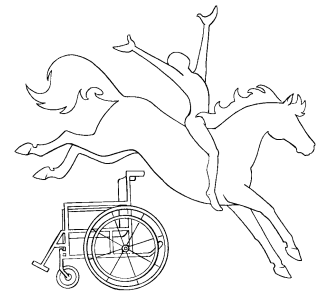


Ride On

Therapeutic Horsemanship



Serving the San Fernando, San Gabriel, 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 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,

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

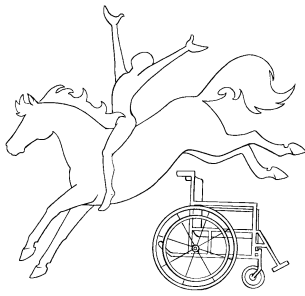
Print Name: _____ Phone: _____

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: _____

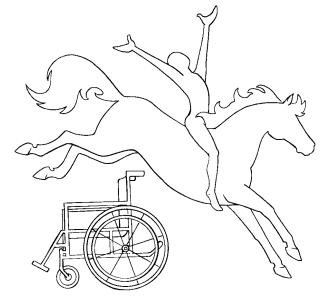
Date: _____ Signature: _____

Print Name: _____ Phone: _____



Ride On

Therapeutic Horsemanship



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: _____ 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

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.

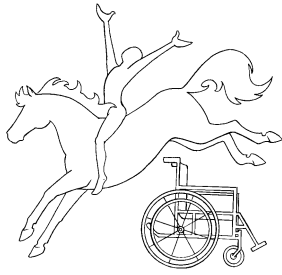
Date: _____

Participant Name _____ Phone _____

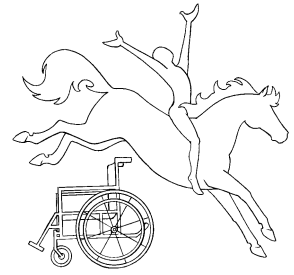
Emergency Contact _____ Phone _____ Relationship: _____

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

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



Ride On



Therapeutic Horsemanship

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

Payment Agreement

Riders will be invoiced for lessons taken within a month at \$60 per lesson. Riders may be denied a riding time if they have an outstanding unpaid balance.

Rider: _____

Parent/Guardian: _____

Address: _____

Email: _____

Phone: _____

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

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



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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability <input type="checkbox"/> Disabled Adult (16 and Over) <input type="checkbox"/> Disabled Child (15 and Under) <input type="checkbox"/> None | Education Level <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 | Customer Family Type <input type="checkbox"/> Single Adult <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Family |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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 | \$49,951 - \$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: _____