

RIDE WITH PRIDE, INC.
P.O. Box 1203, Staunton, VA 24402-1203

Participant's Application and Health History
*All areas with * MUST be filled out in order to ride*

GENERAL INFORMATION

*Name of Participant: _____

*Address: _____ City: _____

State _____ Zip Code: _____ *Date of Birth: _____

Age: _____ Gender _____ *Height _____ *Weight _____

Home Phone: _____ Work Phone: _____ Cell: _____

*Contact Email Address: _____

*Contact Parent/Guardian/Caretaker: _____

Address (if different from participant's): _____

Phone (if different from participant's): _____

School/Employer/ Institution presently attending: _____

Referral Source/ How did you hear about Ride With Pride's Program?:

HEALTH HISTORY

*Diagnosis: _____ Date of Onset: _____

Please indicate if the participant has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			

Bone/Joint			
Muscular			
Thinking/ Cognition			
Allergies			
Other			

Rider's Special Needs: (check any that apply)

- | | |
|---|--|
| <input type="checkbox"/> Special Education Services | <input type="checkbox"/> Foster Care/Adoption |
| <input type="checkbox"/> At-Risk Youth | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Receives Community Services |

***Does the rider have any history of AGGRESSIVE BEHAVIOR towards humans or animals?**
 Yes___ No___ If yes, describe the behavior including frequency, intensity, & known triggers.

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

PHYSICAL FUNCTION (ie. mobility skills such as transfers, walking, wheelchair use, driving, etc.)

Psycho/Social Function: (ie. Current work/school, hobbies, relationships/family structure, fears/concerns)

***GOALS** (ie. Why are you applying for participation? What would you like to accomplish?)

***PHOTO RELEASE**

I DO DO NOT

hereby consent to and authorize the use and reproduction by Ride With Pride, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, social media, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

RIDE WITH PRIDE'S
STUDENT'S GOAL/S FORM

DATE: _____

NAME OF STUDENT: _____ AGE: _____

NAME OF PERSON FILLING OUT FORM: _____

RELATION TO STUDENT: _____

Please check Goals that you would like to see the student work on at Ride With Pride and add a brief explanation as to why:

_____ Balance

_____ Coordination

_____ Fine Motor Skills

_____ Improved Muscle Tone

_____ Attention

_____ Cognitive Skills

_____ Social Skills

_____ Speech

_____ Communication

_____ Behavioral: Please explain-

_____ Self Esteem and Self Confidence

_____ Relaxation

_____ Please list any other Goals you would like to work on:

RIDE WITH PRIDE: Rules and Restrictions

- 1- Remember, common sense, consideration, and respect for others applies at all times!
- 2- **NO SMOKING AROUND OR IN THE BARN – ASK YOUR INSTRUCTOR FOR THE DESIGNATED AREA.**
- 3- Student weight limit- 250pounds - *this is to ensure volunteer, student, and horse safety.*
- 4- All forms must be completed before rider can participate in the program.
- 5- Please refrain from bringing any pets to the barn if at all possible. Service dogs are welcome.
- 6- Please call ahead of time if you are unable to attend OR fill out “*Advanced Notice Cancellation Form*” and give to instructor or Director. The telephone number is **255-2210**.
- 7- *** INCLEMENT WEATHER *** If Ride With Pride has to cancel lessons due to inclement weather, the lesson will be made up during a designated makeup week scheduled by the instructor and Director. If inclement weather is expected, the director or instructor will call rider to cancel lessons.
- 8- 2 UNEXCUSED ABSENCES (no show, no phone call) will remove you from the session with no refund.
- 9- The rider’s Parent/Guardian/Counselor/Mentor must stay on premise while the rider is participating in their lesson/event.
- 10- Students are required to wear an approved hard helmet while riding their horses. Ride With Pride provides helmets for students at the barn.
- 11- Individuals with known allergic reactions to bees:
 - Parent/guardian/caretaker must remain in line-sight of the rider at all times.
 - Parent/guardian is medically and legally responsible for that client.
 - The parent/guardian must maintain at all times a fully functioning EpiPen and have the knowledge and instruction from theirs or the client’s physician in the use of the medical device.
 - Parent/guardian will not hold the instructors, employees, volunteers, or program officers responsible for any incidents resulting in injury or death of the client.
- 12- If anyone is physically abusive (punching, slapping, pinching, biting, or spitting) towards the animals (horses, dogs, cats, etc.) or humans while at Ride With Pride/Cedar Creek Stables, they will be asked to leave the program until an incident review meeting is set up with the Program Director and a representative of the Ride With Pride Board.
- 13- Riders and guests are only allowed at the Stables when a Ride With Pride Instructor is on the premises- Unless special arrangements are made with the program director or stable manager.
- 14- No Running, yelling, or throwing things while in the barn.
- 15- Children must be supervised at all times. Parents/guardians are responsible for making sure that children do not roam around the property unattended. All children and parents must remain on benches near riding arena, in the classroom, at the picnic table, in their cars, or on the trails (only if lesson goes on a trail ride) at all times. Parents and visitors should not be in the barn aisleway during grooming and tacking. **Please ask your instructor where you can stand to watch.**
- 16- While riding – participants must wear tennis shoes or boots with heels- unless arrangements have been made with the Instructor. NO open-toed shoes are allowed on or around the horses. Riders must wear suitable clothing to ride in; long pants are required/no shorts while riding.
- 17- Pick up your personal items and any equipment that you’ve used. Don’t leave items lying in the aisleways or work areas; put it away where it belongs.
- 18- Use *only* Ride With Pride equipment in Ride With Pride Tack Room
- 19- Only go into pastures if you have been instructed to by a RWP Instructor.
- 20- Only get a horse out of their stall if instructed to by a RWP Instructor and with a volunteer present.

- 21- Only feed treats to RWP Horses, and only in their feed buckets when told by the instructor.
- 22- Please remember to drive slowly down the driveway- we have dogs, cats, horses and kids roaming the property – 5 MILES PER HOUR PLEASE.
- 23- REMEMBER – RWP teaches HORSEMANSHIP – which means that at least 10minutes of the lesson will be spent in grooming and connecting with their horses and 30 to 40 minutes will be actual riding time.
- 24- Remember that Cedar Creek Stables is not owned by Ride With Pride. Please stay in Ride With Pride’s designated areas and be respectful of Cedar Creek property and employees.
- 25- Report all accidents, injuries, or hazardous conditions to RWP staff members as soon as possible.

Acknowledgement of Rules:

Name (rider): _____ hereby acknowledges receipt and understanding of the current Ride With Pride Program Rules and Restrictions.

RIDER agrees he/she and his/her guests and invitees will be bound and abide by these Rules and accepts responsibility for the conduct of his/her guests and invitees according to these Rules. Ride With Pride may revise these Rules from time to time and RIDER agrees any revision shall have same force and effect as current Rules. Failure, as determined in Ride With Pride’s sole discretion, of RIDER or RIDER’s guests and invitees to abide by Ride With Pride’s Rules may result in Ride With Pride declaring RIDER in default hereunder and result in termination of this agreement.

I have read, understood, and agree to abide by the Rules of Ride With Pride and Cedar Creek Stables.

Rider’s Signature: _____

Parent of Guardian if rider is under 18: _____

Date: _____

Director of Ride With Pride: Kelsey E. Lasher

A copy of this agreement will be provided to the rider. The original agreement will be kept on file by Ride With Pride. This agreement is valid one year from Date of Signature.

Participant/Volunteer/Barn worker/Staff NAME: _____

Please read both waivers and sign all highlighted areas.

CEDAR CREEK STABLES RELEASE AND WAIVER OF LIABILITY

Melyni J. Worth T/A Cedar Creek Stables

I am aware that horseback riding and other equine activities are athletic events which pose potentially serious risks of injuries or death to their participants. I understand that my horse(s) or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained, are often unpredictable and are often difficult to control.

With this waiver I accept notice of the provisions of the Equine Activity Liability Act 3.1-796.130 through 3.0-796.133 of the Code of Virginia, 1950, which state in part: “(i) the propensity of equines to behave in ways that may result in injury, harm or death to persons on or around them; (ii) the unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant’s ability. Furthermore, with this waiver, I expressly assume the risk of injury or death due to negligence by Melyni J. Worth, trading as Cedar Creek Stables, managers, employees or agents for my own safety or for the safety of my minor child.

With the knowledge of the foregoing, and as an inducement for Cedar Creek Stables to allow me to ride or participate in competitions or clinics on their property, I hereby agree to waive or release any and all rights that I or my heirs may have to make a claim against the Cedar Creek Stables, their employees and participants, arising from any damages, injury, or death which I might sustain or which might occur to any horses. I further agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which might be made on my behalf by others or which might be made against me by others, arising from riding on Cedar Creek Stables property. Furthermore, I agree to indemnify Melyni J. Worth, trading as Cedar Creek Stables, its employees, or participants, for any injury, death, loss, or damage to any personal property which might occur during an equine activity as defined by 3.1-796.130 of the Code of Virginia, 1950, as amended.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST MELYNI J. WORTH, TRADING AS CEDAR CREEK STABLES, AND PARTICIPANTS, OR EMPLOYEES, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN AN EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS MELYNI J. WORTH, TRADING AS CEDAR CREEK STABLES AND EMPLOYEES, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED, IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

Signature: _____ Date: _____
Client, Parent or Guardian if rider is under 18

RIDE WITH PRIDE’S LIABILITY RELEASE

_____ (client’s name) would like to participate in the Ride With Pride, Inc. program. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Ride With Pride, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Ride With Pride, Inc.

Signature: _____ Date: _____
Client, Parent or Guardian if rider is under 18

RIDE WITH PRIDE, INC.
P.O. Box 1203, Staunton, VA 24402-1203

AUTHORIZATION FOR EMERGENCY TREATMENT

In the event emergency 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 Ride With Pride, Inc. 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.

Name: _____ Phone: _____

Address: _____

In Case of Emergency, Contact: _____ Phone: _____

Or Contact: _____ Phone: _____

Physician' Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co. _____ Policy # _____

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 listed above is unable to be reached.

Consent Signature: _____ Date: _____
Client, Parent, or Guardian

Print Name: _____ Phone: _____

Address: _____

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 in the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature: _____ Date: _____
Client, Parent, or Guardian

Print Name: _____ Phone: _____

Address: _____

FINANCIAL AGREEMENT WITH RIDE WITH PRIDE Inc.

Dated: _____ Program Session (Please circle all that apply): Spring Summer Fall

Student Name: _____

Student Address: _____

If party responsible for paying changes during any session a new Financial Agreement form must be filled out and submitted prior to that session otherwise information below will still apply. Discuss scholarships or other circumstances with Program Director if deposit cannot be made.

Third Party responsible for payment (if applicable): _____

Address of where bill is to be sent: _____

PO Number if applicable: _____ Phone number: _____

Email address of above: _____

Parent/Guardian of student: _____

Mailing address of parent: _____

Phone number of parent: Home: _____ work: _____ cell: _____

Email: _____

This agreement forms a contract with Ride with Pride, Inc. and the Party responsible for payment. The party agrees to pay \$_____ for the _____ session(s). **A Deposit must be paid before each session.** If there is still a balance, an invoice will be sent 3 weeks after session starts. Balances are due in full within 30 days or before the last day of session, whichever comes first. If full payment has not been made before the final day of the riding session a \$25 late fee will be added to the bill. Riders will not be able to sign up for the next session until all balances are paid in full.

If you wish to receive invoices via email with the ability to pay that invoice via PayPal/credit card, please initial here _____

The Party responsible for payment also understands that Ride with Pride is not responsible for making up any unattended lessons. Ride with Pride may make up lessons that are canceled in advance and will provide one make up lesson at the end of every session. Clients are responsible for attending any and all scheduled lessons and may not be reimbursed unless deemed so by the Program Director due to extenuating circumstances.

I, (parent/guardian/Participant) _____ of student(if applicable) _____ also agrees, that if the above person responsible for payment does not pay within 30 days of invoicing, they will be responsible for and will pay for any and all unpaid balances within 15 days of notification.

Party responsible for payment signature _____

Parent/Guardian/Participant signature _____

Ride With Pride Program Director _____

Date: _____