



SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM

Site: 195 Refugio Rd., Santa Ynez, CA • Mailing: PO Box 256, Solvang, CA 93464

805-350-2229 or 805-325-1544 • www.syvtherapeuticriding.org

Rider Application

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Please note that our weight limit is 200 lbs.

Name: _____ DOB: _____ Phone: _____

Address: _____

Email Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy#: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Santa Ynez Valley Therapeutic Riding Program to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan:

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

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

Non-Consent Plan:

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during the equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____
 Shunt Present: Y N Date of last revision: _____
 Special Precautions/Needs: _____

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

Braces/Assistive Devices: _____

Down Syndrome participants need to provide an annual certification from a physician/or qualified medical professional that their physical examination reveals no signs of AAI or decrease in neurological function.

Date of Exam: _____ Physician Signature: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the NARHA center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD DP NP PA Other _____
 Signature: _____ Date: _____
 Address: _____
 Phone: () _____ License/UPIN Number: _____

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency) _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):
PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding) _____

PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc) _____

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?) _____

Signature: _____ Date: _____

PHOTO RELEASE

- I DO
- DO NOT

consent to and authorize the use and reproduction by SYVTRP of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, Parent or Legal Guardian
Signed in the presence of center staff

**SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM AND
SANTA YNEZ VALLEY EQUESTRIAN ASSOCIATION, INC.
RELEASE/WAIVER AND HOLD HARMLESS AGREEMENT**

I am aware and fully understand that horses can be unpredictable and dangerous animals. I realize that participants and even spectators attending equestrian events place themselves in a potentially hazardous environment that poses a substantial risk of injury to person and property and that occasionally serious injury or even death to riders, spectators and horses occurs. Nevertheless, by my signing this agreement, I hereby, knowingly and voluntarily, with full appreciation for the danger, assume all risks of injury to my person and/or property, no matter how catastrophic and no matter the cause, which may occur as a result of my participation in or attendance at the event.

_____ (initial)

In consideration for allowing me to participate and/or be a spectator at these events, on behalf of myself, my heirs and my estate, I hereby release and hold harmless the Santa Ynez Valley Therapeutic Riding Program and the Santa Ynez Valley Equestrian Association, the property owners and the operators of the events, their employees, agents and assigns, from any and all duty, liability or responsibility to me, my estate, heirs and assigns, that may arise from an accident, damage, injury or illness to me or my property as a result of my participation in or attendance at the equestrian events scheduled for the calendar year, including, but not limited to, any and all damage, injury or illness to me, my person or property, that may arise from the negligent acts or omissions of the Santa Ynez Valley Therapeutic riding Program and the Santa Ynez Valley Equestrian Association or the operators of its events or their respective employees, agents and assigns, even if the negligent acts or omissions occur after I am injured.

_____ (initial)

By signing this release, I hereby grant the operators of this event, their employees, agents and assigns my permission to initiate emergency first aid treatment for myself and/or my children in the event such treatment is reasonably required, which determination may be made in their sole discretion.

_____ (initial)

I also agree to defend, indemnify and hold harmless the Santa Ynez Valley therapeutic riding Program and the Santa Ynez Valley Equestrian Association, the property owners and the operators of this event, their employees, agents and assigns, against all claims, demands and causes of action (which includes court costs and attorney's fees), prosecuted for my benefit. I agree that this release extends to all claims of every kind an nature whatsoever whether known or unknown and expressly waive any benefits of California Civil Code section 1542 which states:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH DEBTOR.

_____ (initial)

I have carefully read each point listed above and agree to each statement.

PRINTED NAME OF PARTICIPANT: _____

ADDRESS: _____

SIGNATURE OF PARTICIPANT: _____

(if participant is an adult, or parent or guardian if participant is a minor)

DATE: _____

(must be dated)



September 1, 2020

Dear SYV Therapeutic Riding students and families,

Thank you for being a part of our Therapeutic Riding family! We strive to bring you the best therapeutic riding experience in a safe, warm environment. 85% of our budget comes from grants, donations, and events. If you have any fundraising ideas or suggestions, please let me know.

Please check out our website to pay your tuition, check out what's happening, and get up to date information. Please "Like" us on Facebook for information and fun.

We are a [Premier Accredited Center](#) with PATH International (Professional Association of Therapeutic Horsemanship). PATH provides certification and continuing education for our staff, and center accreditation and inspection for our nonprofit organization, the Santa Ynez Valley Therapeutic Riding Program. [Our instructors are PATH Certified](#). Over 66,000 individuals were served worldwide in 2016 at 881 PATH centers. 30% of PATH centers are Premier Accredited Centers, the highest rating. We passed our last accreditation inspection in 2017 with a 100%.

We want to remind you all of a few of our policies to ensure that we can offer you the best experience:

- **Late Policy**
 - o If you arrive 15 or more minutes late, you will not be able to ride. If you are in a private lesson, you can have a short horsemanship session. If you are less than 15 minutes late, your ride time will end at your normally scheduled time, so that we don't impact the rest of our students and volunteers.
- **No Show Policy**
 - o If you "no show" (give us less than 24 hours' notice) three times, you may lose your lesson time slot. We understand that people get sick and things come up, but we need to be courteous to our volunteers, staff, and horses, that are there and ready for our students.
- **Lesson Times**
 - o Group lessons are 45 minutes
 - o Individual lessons are 30 minutes
- **Violence**
 - o If a student is violent, the rider will be removed for the lesson immediately. If it is a continual issue, we will meet with the student/family. We want to ensure the safety of our students, staff, volunteers, and horses.
- **Medication Changes**
 - o Please advise your instructor immediately for all medication and/or diagnoses changes.

Please come prepared for your lessons – mounted and unmounted:

- Bring a water bottle
- Wear closed toe shoes and long pants
- Be aware that Instructors **may** decide to conduct unmounted lessons when temperatures rise above 80 degrees
- Be aware that we **may** cancel when temperatures rise above 95 degrees

Lesson Cancellations

Come rain or shine, SYVTRP will provide therapeutic lessons both on and off the horse and will only cancel lessons in the event that conditions become unsafe or hazardous for participants, volunteers, horses or staff. As a result of modifying the weather cancellation policy, we will no longer be using the lesson line to announce cancellations.

1. Cancellations by Riders: Must be given 24hours prior to lesson. Please call or text (805) 350-2229, or Kim.syvtrp@gmail.com. Refunds will only be given in the case of medical emergencies.
2. Cancellations by SYVTRP: Each rider will be notified individually of the cancellation. Refunds will be given in the form of a credit towards the next month's billing.

Billing Policies

Students are enrolled at SYVTRP on an ongoing, annual basis. SYVTRP delivers 46 weeks of riding throughout each year. To establish monthly fees, tuition for 46 weekly lessons was pro-rated across 12 months of the year. This allows us to offer consistent monthly tuition of \$135 throughout the year regardless when lesson breaks occur or if some months are shorter/longer than others. Riders without a diagnosis will be billed \$180/month. Participants will be billed on the first of each month proactively for the whole month.

Billing Cancellation

In order to be credited for absences, participants must provide written notice of the absence 30 days prior to the next billing cycle. Should a participant wish to place their tuition on hold for extended absences, SYVTRP requires 30 days written notice. Adjustments to tuition will be discussed on an individual basis in the case of unexpected medical conditions that prevent riding. Please contact me at robin.syvtrp@gmail.com for all billing changes and inquiries.

*Please take a moment to thank the volunteers in your lesson. We couldn't do it this without them, and we all appreciate them greatly. *

Thank you for helping to make our program the special place that it is.

All my best,

Robin Serritslev
Executive Director
robin.syvtrp@gmail.com
(805) 325-1544