Families:

It is a pleasure to work with you or your child in our *Equine Assisted Recreational Therapy* program in Salem. This program is only possible due to the generosity of those owning Ridgetop Ranch. Having the program there adds an increasing amount of responsibilities for them. The ranch owners and barn staff have a few simple safety rules we all need to follow. We would like to outline these for you now.

When you arrive for your child's therapy appointment please park in the designated parking area to unload. Then enter the barn and go directly to the arena. There are lots of new and exciting things for your child to see, but these things may also be off limits to us. We must ask that NO client, parent or family member enter any areas other than the riding arena without express permission. Remember this is a working barn and we are guests. It is not appropriate to wonder about and visit with the other horses or animals on the property. Ridgetop maintains a warm and friendly environment and we do all need to respect their privacy.

This is a *Equine Assisted Recreational Therapy* session for your child. The work done here is fun and easily generates excitement. Therefore we must ask that you not bring other children to the therapy appointment. Please make prior arrangements for child care for any additional children you may have as there is no child care available at the facility. If you are having trouble with child care it may be necessary to wait in the car with the sibling while your child is having their therapy session. We will be happy to bring your child back to the car after the session if you'd like.

We hope that you have already begun to feel the spirit of joy and delight that the *Equine Assisted Recreational Therapy* program is generating. We look forward to seeing you and your child soon.

Respectfully,

THE STAFF AT H.O.R.S.E.S. LTD.

RIDER INFORMATION

The following information will be used by H.O.R.S.E.S. For The Physically Challenged, Inc., to help create the most appropriate riding situation possible for prospective riders. Please answer these questions carefully and honestly to the best of your ability. If you do not understand a question, please ask for assistance. If you find a question which does not apply to your situation write NA.

NAME: _____

ADDRESS: _____

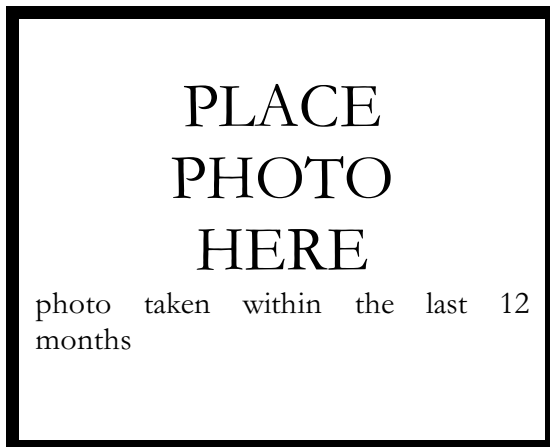
CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: Day (____) _____ - _____ Eve (____) _____ - _____ Cell (____) _____ - _____

e-mail: _____

Therapist (P.T./O.T. etc) _____ Therapist phone _____

HEIGHT: _____ WEIGHT: _____ AGE: _____ SEX: _____



PLEASE COMPLETE, SIGN AND RETURN:

1. RIDER INFORMATION
2. RIDER QUESTIONNAIRE
3. RIDER ORIENTATION
4. PHOTO AGREEMENT
5. PARTICIPANT AGREEMENT...
6. EMERGENCY PREPAREDNESS CARD
7. REQUEST & RELEASE
8. FEE (\$ _____ ENCLOSED)

RETURN TO:

H.O.R.S.E.S. Ltd.
P.O. Box 280
Scotts Mills, OR 97375

For office use only: Date received ____/____/____

RIDER QUESTIONNAIRE

Please use this page if you have any conditions which could affect your balance, health or safety while riding.

DIAGNOSIS OR DISABILITY: _____

IS RIDER AMBULATORY? YES NO

ADAPTIVE APPLIANCES USED (wheelchair, crutches, etc....) _____

SEIZURES: YES NO

Explain: _____

CONTRACTIONS: YES NO

Explain: _____

SPASTICITY: YES NO

Explain: _____

FUSIONS: YES NO

Explain: _____

FRAGILITY: YES NO

Explain: _____

FATIGUE: YES NO

Explain: _____

PRESSURE SORES:	YES	NO
CAN RIDER SIT WITHOUT SUPPORT?	YES	NO
CAN RIDER TRANSFER WITHOUT HELP?	YES	NO
DOES RIDER TIRE EASILY?	YES	NO
HAS RIDER RIDDEN BEFORE?	YES	NO

VISION:	Good	Fair	Poor	None
HEARING:	Good	Fair	Poor	None
SPEECH:	Good	Fair	Poor	None
BALANCE:	Good	Fair	Poor	None
NECK STRENGTH:	Good	Fair	Poor	None
ARM STRENGTH:	Good	Fair	Poor	None
HAND DEXTERITY:	Good	Fair	Poor	None
EYE HAND				
COORDINATION:	Good	Fair	Poor	None
TRUNK STRENGTH:	Good	Fair	Poor	None
LEG STRENGTH:	Good	Fair	Poor	None
HIP FLEXION:	Good	Fair	Poor	None

RATE PAIN SENSITIVITY:	Normal	Above Normal	Below Normal
RATE HEAT SENSITIVITY:	Normal	Above Normal	Below Normal
RATE COLD SENSITIVITY:	Normal	Above Normal	Below Normal
RATE SENSITIVITY TO TOUCH OR TEXTURES:	Normal	Above Normal	Below Normal

ANY ADDITIONAL INFORMATION? _____ (use back of this page)

Rider Orientation

Carefully read , sign and return. If you do not understand the information provided, please ask our staff to explain:

- ☺ All clients are required to read and sign a liability waiver prior to participation
- ☺ Please keep children under your control at all times
- ☺ Children under 7 years of age must be approved by the staff
- ☺ **Maximum Weight 225 Pounds**
(or have preapproval)
- ☺ Pets welcome with pre-approval, but must be on leash at all times!!
- ☺ Only one rider per horse
- ☺ Long pants and sturdy shoes recommended
- ☺ Recreational use of drugs or alcohol is **not** allowed prior to, or during equestrian activities
- ☺ Horse care personnel will not discriminate on the basis of a rider's race, religion, sex, age, national origin, ancestry, economic status, or mental or physical disability
- ☺ If minors ride unaccompanied by a parent or guardian, the staff shall have full authority with regards to the minor's behavior, participation, and emergency medical treatment.
- ☺ Each rider must wear an A.S.T.M. approved equestrian helmet before mounting. If you don't have a helmet we will provide you with one
- ☺ If you have any questions regarding these procedures please discuss them with staff prior to the beginning of your ride. Your participation in this activity signifies full acceptance of all rules and conditions.
- ☺ Your cooperation will help us to provide an enjoyable horseback adventure

Print full name of rider or guardian

Signature of rider or guardian

____/____/____
Date

PHOTO AGREEMENT

I, the undersigned, grant to H.O.R.S.E.S. Ltd., aka Horses for the Physically Challenged, hereafter referred to as 'HORSES', and/or their assignees permission in perpetuity throughout the world to use my likeness, performance, recording, and/or voice as photographed and/or recorded by them for still or motion picture uses connected with the promotion, exhibition, or advertising of 'HORSES'.

I hereby release 'HORSES', it's assignees, licensees, and successors including, but not being limited to, all networks, stations, sponsors, publishers, distributors and exhibitors from any and all claims, liabilities, demands, or causes of action which I have or may hereafter have, by reason of photographing, recording, broadcast, exhibition, or any other uses of such films or recordings that may be from time to time made, or by reason of any occurrence or circumstance that may have taken place in or in conjunction with the photographing or recording of any scenes.

The undersigned further agrees that 'HORSES' shall own all rights, title and interest including any copyright in and to anything produced pursuant to the right granted 'HORSES' and that this waiver and release is binding on the heirs of the undersigned.

PLEASE PRINT

Model's Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

I AFFIRM THAT I AM MORE THAN 18 YEARS OF AGE.

Signature _____ Date _____

If model is less than 18 years of age, parent or guardian must complete the following guardian consent.

I am the parent or guardian of the above mentioned model. I hereby approve the foregoing and consent to the terms mentioned above. I affirm that I have the legal right to issue such consent.

PLEASE PRINT

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Signature _____ Date _____

Witnessed by _____ Date _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Horses, Ltd., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Horses"), I hereby agree to release, indemnify, and discharge Horses, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback riding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, Horses employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Horses from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Horses's equipment or facilities, **including any such claims which allege negligent acts or omissions of Horses.**

4. Should Horses or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that the lessee file a cause of action against Horses, the lessee agree to do so solely in the state of Oregon, and further agrees that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. The lessee agrees that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if I am hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Horses on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by Horses to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Horses from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

EMERGENCY PREPAREDNESS CARD

NAME: _____	DATE OF BIRTH: ____ / ____ / ____
CONTACTS & PHONE #'S (RELATIONSHIP): 1. _____ 2. _____ 3. _____	MEDICAL HISTORY: _____ _____ _____
PHYSICIAN: _____ _____	ALLERGIES / ASTHMA: _____ _____
HEALTH CARE PLAN (S): _____ _____	ALLERGIES TO MEDS: _____ _____

OTHER: _____

CURRENT MEDICATION:

NAME OF MEDICATION	AMOUNT	HOW OFTEN ?

Print Name of person completing form: _____ Date _____

Request and Release

Ridgetop Ranch L.L.C.
and
Compass Management Group, Inc.
3201 Wiltsey St. S.E.
Salem, Oregon 97301
Phone: (503) 588-9988 Fax: (503) 585-6666

I for myself or on behalf of a minor child for whom I am a parent or legal guardian, hereby request permission of the above named Stable and its Owners to participate in horse riding and equine handling activities to be held on the premises.

I have inspected the Premises and know the risks and dangers involved in such activities and expected as well as unexpected danger may arise during such activities and I assume all risks of injury to my person and property may be sustained in connection with any activities conducted in and about the Premises.

In consideration of the permission granted to me above, I hereby, for myself, my heirs, administrators and assigns, hereby release and discharge the owners and operators of the Premises and their respective agents, officers and causes of action of any sort for whatever reason, including without limitation, negligence, of it's officers and officials.

I represent and certify that I am 18 years of age or older and, if acting on behalf of a minor, the legal guardian of named minor. I certify that my attendance and participation in the stated activities is voluntary and that I am not in any way the employee or agent of the owners, operators or sponsors of the Premises and the activities within. I understand there are to be no alterations of the terms and conditions of this Release and Request form.

I have read and understand the foregoing Request and Release

In witness whereof, I have executed the Request and Release on:

(date) x _____

Guardian of: x _____

By: x _____ x _____
Print name Signature