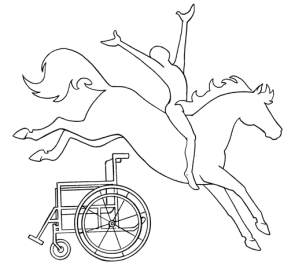


# Ride On



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Serving the San Fernando, San Gabriel 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) or by fax (805) 309-5234. Once we receive your paperwork we will call you to schedule an intake lesson. Following your initial lesson, our instructors will determine if our program is appropriate for you/your child. At your scheduled lessons we will have a qualified 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, third-party payer, or automatic payments with a credit card on file. Lessons are \$70 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). See the payment agreement for our detailed cancellation policy.

During inclement weather (heat, rain, or wind) lessons may take place indoors, or may be cancelled depending on your location. 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.

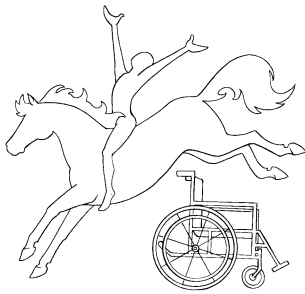
Paperwork:

Riding paperwork must be updated annually.

We look forward to working with you and your family.

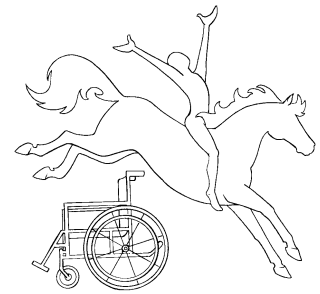
Sincerely,

The Ride On Team



# Ride On

## Therapeutic Horsemanship



Serving the San Fernando, San Gabriel, and Conejo Valleys

### Rider's Medical History

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

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

Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_

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

Diagnosis if any: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Past/Prospective Surgeries \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_

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

Please indicate any special precautions \_\_\_\_\_

Mobility: Independent Yes \_\_\_ No \_\_\_ Assisted Ambulation Yes \_\_\_ No \_\_\_ Wheelchair: Yes \_\_\_ No \_\_\_

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability: ☐ Present ☐ Absent Date of Exam \_\_\_\_\_

Please indicate and problems and/or surgeries in any of the following areas by checking yes or no.

Areas	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Balance			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Other			

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

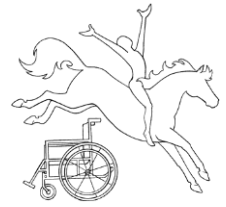


# Ride On

## Therapeutic Horsemanship

Send paperwork to 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

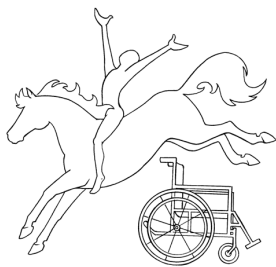
Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Non-Consent to Emergency Medical Treatment

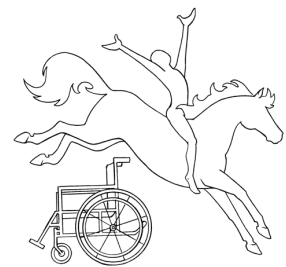
I do not give consent for emergency medical treatment/aid in the case of illness or injury. In the event of an emergency I wish the following to take place: \_\_\_\_\_

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

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



# Ride On



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Serving the San Fernando, San Gabriel and Conejo Valleys

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## Payment Agreement

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

I understand that Adaptive Riding services cost \$70 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: \_\_\_\_\_

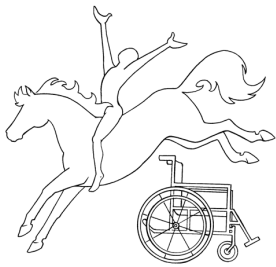
### Attendance/Cancellation Policy

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 \$30 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 Program Director.

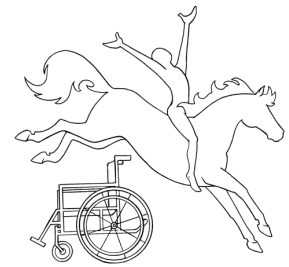
- 2 No-Shows (failure to email or call staff prior to the start of the lesson) within a 4-month period will result in a loss of the re-occurring lesson time.
- 2 consecutive late cancellations or tardies may result in a loss of the re-occurring lessons time.

401 Ronel Court, Thousand Oaks, CA 91320 10860 Topanga Canyon Blvd., Chatsworth CA, 91311  
4810 Oak Grove Drive, Hahamongna Watershed Park, Pasadena, CA 91101  
A 501 (c) (3) non-profit corporation. Tax ID: 95-4465783 www.RideOn.org

Rev. 2026



# Ride On



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Serving the San Fernando, San Gabriel and Conejo Valleys

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## Participation and Discontinuation Criteria

A participant may be recommended for participation or discontinuation, discharge, transition, or referral when, in the professional judgment of Ride On staff:

1. Those wishing to ride may participate in Ride On lessons only if their medical, physical, and/or psychosocial condition is within the precautions and contraindications guidelines, as defined by the Professional Association of Therapeutic Horsemanship International (PATH Intl.) Health and Education Committee.
2. Participants are accepted into Ride On only if there is an adequate number of staff, volunteers and horses appropriate for the job to safely serve them.
3. Participants must have all required forms completed prior to the initial intake lesson at Ride On.
4. Participants who weigh over 165 pounds will be assessed for appropriateness to participate in mounted lessons to determine if rider size, weight, or physical support needs exceed what can be safely accommodated by Ride On's current horses, equipment, staffing, or volunteer support.
5. Participants may be served by Ride On as long as there are horses and/or ponies suitable for them to ride and horse work schedules set by PATH Intl. are not being exceeded.
6. Participants will be assessed for Ride On if their behavior is of sufficient control to ensure their safety and that of the volunteers and staff to the best of Ride On's ability.
7. Participants may be included in Ride On pursuant to time and space availability.
8. Participants may be included in Ride On pending adequate facilities and equipment to safely meet their needs.
9. Participants may be included in Ride On as financial support will allow.
10. Participants must adhere to Ride On's attendance and cancellation policy as detailed in the Payment Agreement document.
11. Participation at Ride On may continue until the participant no longer meets the program eligibility criteria described above.

When any of the above circumstances arise, Ride On staff will meet with the participant and/or parent or caregiver to discuss the situation, review available program modifications, and, when appropriate, develop a transition plan that may include referral to alternate community resources or modified programming such as unmounted activities. Decisions regarding continued participation are based on ongoing assessment and may be re-evaluated at any time if participant circumstances change.

## Acknowledgment

By signing below, I acknowledge that I have read and understand these guidelines and agree that Ride On staff may re-evaluate participation at any time. I understand that continued participation is contingent upon meeting program criteria and safety standards.

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Participant Name

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Signature of Participant/Parent/Guardian

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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", "MACH 1", "Move A Child Higher", 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)