



STRIDES OF STRENGTH
THERAPEUTIC RIDING

Client Application

Mailing Address:

2717 Gaston Farm Rd.

Chester, SC 29706

Phone: 803.374.6255

Email: beth.gaston@stridesofstrength.org

Client Name: _____

Parent/Guardian: _____

Referring agency: _____

Date: _____



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Thank you for your interest in Strides of Strength Therapeutic Riding (SOS). The first step toward participating in a SOS program is to complete and return the necessary forms. Before a participant can be considered for inclusion in the Strides of Strength Therapeutic Riding programs, the attached forms must be completed and returned to SOS:

- New and present participants must meet the SOS age and weight policy as stated on attached "Policies" sheet.
- Physician's cover letter and medical history & physician's statement must be completely filled out, dated and signed by the participant's physician. These forms must be renewed annually.
- Participant's Authorization for Emergency Medical Treatment
- Participant's registration and photo release forms
- Risk waiver / release signed by parent or guardian

Our philosophy is to teach horsemanship skills both on and off the horse that develops the independence of each participant as well as improving physical, mental, and emotional well-being. SOS strives to provide the safest possible conditions for participants, volunteers, employees and horses. The acceptance and continued participation of a participant in our program depends on the availability of instructors, volunteers and suitable horses, and is based on our determination that we can safely accommodate the participant. SOS adheres to precautions and contraindications for participants established by the Professional Association of Therapeutic Horsemanship Intl (PATH). SOS retains the right to refuse any participant that we cannot safely accommodate. Participants must inform SOS of changes in their health status and an annual update form is required.

Lessons at SOS are roughly 30 to 50 minutes and occur in sessions. Sessions are 6 or 8 weeks long, throughout the year. Tuition for 8 weeks is \$200 for the entire session which is \$25 per lesson (actual cost of 8-week session is \$1,000, with the remaining balance subsidized through fundraisers and grants). Tuition is required at the first lesson for the entire session though, in certain circumstances, payments can be arranged.

We thank you for your interest and look forward to serving you. You may mail in your completed forms or send via email to beth.gaston@stridesofstrength.org. Please feel free to come by the stables (office) Monday through Friday during the hours of 10am-6pm if you have any questions.

Sincerely,
Beth Gaston, Founder and Executive Director



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Application and Health Form

Participant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Health Insurance Co: _____ Policy #: _____

Allergies to Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 Strides of Strength Therapeutic Riding 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.

PLEASE SIGN ONLY ONE CONSENT

CONSENT PLAN

This authorization includes x-ray, 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 Participant, Parent or 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 the agency.

In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date Participant, Parent or Legal Guardian

PHOTO RELEASE

I DO

I DO NOT

consent to and authorize the use and reproduction by SOS of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.



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Date

Participant, Parent or Legal Guardian

Health History

Diagnosis: _____ Date of Onset: _____

Please indicate current or past needs in the following areas:

	Yes	No	Please describe for every yes answer:
Vision			
Hearing			
Sensory			
Communication			
Heart/Circulatory			
Breathing/Respiratory			
Digestion			
Elimination			
Musculature			
Balance			
Allergies			
Bone/Joint/Skeletal			
Thinking/Cognitive			
Emotional/Mental Health			
Behavioral			
Pain			
Other			

MEDICATIONS (include prescription and over-the-counter, name, dose and frequency)

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):
PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHOSOCIAL and/or EDUCATIONAL FUNCTION (e.g., work/school including grade completed, leisure interests, relationships/family structure, support systems, companion animals, fears/concerns, etc.)



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GOALS (i.e., why are you applying for participation? What would you like to accomplish?)

Liability Release Form

Please read carefully before signing

- A. I UNDERSTAND THAT Strides of Strength Therapeutic Riding (SOS) is in an outdoor location in nature with various hazards including, but not limited to: ditches, steep inclines, animals, insects, poison oak/ivy, snakes, etc., and that there are inherent risks always present in such a location. Knowing these risks, I will be responsible for myself, my children and our own safety.
- B. I UNDERSTAND THAT horseback riding and horse activities are classified as a rugged recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity, despite all safety precautions. I further understand that no horse is completely predictable, and that even well trained horses can become frightened and spook, may divert from its training and act according to its natural survival instincts which may include, but are not limited to: sudden stopping, stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.
- C. I UNDERSTAND THAT SOS is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: thunder, lightning, rain, wind, water, wild or domestic animals, insects, and reptiles.
- D. I UNDERSTAND THAT participants must not carry loose items around horses which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. Some examples are cameras, hats not securely fastened under chin, toys. Riders should not make sharp, loud noises, such as screaming or yelling, which may scare a horse.
- E. I AGREE THAT should emergency medical treatment be required, I and/or my own accidental/medical insurance company shall pay for all such incurred expenses. My accidental/medical insurance company is _____ and my policy number is _____.
- F. I UNDERSTAND THAT all riders must wear protective headgear.
- G. I acknowledge the risks and potential for risks of equine activities and horseback riding. I further understand that I must be careful while on the property of SOS. SOS cannot and does not assume any liability for accidents, injury, or death to person or persons. However, I feel that the possible benefits to myself/ my son or daughter/ my ward are greater than the risk assumed. I further have reviewed and understand the content of South Carolina's Liability Law which is posted at drive entrance, barn and bathroom area. Likewise, I accept full responsibility for friends and visitors accompanying myself on SOS property. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, do waive and release forever all claims for damages against SOS, Gaston Farms, its board of directors, instructors, volunteers, and/or employees for any and all injuries and/or losses I/ my son or daughter/ my ward may sustain while participating in activities at SOS.

WARNING

Under South Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I/WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE, AND ASSUMPTION OF RISK.



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Participant, Parent or Legal Guardian

Strides of Strength Policies and Guidelines

Dress Code:

1. Footwear: Hard soled shoes or boots with a low heel are preferred for therapeutic riding. Sneakers may be used for non-riding equine assisted activities. Please ask your instructor if you are unsure if your footwear is appropriate.
2. Long pants: No shorts, skorts, culottes, capri pants or dresses/skirts. Riding breeches, form fitting jeans or tights are acceptable.
3. Shirts: should have at least a cap sleeve to protect shoulders.
4. Please dress appropriately for winter weather, in form fitting coats that do not hang below the hips to ensure that they cannot get caught on a saddle horn when dismounting.
5. Jewelry: no jewelry that can get caught in manes or tails ('dangling' earrings, necklaces, rings/bracelets, etc.)
6. Electronic equipment: Cell phones, iPods, Walkman or any other personal electronic devices are not allowed in the riding areas. Participants who arrive with electronic devices will be asked to leave them in the car or instructor's office during the session. Family members or participant's guests who are watching the session must turn off ringers or sounds for any electronic equipment they have on their person.
7. Helmets are provided by SOS and must be worn at all times by clients when in the barn or arena or when mounted on a horse. You are encouraged to purchase your own ASTM – SEI certified helmet if able.

General barn etiquette, procedures and safety rules:

The following rules apply to all SOS program participants, staff members, volunteers, and any visiting SOS at Gaston Farm Road Equestrian Center. These rules are designed to insure safety, a primary concern here at SOS. Please help us to enforce these rules.

1. All clients must have an annually updated and fully completed application to participate.
2. No abusive, threatening, or violent behavior towards people or animals will be tolerated on Gaston Farm premises.
3. No running, screaming or boisterous behavior is permitted on the property. Clients must be able to monitor their own behavior appropriately *or have a caregiver with them for supervision.*
4. Alcohol, illegal drug use, smoking, open flames, or weapons of any kind are prohibited on Gaston Farm premises or at any SOS hosted events.
5. Participant's pets are not allowed at SOS unless they are service dogs (if service dogs are present, there must be someone to supervise the dog while the client is working around the horses).
6. Please do not handle program horses, feed, or pet horses, unless supervised by a staff member.
7. No one is permitted in the barn, or in paddocks and pastures, unless a SOS staff member is present on the premises.
8. Supervise children at all times when they are not under the direction of their Instructor. Please do not allow children who are not participating in the session to distract participants with loud or unruly behavior.
9. No one may ride a program horse unless supervised by a staff member.
10. No non-program horse is allowed on Gaston Farm premises without prior permission from the SOS Program Director.
11. All equipment areas and off-limits areas are labeled around SOS. Please do not visit the houses or other off limit areas at the facility.
12. Barn aisles and cross tie bays must be kept clean and free of obstructions.
13. Clients who cannot sit unattended in the event that transportation picking them up is late, or who display atypical behaviors which may lead to them being asked to leave the class, *must have a care giver present.*
14. Clients are under the direction of their Instructor during the session. Any client that willfully disobeys an instructor's direction may be asked to dismount or stop participating in the activity and wait outside the arena for the session to conclude. If you have suggestions for the Instructor, please wait until after the session – your input is very important to the instruction staff but may be distracting during the session.
15. Please feel free to observe a lesson with your child or client – however, for safety purposes, please do not distract them by speaking to them or attracting their attention once the session has begun.
16. SOS certified Volunteers are provided for session assistance as needed.



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17. Clients who arrive with medication to take or use (epi-pen, for example) must let the Instructor know where it is upon arrival.
18. Clients or caregivers who arrive at SOS under the influence of alcohol or illegal drugs, or who bring weapons to SOS will be asked to leave immediately, and their association with SOS may be terminated.

Lesson Policy

Strides of Strength Therapeutic Riding is here to provide a comprehensive therapeutic equine program utilizing horses to facilitate growth, learning, and healing. Our population includes children and adults with mental, physical, emotional, and functional disabilities. In order to maximize the number of clients we can help, and offer the best programs possible, we have a few policies in place to aid in our programs running more smoothly. We understand that sometimes there are extenuating circumstances and we try to be as considerate of your situation as possible.

- Therapeutic Riding or Equine Assisted Activities are \$25 per lesson for individuals
- Lesson tuition is due on the first date of service
- Lessons should be paid for per session *(6-8 weeks) Arrangements may be made for bi-weekly or monthly payments with director permission
- Participants should arrive 5 to 10 minutes prior to lessons to ensure they are ready and prepared to begin
- If a participant is going to be late, please contact the instructor/director in ADVANCE. Being late limits your lesson time, so please try to avoid this if possible.
- If SOS cancels for any reason, we will hold a make-up or credit your payment to the next session.
- If a participant will be absent, please notify the instructor immediately. We ask that you give at least a week notice if possible. When given a week notice, the instructor will schedule a make-up or give a credit. However, if the instructor is not given one week advanced notice, SOS reserves the right to cancel the lesson and retain the fee. In the case of illness or extenuating circumstances, the farm may make an exception and grant a make-up, at the Director's discretion.
- "No shows" (skipping lessons, with no advanced notice or less than 4 hours' notice) will not be granted a make-up lesson, and the fee will be retained. True emergencies are an exception, per Director discretion. Three "No shows" are cause for dismissal from the program per Director discretion.

Make Up Sessions and Weather Conditions

1. Sessions will be held unless temperatures exceed 95 degrees F or below 30 degrees F.
2. Make up sessions are not available for weather related cancellations by participants.
3. Make up sessions will be offered only if the Instructor has to cancel a session due to illness or unforeseen circumstances and if time is available.
4. Participants will have 30 days to schedule and participate in a make-up session if offered.

We will attempt all means necessary to ensure you or your child every opportunity to participate in the programs here at Strides of Strength. We simply ask that you offer us as much consideration for our time and programs as we in turn offer you and your family. At SOS, we try to emulate mutual respect and trust, and we hope that you will see this, as you participate in the wonderful programs we have to offer here.

Thank you for your participation in the programs at Strides of Strength.

Beth Gaston
Founder & Executive Director

Please detach and return, keep policies for your records

I/We, the undersigned, have received, read and understand the Lesson Policy for Strides of Strength Therapeutic Riding and I/we do hereby agree to adhere by these policies. We also understand that SOS has the right to refuse service if we do not follow, within reason, the policies listed.



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Name of Participant: _____ DOB: _____