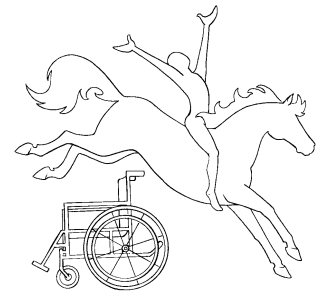


# Ride On

## Therapeutic Horsemanship



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Serving the San Fernando and Conejo Valleys

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Welcome to Ride On!

To get started please fill out the following paperwork with all requested information. You may submit your paperwork via email at [Office@Rideon.org](mailto:Office@Rideon.org), by fax (805) 309-5234 or at your nearest Ride On location. Once we receive your paperwork we will call you to schedule an evaluation. Following your initial evaluation, our instructors will determine if our program is appropriate for your child. At your scheduled lessons we will have a certified instructor, well-trained horses and safety assistants (as needed).

What to expect during a lesson:

Lessons are scheduled for either a 1 hour group lesson, 45 minute semi private lesson or a 30 minute private lesson and may include a lesson on the horse or unmounted in the area of the barn.

Payments:

Payments can be made through our emailed invoices, online payments, on site payments or automatic payments with a credit card on file. Lessons are \$60 per lesson for group, semi-private and private lessons. Partial scholarships may be available upon request and are based on need.

Cancellations:

Please provide as much notice as possible for cancellations. That will enable us to schedule other riders during that time. If your rider is sick, please notify us as soon as possible by contacting your instructor or calling the office (818.700.2971).

During inclement weather (heat, rain, or wind) lessons may take place indoors, or may be cancelled. If there is any question of the status, please call our office. Our staff will attempt to inform you as soon as possible if we know of weather related changes. In the case of staff illness or absence we will have another instructor fill-in whenever possible.

Paperwork:

Riding paperwork must be updated annually.

We look forward to working with you and your family.

Sincerely,

The Ride On Team



# Ride On



## Therapeutic Horsemanship

Send paperwork to [Office@Rideon.org](mailto:Office@Rideon.org),

Fax to 805 309 -5234

### Rider's Authorization for Emergency Medical Treatment

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 Ride On Therapeutic Horsemanship 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.

Register for services in  Chatsworth  Newbury Park  Pasadena

Clients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event I cannot be reached; Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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 below is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent or Guardian

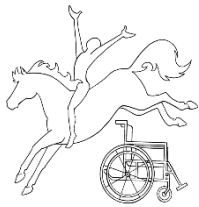
Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Non-Consent to Emergency Medical Treatment

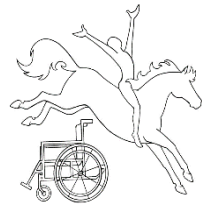
I do not give consent for emergency medical treatment/aid in the case of illness or injury. In the event of an emergency I wish the following to take place: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_



# Ride On



## Therapeutic Horsemanship

10860 Topanga Canyon Blvd., Chatsworth, CA, 91311 Tel No: (818) 700-2971 Fax No: (805) 309-5234  
401 Ronel Court, Newbury Park, CA. 91320 Tel No: (805)375-9078 Fax No: (805) 309-5234

### Rider's Medical History

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Tetanus Shot: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_

Medications: \_\_\_\_\_

Please indicate if Patient has a problem and/or surgeries in any of the areas by checking yes or no.

If yes, please comment.

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

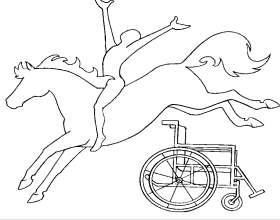
To my knowledge there is no reason why I cannot participate in supervised equestrian activities. However, I understand that Ride On Therapeutic Horsemanship will weigh the medical information above against the existing precautions and contradictions.

Name (please print) \_\_\_\_\_

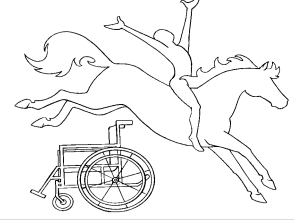
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Legal Guardian Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Ride On



Thousand Oaks - Chatsworth - Pasadena (818) 700-2971 Fax (818) 700-7803 www.rideon.org

## Payment Agreement

Rider: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

I understand that Adaptive Riding services cost \$60 per lesson. I intend to assure payment for Services at Ride On in the following manner:

### Required Information (Check One):

**\*PARENT/GUARDIAN OR CLIENT MUST REACH OUT TO YOUR SERVICE COORDINATOR OR SDP CONTACT TO GET FUNDING SET UP\***

**Regional Center (Check One):**  Lanterman  North LA  Tri-Counties  East LA  Westside

Service Coordinator Name: \_\_\_\_\_ Service Coordinator Email: \_\_\_\_\_

**Self-Determination Program**

Financial Management Service: \_\_\_\_\_ Contact Person email/phone: \_\_\_\_\_

**Private Pay**

**Credit Card** - Master Card  Visa  Amex

Name on card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

### Cancellation Policy

I understand that late cancellations and no-shows do not allow Ride On to schedule another rider who could benefit from our services and realize that I may be charged a \$25 fee if I do not show for a riding lesson and/or do not cancel within 24 hours of the scheduled lesson. Exceptions are made for extenuating circumstances as discussed with the instructor or Site Director.

- 2 No-Shows (failure to email or call staff prior to the start of the lesson) within a 4-month period will result in a loss of the re-occurring lesson time.
- 2 consecutive late cancellations or tardies may result in a loss of the re-occurring lessons time.
- Excessive cancellations, late cancellations, or tardies may result in a loss of the re-occurring lesson time.
- Lessons may be placed on hold if there is an outstanding balance on my account.

I acknowledge that I have read the above agreement **and understand that I am ultimately responsible for payment to Ride On if Ride On does not receive payment from an alternative payor.** I authorize Ride On to charge the above account for riding lessons and any incurred late cancellation or no-show fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **RIDE ON THERAPEUTIC HORSEMANSHIP**

### **Participant Release and Waiver Of Liability Assumption of Risk and Indemnity Agreement**

Whereas, \_\_\_\_\_  
(Participant's Full Name – Please Print)

will be participating in lessons or other equestrian activities organized by Ride On L.A., a California non-profit corporation doing business as "Ride On", "Ride On Therapeutic Horsemanship", and "Therapy Services – RO" (hereinafter referred to as "Ride On");

Please initial one of the following:

\_\_\_\_ Now, therefore, I, the undersigned *parent or legal guardian of the Participant* named above who is under 18 years of age, for myself and on behalf of the participant named above, his or her personal representatives, estate, heirs, assigns, and next of kin,

\_\_\_\_ Now, therefore, I, the *Participant* named above, am 18 years of age or older, and I, my personal representatives, estate, heirs, assigns, and next of kin,

do **hereby agree to give up any and all of my legal rights** against Ride On, its agents, employees, participants, officers, directors, representatives, assigns, members, owners of riding premises and trails used in its equestrian activities, affiliated organizations, people with whom it has contracts to provide facilities or services, insurers, and others acting on its behalf ("hereinafter collectively referred to as "RELEASED PARTIES"), as more specifically indicated below:

#### **Acknowledgement of Danger and Assumption of Risk.**

I acknowledge that riding horses, being near horses, and being at equestrian facilities and on trails, is **inherently dangerous**, and that no amount of care, caution, instruction, or supervision can eliminate such **dangers**.

I acknowledge such **dangers** include, but are not limited to the following:

1. A horse that may, among other things, buck, stumble, fall, rear, bite, kick, run, stomp, make unpredictable movements, spook, jump obstacles, step on a person's feet, and push or shove a person; saddles, bridles, or other equipment that may loosen, break, or otherwise malfunction; other riders who may not control their animals or ride within their ability, and cause a collision or other unpredictable consequence.
2. The negligent or intentional act or omission of RELEASED PARTIES or a third party.
3. Equestrian activities that may be conducted in areas that are subject to change in condition according to weather, temperature, and natural and man-made changes in landscape.
4. An apparent or hidden defect or dangerous condition of the equestrian facilities and trails.

Any of these and other known or unknown **dangers** may cause me to fall or be jolted or injured in another manner, resulting in the possibility of **serious physical and emotional injury, and death**. In addition, I acknowledge that such **injury and death** could result from **self-inflicted injury and death**. **Despite such dangers, I voluntarily assume the risk and danger of serious injury and death inherent in all equestrian activities organized by Ride On.**

**Helmet Requirement.**

I acknowledge that Ride-On has required me to wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM STANDARD F 1163 equestrian helmet at all times during mounting, riding, and dismounting horses, because the helmet may prevent or reduce the severity of some head injuries.

**Release of Liability.**

I agree to **hold harmless, release and discharge** RELEASED PARTIES **from all claims, demands, causes of action, and legal liability** that I may hereafter have for **injuries, damages, and death** related to Ride On equestrian activities including but not limited to **injury, damages, and death** caused by the negligent or intentional acts or omissions of RELEASED PARTIES or third parties.

I shall **not bring any claims, demands, legal actions, and causes of action** against Released Parties for **injury, damage, death, or other losses** sustained by me in relation to Ride On equestrian activities.

**Indemnification.**

I agree to **indemnify and hold harmless** RELEASED PARTIES as to all **claims, actions, damages, costs and expenses, including attorney’s fees sustained**, as a result of my willful misconduct or gross negligence relating to my participation in Ride On equestrian activities.

**California Law.**

This agreement is governed by the Laws of the State of California. In the event that any portion of this agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT; I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY AGREEING TO IT.**

**Photo Release:**  I consent to and authorize/  I do NOT consent to and authorize the use and reproduction by Ride On Therapeutic Horsemanship of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions, social media or for any other use for the benefit of the program.

Date: \_\_\_\_\_

Participant Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Please sign if 18 or older)

Parent/ Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18) (Please Print Name) (please sign)



# Ride On



## Enrollment Form

Information on annual family income is required to determine client eligibility for certain services funded by the City of Los Angeles through the Community Development Block Grant Program. Please fill out the form below and find the row with the number of persons in your family and circle the family income range appropriate for you. We treat this information

First Name		Last Name	
Address	Apt. #	City	Zip Code
Phone # (        )	Birthdate ____/____/____ Age: _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Please Check All That Apply

<b>Disability</b> <input type="checkbox"/> Disabled Adult (16 and Over) <input type="checkbox"/> Disabled Child (15 and Under) <input type="checkbox"/> None	<b>Education Level</b> <input type="checkbox"/> 0 - 8th Grade _____ <input type="checkbox"/> 9 - 12th Grade _____ <input type="checkbox"/> 2 or 4 Year College Degree <input type="checkbox"/> High School Grad / GED	<b>Customer Family Type</b> <input type="checkbox"/> Single Adult <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Family
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Race (please check one of the following categories)

Ethnicity (check One)

<input type="checkbox"/> American Indian Or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black/African American <input type="checkbox"/> Balance/Other	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic /Latino
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2018 CDBG Income Guidelines (Circle one)

Family Size	B: Income	C: Income	D: Income	E: Income
1 Person	\$0 - \$23,700	\$23,701 - \$39,450	\$39,451 - \$63,100	\$63,101 +
2 Persons	\$0 - \$27,050	\$27,051 - \$45,050	\$45,051 - \$72,100	\$72,101 +
3 Persons	\$0 - \$30,450	\$30,451 - \$50,700	\$50,701 - \$81,100	\$81,101 +
4 Persons	\$0 - \$33,800	\$33,801 - \$56,300	\$56,301 - \$90,100	\$90,101 +
5 Persons	\$0 - \$36,550	\$36,551 - \$60,850	\$60,851 - \$97,350	\$97,351 +
6 Persons	\$0 - \$39,250	\$39,251 - \$65,350	\$65,351 - \$104,550	\$104,551 +
7 Persons	\$0 - \$41,950	\$41,951 - \$69,850	\$69,851 - \$111,750	\$111,751 +
8 Persons	\$0 - \$44,650	\$44,651 - \$74,350	\$74,351 - \$118,950	\$118,951 +

Ride On gives over 1,700 Scholarship lessons and treatments per year. The income and ethnicity information above is critical when we pursue funding sources, seek support for scholarships and to determine eligibility for public services funded by the City of Los Angeles. I certify that the information on this form is accurate and complete.

Signature (parent if needed) \_\_\_\_\_ Patient Name : \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Ride On Staff: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_