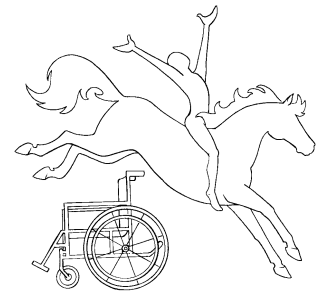


Ride On

Therapy Services



Serving the San Fernando and Conejo Valleys

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, 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 are due at the start of each 8 week session through our emailed invoices, online payments, on site payments or automatic payments with a credit card on file. As of Jan 1, 2019, lessons will be \$52 per lesson. 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. Let your instructors know, or call the office (818.700.2971). If we do not receive enough notice (one week) you will not qualify for a makeup or a credit. If the rider is sick, please notify us as soon as possible and we will make sure to issue you a credit.

During inclement weather (heat, rain, or wind) therapy may take place indoors, or may be cancelled and a credit will be issued. 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.

Schedule:

Please check our calendar for breaks and holiday closures.

We look forward to working with you and your family.

Sincerely,

Ride On

401 Ronel Court, Thousand Oaks, CA 91320

10860 Topanga Canyon Blvd., Chatsworth CA 91311

(805) 375-9078 Fax (805) 375-8640 www.Rideon.org

A 501 (c) (3) non-profit corporation. Tax ID: 95-4465783



Ride On



Therapeutic Horsemanship

Send paperwork to Office@Rideon.org Or

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.

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: _____

Address: _____

Place of Employment _____ Position _____

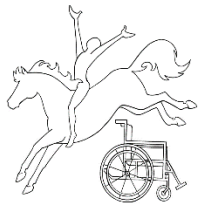
Non-Consent to Emergency Medical Treatment

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: _____

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.

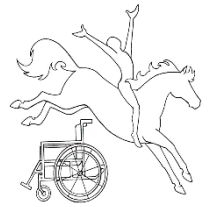
Date: _____ Signature: _____



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 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 "Physical 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 _____

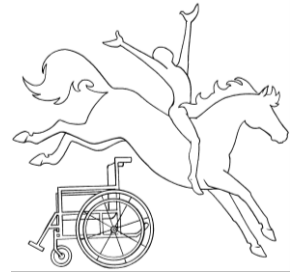
Emergency Contact _____ Phone _____ Relationship: _____

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

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



Ride On



Therapeutic Horsemanship

10860 Topanga Canyon Blvd, Chatsworth CA 91311 (818) 700-2971 Fax (818) 700-7803

www.rideon.org

Payment Agreement

Payments are due prior to the start of each session. Riders may be denied a riding time if they have an outstanding unpaid balance from prior sessions. One Session consists of 8 weekly lessons for a session fee of \$416.

Rider: _____

Parent/Guardian: _____

Address: _____

Email: _____

Phone: _____

I understand that Adaptive Riding services cost \$416 per session. I intend to assure payment for Services at Ride On in the following manner:

Required Information

E-Check - Checking Savings

Account Number: _____

Routing Number: _____

OR

Credit Card - Master Card Visa Amex

Name on card: _____

Card Number: _____

Expiration: _____ Security Code: _____ Billing Zip code: _____

Signature

Date



Ride On



Demographic Information

Ride On gives over 1,700 Scholarship lessons and treatments per year. The income and ethnicity information below 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. We treat this information with complete confidentiality and only report broad statistics, never personal data.

City of Los Angeles Resident	
Disabled Adult	
Disabled Child (17 and under)	

Race (please check one of the following 10 categories)

Ethnicity (check one)

American Indian or Alaskan	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	

Asian AND White	
Black or African American AND White	
American Indian/Alaska Native AND Black/African American	
Balance/Other	

Hispanic/Latino	
Not Hispanic/Latino	

Please find your family size below and **circle** the range of income appropriate for you.

A: Family Size	B: Income	C: Income	D: Income	E: Income
1 Person	\$0 - \$18,250	\$18,251 - \$30,400	\$30,401 - \$48,650	\$48,651+
2 Persons	\$0 - \$20,850	\$20,851 - \$34,750	\$34,751 - \$55,600	\$55,601+
3 Persons	\$0 - \$23,450	\$23,451 - \$39,100	\$39,101 - \$62,550	\$62,551+
4 Persons	\$0 - \$26,050	\$26,051 - \$43,400	\$43,401 - \$69,450	\$69,451+
5 Persons	\$0 - \$28,440	\$28,441 - \$46,900	\$46,901 - \$75,050	\$75,051+
6 Persons	\$0 - \$32,580	\$32,581 - \$50,300	\$50,301 - \$80,600	\$80,601+
7 Persons	\$0 - \$36,730	\$36,731 - \$53,850	\$53,851 - \$86,150	\$86,151+
8 Persons	\$0 - \$40,890	\$40,891 - \$57,300	\$57,301 - \$91,700	\$91,701+

I certify that the information provided on this form is accurate and complete.

Name: _____ Signature: _____ Date: _____

Ride On Staff Name: _____ Signature: _____ Date: _____

We are so pleased to welcome you to Ride On! 2019 will be our 25th year of proudly serving the community and we are looking forward to having you join the Ride On family. We ride throughout the entire year however we divide the year into six riding sessions of 8 weeks, we take 4 break weeks for Spring, Summer, Thanksgiving and Winter. Enrollments are welcome at any time during the year.

Scheduling and Payments: To schedule an evaluation lesson please return all the required paperwork to office@rideon.org, fax to 805.309.5234 or drop at either the Chatsworth or Newbury Park facilities. Riders will be invoiced via e-mail in advance so we will need a valid e-mail address for the responsible party. Payments for the entire session may be made conveniently and securely on line at www.rideon.org or by check/credit card in the office. Payments are due prior to the start of each session. Riders may be denied a riding time if they have an outstanding unpaid balance from prior sessions. If you are not continuing to ride, please let us know as soon as possible.

Fees: The rate for our 8-week session is \$416.

Missed Lessons: Ride On is serving over 220 riders and patients each week and "no shows" and last minute cancellations really impact our program – we have staff, volunteers and horses ready and nobody to mount. Please help us to respect the time of our volunteers, staff and other riders! We do understand that unexpected medical conditions can affect our riders and, if that is the case, we will discuss tuition adjustments or make-up lessons on an individual basis. **If you do not show up for your lesson and you do not call, you will be charged.**

Credits: Ride On will only give credits when we are unable to provide make-ups for missed lessons. (Same day cancellations and no-shows do not qualify for make-up lessons.)

Make-up Lessons: To qualify for a make-up lesson, you must give at least 1 day advance notice that you are cancelling and we will re-schedule you if the Ride On schedule permits. The rider is responsible for making an appointment with the instructor if he or she wishes to receive the make-up class. If we need to cancel lessons due to inclement weather we will make every effort to offer make-up lessons however these may not be on your regular riding day.

Scholarships: Ride On is happy to provide partial scholarships for our riders who may require financial assistance whenever funds are available. Please submit a completed application and most recent income tax return to Ride On. If a scholarship is approved, there will be a specific time limit, and re-application will be required.

SESSION	2019 DATES	TUITION
Winter Session	Jan 2 - Feb 23	8 weeks – Tuition \$416
Spring 1 Session	Feb 26 - Apr 27	8 weeks – Tuition \$416
Spring Break –Both locations	April 15 - 20	No lessons in either location
Spring 2 Session	April 29 – June 22	8 weeks – Tuition \$416
CALNET Horse Show	May 17-19	Riders must be enrolled in lessons to participate
Summer Session	Jun 25 - August 24	8 weeks – Tuition \$416
Summer Break	Jul 2 - 6	No lessons July 4 week
Summer Horse Camps	TBA ask instructor	4 day week session
Session Fall 1	Aug 27 - Oct 19	8 weeks – Tuition \$416
Session Fall 2	Oct 22 - Dec 21	8 weeks – Tuition \$416
Thanksgiving Break	Nov 19 - Nov 23	No lessons
Winter Break	Dec 24 - Jan 1	No lessons

JANUARY

s	m	t	w	t	f	s
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY

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17	18	19	20	21	22	23
24	25	26	27	28		

MARCH

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12	13	14	15	1	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE

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23	24	25	26	27	28	29
30						

JULY

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28	29	30	31			

AUGUST

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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER

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17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER

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1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- Winer Session January 2 – February 23
- Spring 1 February 26 – April 27
- Spring 2 April 30 – June 22
- Summer June 25 – Aug 24

- Fall 1 Aug 27 – Oct 19
- Fall 2 October 22 – December 21
- Break Weeks

2019 Rider Schedule

