



# Adaptive Riding Institute

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

a 501, C (3) Non Profit Organization

www.AdaptiveRidingInstitute.org Info@AdaptiveRidingInstitute.org

incorporated in 1988

---

## WELCOME LETTER

Dear Clients and Families:

It is a pleasure to work with you or your child in our *Equine Assisted Recreational Therapy* program. This program is only possible due to the generosity of those owning the facility. Having the program adds an increasing amount of responsibilities for them. The facility owners have a few simple safety rules.

**-When you arrive please park in the designated parking area.**

**-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).

**-Stay in the designated area.**

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. The facilities maintain a warm and friendly environment and we must respect their privacy.

**-This is an *Equine Assisted Recreational Therapy* session for your child.**

The work done here is fun and easily generates excitement for siblings. Please remember to keep siblings safe by staying in the designated area. Please walk quietly or sit quietly, at the facility. No running please.

**-There is no child care available at the facilities.**

If you are having trouble with child care it may be necessary to wait in the car or the designated waiting room with the sibling while your child is having their session. We will be happy to bring your child back to you 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 ADAPTIVE RIDING INSTITUTE***



## RIDER QUESTIONNAIRE

Please use this page if you have any conditions which could affect 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

# **PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of the Adaptive Riding Institute, 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 "ARI"), I hereby agree to release, indemnify, and discharge ARI, 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, ARI 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 ARI 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 ARI's equipment or facilities, **including any such claims which allege negligent acts or omissions of ARI.**

4. Should ARI 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 ARI, 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 ARI 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 ARI to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ARI 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: \_\_\_\_\_

**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

## PHOTO AGREEMENT

I, the undersigned, grant to the Adaptive Riding Institute, hereafter referred to as 'ARI', 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 'ARI'.

I hereby release 'ARI', its 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 'ARI' shall own all rights, title and interest including any copyright in and to anything produced pursuant to the right granted 'ARI' 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 \_\_\_\_\_

## Confidentiality Agreement

**I understand that each rider's pertinent medical information may be discussed for the rider's safety and benefit. We keep a record of each rider's disability, including any special medical diagnoses such as seizures. This allows staff to be informed of any special safety issues. Individualized emergency plans are developed accordingly. Riding lessons are also individualized based on the rider's medical needs.**

**The ARI staff participates in training to preserve each rider's confidentiality. For the purposes of funding and public relations, your success story may be shared at public meetings or conferences. Your identity will be protected. Photos will only be shared with your permission (written photo release).**

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 ARI to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ARI 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

|   |   |
|---|---|
| <b>NAME:</b> _____  | <b>DATE OF BIRTH:</b> ____/____/____            |
| <b>CONTACTS &amp; PHONE #'S (RELATIONSHIP):</b><br>1. _____<br>2. _____<br>3. _____ | <b>MEDICAL HISTORY:</b> _____<br>_____<br>_____ |
| <b>PHYSICIAN:</b> _____<br>_____  | <b>ALLERGIES / ASTHMA:</b> _____<br>_____       |
| <b>HEALTH CARE PLAN (S):</b> _____<br>_____   | <b>ALLERGIES TO MEDS:</b> _____<br>_____        |

**OTHER:** \_\_\_\_\_  
\_\_\_\_\_

### CURRENT MEDICATION:

| NAME OF MEDICATION | AMOUNT | HOW OFTEN ? |
|--------------------|--------|-------------|
|                    |        |             |
|                    |        |             |
|                    |        |             |
|                    |        |             |
|                    |        |             |
|                    |        |             |

Print Name of person completing form: \_\_\_\_\_ Date \_\_\_\_\_

## **Fee Policy**

### **Evaluation:**

The fee for your first time, a riding evaluation, is \$25.00 and is due at the time of service.

### **Sessions:**

Your co-pay is \$25.00 per session. All sessions need to be pre-paid. The payment for the month will be due in full at the first riding session.

*Example: 3 Sessions in the month of December on the 2nd, 9th and the 16th.  
\$75.00 due on December 2nd.*

Your riding schedule will be pre-confirmed with you, a month in advance, and your appointment time is unlikely to change from week to week. You are welcome to ask for an appointment change and we will try to oblige. We will be offering make-up days if you are sick.

We are doing our best to keep the rider fees as low as possible. For those of you who need financial assistance to help pay for the sessions, contact Marjorie in the office. There are partial scholarships available on a limited basis. You will always have a co-pay which will be due at the first riding session.

Gift certificates for riding sessions can be purchased through our webpage at [www.adaptiveridinginstitute.org](http://www.adaptiveridinginstitute.org) under the 'How You Can Help' link.

If you have any questions, please call Marjorie at (503) 873-3890.

## **CLIENT NEEDS STATEMENT**

**In order to have a clear picture of our client's needs and our own fundraising goals, please complete the following:**

**Does your family receive any of the following services:**

**Y    N   - W.I.C. assistance**

**Y    N   - Free or reduced school lunch program participation**

**Y    N   - Food Stamp program**

**Y    N   - SSI payments**

**Y    N   - Other government assistance such as 'food bank' or 'energy assistance'**

**Thank You for your cooperation**

*Health, Happiness, and Healing Through Horses*