

OFFICE USE ONLY

Riders Last Name & First Initial: _____



5200 Lake Road Medina, Ohio 44256

Welcome to Medina Creative Therapy Ranch! We are excited that you are interested in our therapeutic riding program! Riding sessions are held in the spring, summer, fall, and winter. Each lesson with 2 or more students is considered a group lesson and will be 45 minutes at the cost of \$25. However, if only 1 student shows up the lesson will only be 30 minutes, but at the same cost. Private lessons (1 student only) are available for \$35 and are a 30 minute lesson.

- Applications are accepted on a first-come, first serve basis. We encourage you to complete the enclosed application and return it to: 1120 North Huntington Street 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 3 installments. However, all accounts must be up-to-date prior to 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 date(s). Without proof of funding, the rider/family will be financially responsible for the therapeutic riding costs.
- Medina Creative Housing Ridership's are awarded on a per session basis. It is the rider's responsibility to contact the Director of MCTR at 330-591-4434 ext. 7010 to request a new ridership for the next session. Prior receipt of a ridership does not guarantee further funding.
- **If Medina County or Medina City issues a level 2 or 3 snow emergency, lessons will be cancelled and makeup will be available to riders. If the heat index (sum of the temperature in degrees Fahrenheit plus the percent of humidity) is greater than 150 lessons will be cancelled. MCTR reserves the right to cancel lessons due to severe weather.**
- **Animals that are not owned by MCTR are not allowed at the barn unless cleared by instructor.**

Discrimination Disclosure

It is the policy of Medina Creative Therapy Ranch to provide equal opportunity for all persons and to prohibit unlawful discrimination because of age, disability, race, color, creed, religion, gender, national origin, or veteran status. This policy applies to all participants, potential participants, volunteers and employees.

Therapeutic Riding Sessions

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

Session	Session Cost	Session Selection (Please ✓)	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.

- Family Resources
- Supported Living
- Extended School Year (ESY)
- Private Pay
- Other
- MCTR Ridership Requested



Rider Application



General Information

Participant's name _____ Height _____
DOB _____ Age _____ Gender **M** **F** Weight _____
Address _____
City _____ State _____ Zip Code _____
Cell Phone (____) _____ Email Address _____

****For the safety and health of our horses, MCTR determines eligibility dependent upon ambulatory status, ROM, and discretion of instructors. MCTR must be notified of any significant amount of weight change. Failure of informing MCTR can lead to termination of riding privileges **** _____ initial

Emergency Contact Information

Parent/Guardian 1 _____ Home Phone (____) _____
Email _____ Cell Phone (____) _____
Address _____
Relationship to Participant _____

Parent/Guardian 2 _____ Home Phone (____) _____
Email _____ Cell Phone (____) _____
Address _____
Relationship to Participant _____

Health History

Diagnosis/Disability _____
Current Medications _____

Allergies _____

Please mark any of the following that have been a recent or past issue, and provide specific comments where applicable. These items will not be used to prevent anyone from participating; rather, they are to assist us in best meeting your needs:

- Mental health therapy _____
- Legal problems _____
- Grief/Loss _____

Student Questionnaire

Does the student....	YES	NO	Comments
Have history of seizures?			
Follow simple directions?			
Have speech or language difficulties?			
Have communication difficulties?			
Have a fear of animals/horses?			
Walk independently?			
Have limited range of motion?			
Have decreased strength/endurance?			
Have poor balance (sitting/standing)?			
Have problems with gross motor skills?			
Have problems with fine motor skills?			
Have altered sensation? (specify)			
Have heart/circulation problems?			
Have digestion/elimination problems?			
Have bone/joint problems?			
Have emotional/behavioral problems?			
Have previous riding experience? (Specify English/Western & how many years)			
Have experience leading or grooming horses?			
Does the participant enjoy taking care of animals?			
Does the participant have general knowledge of horses?			
Is there any animal aggression in the participants past?			
Have difficulty working with others?			
Have fixations?			
Have stubbornness?			
Involved in other activies/hobbies?			

Rider Goals

What would you like to accomplish in our program?

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.

DRESS CODE: All participants **MUST WEAR ASTM-SEI HELMET** (will be provided, but can have your own if it is ASTM-SEI), **FULL LENGTH PANTS, AND CLOSED TOED SHOES.**

(Failure to wear these items will result in student not being permitted to ride). As an all season barn, we expect riders and their families to dress accordingly to the weather.

ON TIME ARRIVAL: We please ask that all participants arrive 10-15 minutes prior to scheduled lesson.

Barn Rules:

- No running in the barn.
- No physical or verbal abuse towards people or equines.
- No throwing objects that are not meant to be thrown.
- No jumping horses.
- No cussing or inappropriate language/actions.

Makeup and Cancellation Procedure

please *initial each* to identify you have read and agree to these

- **Lesson fees are NON refundable** _____
- “No shows” and students who cancel within one hour of their scheduled time, are not eligible for a make-up lesson. (Doctor’s excuses are excluded) _____
- Students and parents are responsible for contacting **instructors** to determine make-up lessons. Only students who have excused absences are eligible to receive make-up lessons. _____
- Up to **2 excused absences** can be made up per session. Availability to make-up lessons is not guaranteed, so we encourage you to contact instructor to schedule lessons as soon as possible. _____
- If lessons are cancelled by MCTR, we will provide a make-up opportunity. _____
- If the student cannot or chooses not to make-up the lessons, they will be responsible for paying for those lessons. _____
- There are **no refunds for missed lessons.** _____

I _____ understand and agree to follow the above Riding Policies, including barn rules and regulations. I understand that MCTR has the right to revoke or suspend my riding privileges at any time if they feel I am not following these guidelines.

Signature: _____ Date: _____

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 Intl. 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 have no reason(s) why I should not participate in this center's program.

Signature: _____ Date: _____

Printed Name: _____

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.
_____(initial)
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. _____(initial)
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.
_____(initial)
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. _____(initial)

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. _____(initial)
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. _____(initial)

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 for 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.

Signature: _____ Date: _____

Printed Name: _____

Parent or Guardian Agreement

****Must be completed for participants under the age of 18, or if they are not their own guardian****

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.

Parent/Legal Guardian Printed Name

Date:

Parent/Legal Guardian Signed Name

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 Accessibility, at 232 North Court Street Medina, Ohio 44256 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 and 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 Director of Medina Creative Therapy Ranch, Sharon Biggins at 330-591-4434 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 or suspensions – the rider and their family are responsible for payment of all 12 weeks of the session. This includes those lessons which are suspended due to non-payment. Two make-up lessons are available in each session. Please contact your instructor to schedule make-up lessons. There are **no refunds** for missed lessons.
- Please **do not** give your instructor any payments. Please send all payments to Medina Creative Accessibility at 232 North Huntington Street Medina, Ohio 44256.

Participant’s Consent for Release of Information

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

Participant’s Name: _____ DOB: _____

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 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 (IED)
	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.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Participant: _____



Medical History and Physician's Statement

THIS FORM IS TO BE COMPLETED BY RIDER'S PHYSICIAN

An updated physical exam is required every 2 years for all riders served by MCTR

Participants Name: _____ Date of Physical Exam: _____

DOB: _____ Height: _____ Weight: _____

Primary Diagnosis: _____ Date of Onset: _____

Secondary Diagnosis: _____

Past/prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled? **Y N** Date of Last Seizure: _____

Shunt Present? **Y N** Date of Last Revision: _____

Indwelling Catheter? **Y N** Location? _____

Special Precautions/Needs: _____

MOBILITY: Independent Ambulation: **Y N** Wheelchair: **Y N**

Assisted Ambulation: **Y N** Braces/Devices? _____

Tetanus Shot Current (within last 10 years) **Y N** Date: _____

Please indicate current or past difficulties in the following areas, including surgeries:

	YES	NO	COMMENTS
Allergies			
Auditory			
Visual			
Speech			
Cardiac/Pulmonary			
Orthopedic			
Pain			
Cognitive/Learning			
Emotional/Psychological			
Integumentary/Skin			
Immunity			
Muscular			
Balance			
Other (explain)			

*****FOR INDIVIDUALS WITH DOWN SYNDROME*****

Annual certification from a physician MUST be completed specifying that the participants examination reveals no signs of AAI or decrease in neurological function.

Negative Cervical X-Ray for Atlantoaxial Instability X-Ray Date: _____

Negative for clinical symptoms of Atlantoaxial Instability

I certify, to my knowledge, that there is no reason why this person cannot participate in supervised equestrian activities. However, 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 MCTR for ongoing evaluation to determine eligibility for participation.

Physician's Printed Name: _____ Date: _____

Physician's Signature: _____ License Number: _____

Address: _____ Phone Number: _____