

Riding & Therapeutic Riding Student Application

Please ONE Application PER STUDENT

This document covers the providing of animal interaction, and instruction by an instructor to the student named below. By signature hereon, Sun Valley Saddle Club agrees to provide the instructor and facilities to deliver the instruction; and the student (or parent or guardian) agrees to attend and pay for the instruction according to this application. **PLEASE READ THIS DOCUMENT CAREFULLY AND DO NOT SIGN IT UNLESS YOU FULLY UNDERSTAND IT.**

Student's Name _____

DOB _____ Height _____ Weight _____

Full payment is due PRIOR to the lesson time. Lesson times will be given out on a first come first served basis. Please contact the You will be contacted once your application is received and informed of your status. Your payment will be processed once your slot has been confirmed. Full fee will be charged if a 24-hour advanced cancellation notice is not given Make-up lessons will be offered if available. All Program Rules and Policies must be adhered to and it is the responsibility of the student and any parent or guardian to understand the policies.

Total Program Fees (from right) \$ _____

I/We have read the student application carefully and fully understand the contents of this document. I/We agree to the contents of this document.

Student Date

Parent or Guardian Date

Print Name of Guardian

Lesson Schedule

Private Lessons (Ages 4+)
45 minutes of Instruction

Tuesday

1:00 pm
2:00 pm

Wednesday

1:00 pm
2:00 pm
6:30 pm
7:30pm

Thursday

1:00 pm
2:00 pm
6:30 pm
7:30 pm

Friday

1:00 pm
2:00 pm

Riding Program Fees

\$50 per lesson

Student Information

Name _____ DOB _____

Height _____ Weight _____

Address _____ City, State & Zip code _____

Phone (Home) _____ Phone (Cell) _____ Text? YES NO

E-mail _____ Mailing List? YES NO

School

Name _____

Address _____

City, State & Zip code _____

Phone _____

Work

Name _____

Address _____

City, State & Zip code _____

Phone _____

Riding History

Riding Level

- Beginner - 0 to 1 years
- Intermediate - 1 to 3 years
- Advanced - 3+ years
- Competitive

Riding Frequency

- I have never ridden before
- 1 to 6 times per year
- A few times a month
- Once a week or more

Riding Goals

- Pleasure
- Health & Fitness
- Therapeutic
- Horsemanship
- Skills Improvement
- Trail Riding
- Showing & Competing
- Horse Ownership
- Instructor Training
- Other

Discipline Preference

- No Preference
- Pleasure/Trail Riding
- Western/Reining
- Rodeo/Barrel Racing
- English Equitation
- Dressage
- Hunter /Jumper
- Eventing
- Vaulting
- Other

Describe your riding history & goals: _____

Release Waiver

FOR ALL SUN VALLEY SADDLE CLUB ACTIVITIES

**THIS IS A WAIVER OF YOUR LEGAL RIGHTS, AND AN AGREEMENT NOT TO SUE
SERIOUS INJURY OR DEATH MAY RESULT FROM RIDING, VAULTING OR BEING NEAR HORSES**

Participant's Name (print): _____

Address _____

City & State _____

Please Initial Each Section and Sign at the End of this Agreement

Liability Release.

In consideration for Ann Walbert and Sun Valley Saddle Club (hereafter referred to as "SVSC") allowing me or my child to voluntarily participate in its activities, I agree as follows:

- a.** This agreement, waiver and release applies to SVSC and to SVSC's affiliated land owners, committees, employees, predecessors, successors, attorneys, insurers, members and volunteers who are working in the course and scope of their duties on behalf of SVSC at the time of occurrence of any act or omission which is later alleged to be a cause or contribution to a claim for injury, damages or death ("Released Parties");
- b.** I forever release, hold harmless and indemnify Released Parties from liability for any and all claims, demands, causes of action, damages, injuries or death to me, my minor children, my property, and legal liability of every nature, including the negligent acts or omissions of any Released Parties, whether known or unknown, anticipated or unanticipated, direct or indirect, arising out of participation in the past, present or future SVSC activities (including equestrian activities, such as the riding, use of, or being near, horses, whether at an arena, stable or in any such event in association with SVSC) and I assume all risks of injury or death as set forth in this release;
- c.** I shall not bring any lawsuit, action or proceeding against any Released Parties, even if they engage in negligent conduct; and
- d.** I make this agreement, waiver and release for and on behalf of myself, my spouse, my child and/or ward, heirs, administrators, successors, representatives and assigns.

Activity Risk.

I understand that some SVSC activities take place on land or in facilities owned and managed by others from whom such land or facilities are borrowed or rented. I understand that the organizers, workers and members involved in SVSC activities are not professionals in the horse industry, or in other areas of expertise involved in SVSC activities. I also understand that horseback riding and its related activities is a rugged recreational sport activity and that at one point in time or another me or my child may be injured. I am aware that there are numerous obvious and non-obvious inherent risks of serious injury or death, or property damage, to me or my child, which are always present in SVSC activities, on or near horses. I understand that pregnant women are specifically advised not to ride horses. I understand that SVSC is a club of private individuals who have come together to support and enjoy recreation-oriented activities.

Nature of Horses.

I understand that no horse is completely safe, and the Released Parties make no representations or guarantees regarding the safety, training or suitability of any horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If I fall from a horse to the ground, it will generally be at a distance of 4 to 6 feet, and the impact will injure me. A horse may divert from its training and act according to its natural survival instincts and may abruptly change directions or speed, trip, slip, fall, stop short, shift its weight, buck, rear, kick, bite, spook, or run from what it perceives to be danger if it is frightened or provoked, or for no reason whatsoever.

Conditions of Nature & Locations.

I agree that the Released Parties are not responsible for acts, occurrences or elements of nature or a particular location that can injure a person or scare a horse, cause it to trip, fall or react in some other manner. These elements include thunder, lightening, rain, wind, wild and domestic animals, insects, other people and horses, and reptiles which may walk, run, fly near, bite and/or sting a horse or person, irregular footing on groomed or wild land which is subject to constant change according to weather, temperature, natural and man-made objects. The Released Parties have not inspected, and make no representations or warranties concerning the safety or condition of any arena and/or other location of SVSC events.

Vaulting Helmet Waiver.

In addition to the above, I am aware, that due to the nature of the sport of Vaulting, that a helmet is not generally advised to be worn during this activity. I understand that this is contrary to the suggestion of most equestrian sports/activities. I understand that this does allow for additional risk of potential injury to me or my child.

I HAVE READ, UNDERSTOOD AND VOLUNTARILY AGREE TO THIS TWO-PAGE WAIVER & RELEASE. I FURTHER AGREE THAT NO ORAL STATEMENTS, REPRESENTATIONS OR INDUCEMENTS APART FROM THIS WRITTEN AGREEMENT HAVE BEEN MADE TO ME TO OBTAIN MY CONSENT.

Participant, Staff, Volunteer

Date:

IF PARTICIPANT IS UNDER 18, SIGNATURE OF AGREEMENT BY PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED, AND SUCH PERSON FURTHER AGREES, PURSUANT TO PARAGRAPH 2, ABOVE, TO RELEASE AND INDEMNITY THE RELEASED PARTIES FOR ANY INJURY OR DEATH TO, OR ANY CLAIM BY OR ON BEHALF OF, SUCH MINOR:

Guardian's Signature:

Date:

PROGRAM AGENT SIGNATURE:

Date:

Program Rules & Policies

IT IS YOUR RESPONSIBILITY TO UNDERSTAND THESE RULES AND POLICIES

APPAREL

1. Leather shoes with heels (i.e. Paddock Boots) to prevent the foot from sliding through the stirrup are preferred, rather than tennis shoes. ***Sandals and slip-on shoes are not allowed.*** Soft soled tennis shoes or special vaulting shoes are required for vaulting activities.
2. ***Long pants are required.*** Breeches or Jeans are preferred for riding & spandex leggings are preferred for vaulting.
3. All riders must wear an ASTM/SEI approved riding helmet. We will provide an approved helmet until such time as you are able to purchase one. ***We suggest you purchase your own helmet.***

ATTENDANCE

1. It is the attendance policy of Sun Valley Saddle Club that following three (3) unexcused and/or unnotified absences that the session will be forfeited and the slot will be offered to a student from our waiting list.
2. ***We must be notified 24 hours before the scheduled lesson time for the absence to be excused.*** The exception to this is for an emergency or sudden illness, which will also be considered an excused absence if we are notified as soon as possible after the onset of the illness or emergency.
3. ***Excused absences are eligible for a make-up lesson within one week of the absence.*** If this is not possible due to illness or injury, a doctor's note will be needed and the make-up lesson(s) will be offered as soon as possible. After one month all make-up lessons will be forfeited.
4. ***Lessons will be held regardless of weather.*** It is the at the instructor's discretion in any situation to determine if lessons will include mounted activities.

PROGRAM FEES

1. The fee for the session is listed on the program application.
2. ***Payment for the session is due prior to the start of the session.*** If payment is not received by the day before session starts, or financial arrangements have not been made, that slot will be given to a person on the waiting list.
4. ***There are no refunds once the session begins.***

FORMS

All forms must be updated annually, updated forms are due by JANUARY 1 of every year. Please inform us of any changes in address, phone numbers, or medical condition, including changes in medications that may occur throughout the year.

All Rider forms are due before the start of your first session or your spot will be forfeited.

GENERAL POLICIES

1. A Release Waiver, Medical (Non)Consent & Media (Non)Consent form **MUST** be filled out before **ANYONE** is allowed into the horse keeping area.
2. Non-participating children must be supervised at all times. The property is not secure, and there are many inherent dangers in and around the property. Non-participating children are **NOT** the responsibility of the program and staff, it is the responsibility of a supervising adult to ensure that all non-participating children are supervised and adhere to these program rules and policies.
3. Please inform the program immediately if you are unable to pick-up any participating children by the end of the lesson, ***extended care charges will apply at \$15 for every half-hour of supervision beyond the lesson time.***
4. No Running, unless directed to do so by an instructor as part of the lesson.
5. No Yelling or Screaming.
6. Do Not Distract a rider or instructor during a lesson.
7. No one is allowed into the horse keeping area unless directly supervised by an instructor, registered volunteer or in the process of carrying out duties assigned by an instructor.
8. Do Not feed any horse anything without first checking with the program.
9. No outside dogs are allowed on the property.
10. We have a well-stocked medical kit. Please report any injuries to us so that we may attend to them. Even a scratch can become infected.
11. Please do not come wearing open toed shoes or sandals. And **NO ONE** is allowed to come barefooted, not even babies.
12. No Smoking.
13. All directives given by an instructor must be obeyed immediately.
14. ***WHEN IN DOUBT, ASK!***

**BY SIGNING BELOW I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO ADHERE TO ALL PROGRAM RULES & POLICIES. I ALSO AGREE TO ENSURE THAT ANY PARTICIPANT, MINOR OR ADULT UNDER MY SUPERVISION ADHERES TO THESE RULES & POLICIES AS WELL.
FAILURE TO DO SO MAY LEAD TO EXPULSION FROM THE PREMISIS OR THE PROGRAM.**

Date: _____

Signature: _____

Participant, Staff, Volunteer or Parent/Legal Guardian

Medical History

Name: _____ DOB: _____

Address: _____

Name of Parent or Guardian: _____

Height: _____ Weight: _____

Date of Last Tetanus Shot: _____ Blood Type: _____

Allergies: _____

Medications: _____

Diagnosis: _____ Date: _____

Mobility Issues: _____

Please indicate if the participant has a problem and/or surgeries in any of the following areas, and if so please comment.

Areas	Comments
<input type="checkbox"/> Auditory	
<input type="checkbox"/> Visual	
<input type="checkbox"/> Speech	
<input type="checkbox"/> Cardiac	
<input type="checkbox"/> Circulatory	
<input type="checkbox"/> Pulmonary	
<input type="checkbox"/> Neurological	
<input type="checkbox"/> Muscular	
<input type="checkbox"/> Orthopedic	
<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Mental Impairment	
<input type="checkbox"/> Psychological Impairment	
<input type="checkbox"/> Other	

TO THE BEST OF MY KNOWLEDGE THIS INFORMATION IS ACCURATE. I KNOW OF NO REASON WHY THIS PERSON CAN NOT PARTICIPATE IN SVSC ACTIVITIES.

Participant, Staff, Volunteer or Parent/Legal Guardian _____ Date _____

The following conditions, if present, may represent precautions or contradiction to horseback riding. Therefore if these conditions are present a Physician's Statement will be REQUIRED.

Orthopedic

- Spinal Fusion
- Spinal Instabilities/Abnormalities
- Atlantoaxial Instabilities
- Scoliosis
- Kyphosis
- Lordosis
- Hip Subluxation and Dislocation
- Osteoporosis
- Pathologic Fractures
- Coxas Arthrosis
- Heterotopic Ossification
- Osteogenesis Imperfecta
- Cranial Deficits
- Spinal Orthoses
- Internal Spinal Stabilization Devices

Neurologic

- Hydrocephalus/shunt
- Spina Bifida
- Tethered Cord
- Chiari II Malformation
- Hydromyelia
- Paralysis due to Spinal Cord Injury
- Seizure Disorders

Medical/Surgical

- Allergies Resulting in Anaphylaxis
- Cancer
- Poor Endurance
- Recent Surgery
- Diabetes
- Peripheral Vascular Disease
- Varicose Veins
- Hemophilia
- Hypertension
- Serious Heart Condition
- Stroke (Cerebrovascular Accident)

Secondary Concerns

- Behavior Problems
- Age Under Four Years
- Acute exacerbation of chronic disorder
- Indwelling catheter

Medical Consent/Non-Consent

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance: _____ Policy #: _____

Allergies: _____

Current Medications: _____

In the event of an emergency please contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Consent Plan

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 SUN VALLEY SADDLE CLUB 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.

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Participant, Staff, Volunteer or Parent/Legal Guardian

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 on the property of SUN VALLEY SADDLE CLUB.

1. Parent or legal guardian will remain on site at all times during equine assisted activities.
2. In the event of emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Signature: _____

Participant, Staff, Volunteer or Parent/Legal Guardian

Media Consent/Non-Consent

- I DO**
- I DO NOT**

I consent to and authorize the use and reproduction by Sun Valley Saddle Club of any and all photographs, video and any other audio/visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Consent Signature: _____

Participant, Staff, Volunteer or Parent/Legal Guardian



Sun Valley
Saddle Club