

Riding To The Top
Therapeutic Riding Center
PO Box 1928 ~ Windham, ME 04062
207-892-2813 FAX- 892-6523
A NARHA Premier Accredited Program

For office use only:
Client ID #:
Payor ID #:

Client Registration and Release Form

Client Registration:

Client Name _____ Date of Birth _____ Age _____

Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Emergency Phone _____

School or program presently attending _____

Parent or Guardian _____ Phone _____

Address (if different from above) _____

Parent Employer/Place of Work _____ Work Phone _____

E-mail _____ Cell Phone _____

Contact Person for Scheduling Lessons: _____ Phone: _____

In case of an emergency please contact:

Name _____ Phone _____

Name _____ Phone _____

Liability Release:

As a condition to participating in the therapeutic riding program or any equine event or activity, all clients (and a parent or guardian if a ward or under 18) must execute the attached Participation Waiver and Release Agreement.

Photo/Video Release (optional):

I hereby give my consent and authorize Riding To The Top to use and reproduce any and all photographs or videos taken of the above-named client for promotional printed/video materials, educational activities or for any other use which would benefit Riding To The Top Therapeutic Riding Center.

Signature _____ Date _____
(Client, Parent or Guardian, if under 18)

Physician Release:

In my opinion, this individual can participate in supervised riding activities. As relates to these activities, I concur with the referral of this individual to a physical or occupational therapist or other health care professional, if indicated, for evaluation of their abilities/limitations, in order to implement an appropriate and effective therapeutic riding program.

Physician Name (please print) _____ Phone _____

Physician Address _____

Physician Signature _____ Date _____

Please complete all pages: Client registration, medical history, release forms and cancellation and payment policies

Riding To The Top Therapeutic Riding Center
MEDICAL HISTORY/AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name _____ Parent/Guardian _____

Diagnosis _____ Date of Onset _____ Date of Birth _____

Height _____ Weight _____ Medications _____

Seizures: Yes No Type _____ Controlled: Yes No Date of last seizure _____

Tetanus Shot: Yes No Date of last shot/booster _____

Riding To The Top is a therapeutic riding program designed to benefit participants physically, socially and emotionally. Safety equipment, specially trained horses and volunteers are used. In order to assure optimal protection and the greatest personal benefit from the program, each client is required to furnish the following medical information before being accepted as a client. ******Note:** Because of the nature of the activity of horseback riding, individuals with the diagnosis of **Down Syndrome** cannot be accepted for riding instruction **without proof of a negative diagnostic X-ray for atlanto-axial dislocation condition.** X-ray Date _____ Positive Negative (please circle one).

Please indicate if impairments exist in any of the following areas by checking yes or no. If yes, please comment, using attachments if necessary.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac/Circulatory			
Pulmonary			
Neurological			
Muscular/Orthopedic			
Learning Disability			
Allergies			
Cognitive Impairment			
Other			

Primary Means of Mobility: Walks (with or without assist): Yes No; Assistive Device: _____
 Wheelchair User: Yes No; Braces: Yes No

Please indicate any other special precautions: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event that emergency medical aid and/or treatment is required due to illness or injury, I authorize Riding To The Top Therapeutic Riding Center to:

1. Secure medical treatment and transportation if needed on my behalf.
2. Release client records upon request to the authorized individual(s) or agency involved in the emergency care.

Physician's Name: _____ Phone _____

Preferred Medical Facility if Emergency Care is needed: _____

Health Insurance Company: _____ Policy # _____

Consent Plan:

This authorization includes x-ray, surgery, hospitalization, medication and any other treatment procedures deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: _____ Date: _____
 (Client, Parent or Guardian if under 18)

Non-Consent Plan:

I do not consent to emergency medical treatment/aid or hospitalization in the case of illness or injury. In the event that emergency care is required, I request the following procedures be followed: _____

Non-Consent Signature: _____ Date: _____
 (Client, Parent or Guardian if under 18)

**RIDING TO THE TOP
THERAPEUTIC RIDING CENTER
PARTICIPATION WAIVER AND RELEASE
AGREEMENT**

Name: _____

This Participation Waiver and Release Agreement is made by and between the undersigned client, volunteer or participant in an equine activity or equine event (the "Participant"), the Participant's parents, guardians, or conservators if the Participant is a minor or ward ("Participant's Parents or Guardians"), and Riding to the Top Therapeutic Riding Center, (the "Equine Activity Sponsor" and/or "Equine Professional"). This Agreement is a requirement and condition of participation in any equine activity or equine event conducted, provided, operated, organized or sponsored by the Equine Activity Sponsor or Equine Professional or whose property, facilities, animals, equipment or personnel are used in such connection.

In consideration of the opportunity to participate in equine activities or equine events, the Participant and, if a minor or ward, Participant's Parents or Guardians agree as follows.

1. Inherent Risks. The Participant and Participant's Parents or Guardians acknowledge and understand that horses and activities related to horses are inherently dangerous and that those dangers and conditions integral to equine activities or equine events include, but are not limited to, the propensity of horses to behave in ways that may result in damage to property or injury, harm, or death to persons on or around them (including behaviors such as bucking, biting, rearing, stepping on, falling, stumbling and shying); the unpredictability of a horse's reaction to sounds, movements, unfamiliar objects, persons, or other animals; certain hazards such as surface and subsurface conditions; collisions with other horses, Clients, or objects; the potential for the Participant to act in a negligent manner or otherwise fail to maintain control over the animal; and unpredictable or erratic actions by others on or near animals. Despite these inherent risks, the Participant has chosen, and Participant's Parents or Guardians have chosen to permit the Participant to work with and around horses and participate in equine activities and equine events. The Participant and Participant's Parents or Guardians have considered the Participant's particular physical, mental, and emotional condition or challenges in making this participation decision.

2. Duties and Obligations; Statutory Assumption of Risk and Limitation of Liability. The Participant and Participant's Parents or Guardians are advised that under Maine law, with certain limited exceptions, an equine activity sponsor, equine professional or any other person engaged in an equine activity is not liable for any property damage or damages arising from the personal injury or death of a participant or spectator resulting from the inherent risks of equine activities. The Participant and Participant's Parents or Guardians are further advised that Maine law provides that each participant and spectator in an equine activity expressly assumes the risks and legal responsibility for any property damage or damages arising from personal injury or death that results from the inherent risks of equine activities. Each Participant has the sole responsibility for knowing the range of that person's ability to manage, care for and control a particular horse or perform a particular equine activity. It is the duty of each Participant to act within the limits of the Participant's own ability, to maintain reasonable control of the horse at all times while participating in any equine activity or event, to heed all warnings and instructions, and to refrain from acting in a manner that may cause or contribute to the injury of any person or damage to property. The Participant and Participant's Parents or Guardians understand these duties and obligations and have considered the Participant's particular physical, mental, and emotional condition or challenges in undertaking this express assumption of risk.

3. Release and Waiver. The Participant and Participant's Parents or Guardians understand the risks and dangers inherent in equine activities and do hereby waive and agree not to make any claim or seek any recovery from the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns for any property damage or damages for personal injury or death resulting from the inherent risks of equine activities. The Participant and Participant's Parents or Guardians hereby further release and discharge the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns from any and all actions, causes of actions, liabilities, claims, demands, damages, costs and expenses of any kind including, but not limited to, any claim of damages for bodily injury, illness, disease, death or loss of personal property now existing or which may in the future occur or result, directly or indirectly, from participation or involvement in any equine activity, program, or event. The Participant and Participant's Parents or Guardians understand and agree that this Release and Waiver is intended to be as broad as the law allows and specifically covers all claims or

**PARTICIPATION WAIVER AND RELEASE
AGREEMENT (continued)**

Client Name: _____

demands that may be based in whole or in part on the fault or negligence of the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns.

4. Acknowledgment. The Participant and Participant's Parents or Guardians acknowledge that they have been given an opportunity to read and consider this Participation Waiver and Release Agreement. The Participant and Participant's Parents or Guardians understand that **THIS DOCUMENT CONTAINS AN EXPRESS ASSUMPTION OF RISK, A PROMISE NOT TO SUE, AND A WAIVER, RELEASE AND INDEMNITY FOR ALL CLAIMS.**

**WARNING
UNDER MAINE LAW, AN EQUINE ACTIVITY SPONSOR, EQUINE PROFESSIONAL, OR OTHER PERSON ENGAGED IN EQUINE ACTIVITIES HAS LIMITED LIABILITY FOR INJURY OR DEATH RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES (7 M.R.S.A. §§ 4101; 4103-A).**

DATE: _____

PARTICIPANT:

(Signature)

(Print Name)

**PARENTS, GUARDIANS OR CONSERVATORS
REQUIRED TO EXECUTE AGREEMENT IF
PARTICIPANT IS A MINOR OR WARD**

I am the parent, guardian or conservator of the Participant named in this Agreement. I have read the Agreement and understand its terms. I consent to the Participant's participation in the equine activities and equine events, and consent to the terms of participation. I have executed this Agreement on my own behalf and on behalf of the Participant. I agree to indemnify and hold harmless the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns from any and all claims, demands, and actions that might be brought against them by or on behalf of the Participant, or other person claiming injury or loss as a result of any injury or loss to the Participant, including but not limited to claims, demands, or actions based in whole or in part on the negligence or fault of the Equine Activity Sponsor or Equine Professional.

DATE: _____

PARENT/GUARDIAN/CONSERVATOR:

(Signature)

(Print Name)

PARENT/GUARDIAN/CONSERVATOR

(Signature)

(Print Name)

Riding To The Top Therapeutic Riding Center

P.O. Box 1928 Windham, Maine 04062 207-892-2813
 www.ridingtothetop.org e-mail: info@ridingtothetop.org Fax: 207-892-6523

Located at: 14 Lilac Drive, Windham, ME 04062

Client Name: _____

Session	Start Date	End Date	Private		Group	
			<i>1 hr</i>	<i>30 min.</i>	<i>1 hr</i>	<i>45 min.</i>
	2009					
<u>Winter I</u>	5-Jan	14-Feb	\$300	\$240	\$270	\$240
Makeup/Down Week	16-Feb	21-Feb				
<u>Winter II</u>	23-Feb	11-Apr	\$350	\$280	\$315	\$280
Makeup/Down Week	13-Apr	18-Apr				
<u>Spring</u>	27-Apr	13-Jun	\$350	\$280	\$315	\$280
Makeup/Down Week	15-Jun	20-Jun				
<i>Special Sess. II</i>	22-Jun	25-Jun	TBD			
<i>Special Sess. III</i>	29-Jun	2-July	TBD			
<u>Summer</u>	6-Jul	22-Aug	\$350	\$280	\$315	\$280
Makeup/Down Week	24-Aug	29-Aug				
<u>Fall I</u>	8-Sept	24-Oct	\$350	\$280	\$315	\$280
Makeup/Down Week	26-Oct	31-Oct				
<u>Fall II</u>	2-Nov	23-Dec	\$350	\$280	\$315	\$280
Year End Break	24-Dec	02-Jan-10				

SCHEDULING

Please indicate below the days/times that are most convenient for you/your child and any days/times that do not work for you (e.g. therapy days, regular appointments, etc.). There are many factors involved in scheduling and we do our best to consider your preferred times when scheduling lessons.

~ Payment Options ~

Effective Date: December -2008

Riding To The Top requests tuition payment in full in advance for any session. In select cases where payment in full is a financial hardship, a payment plan may be available, but a deposit is still required prior to the start of a session and payments must be kept current. We accept all major credit cards, checks or cash.

Scholarship recipients receive a significant reduction in tuition but are still responsible for paying their portion of their tuition in advance of the session or through an agreed upon payment plan.

Riding To The Top does *not* bill any insurance companies (Katie Beckett, Maine Care, etc.). However, various agencies and foundations in the state of Maine do provide funding for therapeutic riding. If you have received such an award, please fill out the information below.

I /we have enclosed the necessary award letter and contact information for billing an agency

Agency Name: _____ **Billing Contact Person:** _____

Mailing Address: _____ **City/State/Zip:** _____

Phone number: _____ **Approved Dates of Service:** _____

For Office Use Only

Client Name: _____

Scholarship Amount: _____

Payor: _____

Scholarship Co-payment: _____

~ Cancellation Policy ~

Riding To The Top charges tuition for a session. If less than halfway through a session a rider is no longer able to attend the remainder of the session for a valid medical reason of family emergency, please contact the RTT Office Manager or Executive Director. We will discuss options for either credit to a future session or, if another rider can be found to use your timeslot, a refund of a portion of your tuition payment. We cannot guarantee that all cancellations by Riding to the Top due to weather made for the safety of our riders and staff will be made up. However, we do provide a week after each of our winter and spring sessions where we will make our best efforts to make up lessons due to weather cancellations. Rider cancellations are not refundable.

I agree to pay for lessons at RTT by one of the following methods (please circle one):

Payment In Advance

Payment by Credit Card

Pay As You Go

Agency Award

I acknowledge that I have read and understand Riding To The Top's cancellation and payment policy.

Signature _____ **Date** _____

For Automatic Credit Card Charges to Mastercard or Visa

CC# _____ Expiration Date _____

Signature _____ Date _____

Riding To The Top Therapeutic Riding Center
wants to get to know you!

At Riding To The Top (RTT) we want your time with us to be as successful as possible. We are asking you to fill out this form for you/your child to let our instructors and volunteers know what they can do to make this a positive experience for you from the start. This will only be shared with our staff and volunteers who work directly with you/your child. If you have any concerns about this form, please contact Sarah Bronson, Program Director (892-2813, X12) or sbronson@ridingtothetop.org

Name: _____ Nickname: _____

Communication (style, understanding/comprehensive and ability to express needs): _____

Learning Style: Visual/Learns by Seeing Verbal/Learns by Hearing Kinesthetic/Learns by
Doing

Favorites: (eg: food, colors, animals, subjects, etc) _____

Sensitivities: (eg: smell, touch, sounds, etc.) _____

Our Family's Do's and Don'ts: _____

Any other special things we should know? _____

Thank you for taking the time to fill out one more piece of paperwork!!