

Welcome to Medina Creative Therapy Ranch. We are excited to be sending you our therapeutic riding application packet. Each riding session is 12 weeks. Each class is a 45 minute lesson. The cost of each lesson is \$25.00

- Applications are accepted on a first-come, first-serve basis. Complete the enclosed application and return it to: 1120 North Huntington St. Medina, Ohio 44256. Please check the date(s) of the session(s) you are registering to attend on the application form.
- Medina Creative Therapy Ranch allows families to pay in three installments. All accounts must be up-to-date prior riding in the session.
- Outside Agency Funding. If you have utilized other agency funding sources in the past, it is your responsibility to contact that agency to obtain funding. The agency must forward an award letter or purchase order to Medina Creative Therapy Ranch stating the amount of funding available and session dates(s). Without proof of funding, the rider/family will be financially responsible for the therapeutic riding costs.
- Medina Creative Housing Riderships are awarded on a per session basis. It is the rider's responsibility to contact the instructor to request a new scholarship for the next session. Prior receipt of a ridership does not guarantee further funding.

THERAPEUTIC RIDING SESSIONS

A one-time \$25.00 non-refundable application fee is required for your initial session

| Session | Session Cost | Session Selection | Confirmed/Initials |
|---------|---------------------|-------------------|--------------------|
| Spring | \$300.00 (12 Weeks) | | |
| Summer | \$300.00 (12 Weeks) | | |
| Fall | \$300.00 (12 Weeks) | | |
| Winter | \$250.00 (10 Weeks) | | |

Intake Process must be completed prior to the applicant's acceptance into the program. Upon acceptance into the program, the Therapy Ranch Manager will provide you with class dates and times. Every effort will be made to accommodate a rider's first preference.

FUNDING RESOURCES

Please check the box for billing information. All participants are responsible for contacting their funding source to ensure funding is in place for each riding session.

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Family Resources |
| <input type="checkbox"/> | Supported Living |
| <input type="checkbox"/> | Extended School Year (ESY) |
| <input type="checkbox"/> | Private Pay |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | MCTR Ridership Requested |

PARTICIPANT'S CONSENT FOR RELEASE OF INFORMATION

I hereby authorize: Medina Creative Therapy Ranch to release information from the records of:

Participant's Name

Date of Birth

The information is to be released to Medina Creative Therapy Ranch for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- _____ Medical History
- _____ Physical Therapy evaluation, assessment and program plan
- _____ Speech Therapy evaluation, assessment and program plan
- _____ Mental health diagnosis and treatment plan
- _____ Individual Service Plan (ISP)
- _____ Individualized Education Plan (IEP)
- _____ Psychosocial evaluation, assessment and program plan
- _____ Behavior Management Plan
- _____ Other: _____

This release is valid for one year and can be revoked, in writing, at my request.

Date: _____

Signature: _____

Printed Name: _____

Relationship to Participant: _____

THERAPEUTIC RIDING POLICIES

Welcome to therapeutic riding year-round! Our Professional Association of Therapeutic Horsemanship (PATH) International instructors provide safe, quality, and fun riding lessons. Below are Medina Creative Therapy Ranch's guidelines for all participants.

Therapeutic Riding Weight and Physical Ability Guidelines

Medina Creative Therapy Ranch has established guidelines for the maximum weight and physical ability guidelines for riding to ensure the safety of the rider, the safety of the volunteers, and welfare of the horses. The Medina Creative Therapy Ranch will evaluate all riders in accordance with these guidelines

Dress Code

All participants **must wear long pants for all mounted activities, closed toe shoes, and an ASTM-SEI riding helmet (will be provided)**. All saddles are equipped with safety stirrups. We do ride during the winter months so please dress accordingly.

Cancellations

Please contact Chris Newell at 330-243-5883 as soon as the rider/parent is aware that he/she will not be attending class. This will allow time to cancel your volunteers as necessary.

Make-Up Classes

Only two make-up class per session will be granted to riders per instructor availability. Contact Chris Newell to schedule make-up classes.

On Time Arrival

Please arrive to your riding lesson 5-10 minutes prior to your scheduled time.

Weather

Medina Creative Therapy Ranch reserves the right to cancel lessons due to severe weather.

Client Agreement

I understand and agree to the above Riding Policies

Signature: _____ Date: _____

RIDER INFORMATION AND REGISTRATION

Name: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Age: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Relationship to Participant: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Relationship to Participant: _____

PROGRAM RELEASE AUTHORIZATION

Please check the box below to grant/deny permission and authorization of use to Medina Creative Therapy Ranch of any and all photographs or audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

_____ I DO Consent

_____ I DO NOT Consent

WARNING OF LIABILITY:

Under Ohio law, an equine activity sponsor, equine activity participant, equine professional, veterinarian, farrier, or other person is not liable in damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during an equine activity and that result from an inherent risk of an equine activity, pursuant to Ohio Revised Code Annotated §2305.321 (2001).

CONFIDENTIALITY AGREEMENT:

I understand that all the information (written and verbal) about participants at this PATH International center is confidential and not to be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

I affirm that the information provided above is accurate to the best of my knowledge. I know of no reason(s) why I should not participate in this center's program.

Date: ____/____/____

Printed Name: _____

Signature: _____ Relationship to Rider: _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participation in equestrian activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence of Medina Creative Accessibility and its affiliated organizations, owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that equestrian activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death and property damage. Risks include, but are not limited to, death, paralysis or serious injury as a result of falls while riding horses: broken bones, bruises and other bodily injuries caused by contact with horses, such as being bitten by, kicked by or stepped on by horses; medical considerations resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential quality of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees 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 their equipment or facilities arising from negligence.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage to myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created directly, or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Initials: _____

Date: _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT (Continued)

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of my claim of negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Date: ____/____/____

Phone #: (____) ____ - _____

Printed Name

Signature

Address

City / State / Zip

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participation under the age of 18)

In consideration of (print Minor's name) _____ being permitted to participate in this activity. I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Date: ____/____/____

Parent / Legal Guardian – Printed Name

Parent / Legal Guardian – Signature

(If notarization is necessary, please sign and stamp this side of form.)

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency or if medical aid or treatment is required due to an illness or injury during the process of volunteering, receiving services, or while being on the property of the agency, I authorize Medina Creative Therapy Ranch 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.

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

I **DO** Consent

Signature: _____

Date: ____/____/____

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

I **DO NOT** give my consent for emergency medical treatment or aid in the case of an illness or injury during the process of volunteering, receiving services, or while being on the property of the agency. The Parent or Legal Guardian *will remain on site at all times* during the equine assisted activity. In the event emergency treatment or aid is required, I wish the following procedures to take place:

Non-Consent

Signature: _____

Date: ____/____/____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Participant

Staff

Volunteer

(Circle One)

Name: _____

DOB: ____/____/____ Age: ____ M / F (circle one)

Phone Number: _____ Cell Number: _____

Street Address / City: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____

Policy / Group #: _____

Allergies to Medications: _____

Current Medications: _____

In the Event of an Emergency Contact:

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Participant: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Participant: _____



Rider Application

PHYSICAL EXAM – EVALUATION

Return completed form to: Medina Creative Therapy Ranch
1120 N. Huntington St. Medina, OH 44256

To be filled out by the rider's physician or primary health care provider. An annual physical exam is required for all riders served by Medina Creative Therapy Ranch.

PHYSICAL FINDINGS

Diagnosis: _____ Date of Onset: _____

Past / Prospective Surgeries:

Medications:

Seizure Type: _____

Controlled: Yes No Date of Last Seizure: _____

Shunt Present: Yes No Date of Last Revision: _____

Special Precautions / Needs:

Mobility:

Independent Ambulation: Yes No Assisted Ambulation: Yes No

Wheelchair: Yes No

Tetanus Shot Current (Within last 10 years): Yes No Date: ____/____/____

PHYSICAL EXAM – EVALUATION

(Continued)

Please indicate if the rider has a problem or previous injury in any of the following areas by checking YES or NO. If yes, please comment.

| | YES | NO | COMMENTS: |
|-----------------------------|-----|----|-----------|
| Allergies | | | |
| Auditory | | | |
| Balance | | | |
| Cardiac | | | |
| Circulatory | | | |
| Cognitive | | | |
| Emotional/ Psychological | | | |
| Immunity | | | |
| Integumentary/ Skin | | | |
| Learning Disability | | | |
| Muscular | | | |
| Orthopedic | | | |
| Pain | | | |
| Pulmonary | | | |
| Speech | | | |

PHYSICAL EXAM – EVALUATION

(Continued)

| | YES | NO | COMMENTS: |
|-------------------|-----|----|-----------|
| Tactile Sensation | | | |
| Visual | | | |
| Other | | | |

I certify, to my knowledge, that there is no reason why this individual cannot participate in supervised equestrian activities. However, I understand that Medina Creative Therapy Ranch will weigh the information above against the existing precautions and contraindications.

*** For Individuals with Down Syndrome ***

- Negative Cervical X-Ray for Atlantoaxial Instability X-Ray Date: ____/____/____
- Negative for clinical symptoms of Atlantoaxial Instability

Comments:

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted and/or therapies. I understand that Medina Creative Therapy Ranch will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the Medina Creative Therapy Ranch for ongoing evaluation to determine eligibility for participation.

Date (REQUIRED): ____/____/____

Physician Name (Please Print): _____

Physician Signature (REQUIRED): _____

Address: _____

Phone Number: _____

FINANCIAL RESPONSIBILITY

Therapeutic Riding Program

- Outside Agency Funding – If you have utilized other agency funding in the past, such as Family Resources, MCCD, SHC, it is your responsibility to contact that agency to obtain funding. The agency must forward an award letter or purchase order to Medina Creative Therapy Ranch, at 1120 North Huntington Street, Medina Ohio and they will clear the rider for lessons. The letter should include the amount of the funding available and session date(s).
- Private Pay – This is available for all riders without the above funding sources. A down payment of \$100.00 will be required at the time of application in order for a rider to take lessons. The remaining two payments, of \$100.00, will be due by the 4th week and the 8th week of the session. Please make all checks payable to Medina Creative Accessibility.
- Riderships – Request for scholarship due to financial hardship or other need are accepted and will be awarded where applicable and when funding is available. It is the rider's responsibility to contact the instructor to request a new scholarship for the next session. Prior receipt of a ridership does not guarantee further funding.

Without proof of any of the above funding, the rider will not be given clearance to ride.

- Cancellations – The rider and their families are responsible for payment of all 12 weeks of the session. Two makeup lessons are available in each session. There are no refunds for missed lessons.
- Please do not give your instructor any payments. Please send all payment to Medina Creative Accessibility, 1120 North Huntington Street, Medina, Ohio 44256