



STRIDES OF STRENGTH
THERAPEUTIC RIDING

Heroes and Horses Registration

Participant Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email: _____

*Please attach a copy of your Military ID or Veterans or DD214 to this registration.

*Please attach a copy of your insurance card to this registration.

In the event of an emergency, contact:

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.

Date Participant, Parent or Legal Guardian

Health History

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)



Consent and Waiver of 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.
- 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.
- H. In addition, I hereby give SOS permission to use photographs/videos of participant for the purpose of promoting SOS and its events.

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.

Date

Participant, Parent or Legal Guardian

We strive 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.

STRIDES OF STRENGTH
THERAPEUTIC RIDING
2717 Gaston Farm Rd.
Chester, SC 29706
803-374-6255

beth.gaston@stridesofstrength.org | www.stridesofstrength.org



Heroes and Horses Policies and Guidelines

1. Footwear: Hard soled shoes or boots with a low heel are required.
2. Long pants: No shorts, skorts, culottes, capri pants or dresses/skirts. Riding breeches, form fitting jeans or tights are acceptable.
3. 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.
4. Jewelry: no jewelry that can get caught in manes or tails ('dangling' earrings, necklaces, rings/bracelets, etc.)
5. 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.
6. Helmets are provided by SOS.
7. No abusive, threatening, or violent behavior towards people or animals will be tolerated.
8. Alcohol, illegal drug use, smoking, open flames, or weapons of any kind are prohibited.
9. Participant's pets are not allowed unless they are service dogs.
10. Please do not handle, feed, or pet horses.
11. No one is permitted in the barn, or in paddocks and pastures, unless a SOS staff member is present.
12. No one may ride a horse unless supervised by a staff member.
13. Barn aisles and cross tie bays must be kept clean and free of obstructions.
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. SOS certified Volunteers are provided for session assistance as needed.
16. Clients who arrive with medication to take or use (epi-pen, for example) must let the Instructor know where it is upon arrival.
17. Participants should arrive 5 to 10 minutes prior to each session to ensure they are ready and prepared to begin.
18. If a participant is going to be late, please contact the instructor/director in ADVANCE. Being late limits your session time, so please try to avoid this if possible.
19. If SOS cancels for any reason, we will hold a make-up or credit your payment to the next session.
20. If a participant will be absent, please notify the instructor immediately. We ask that you give a 1-week notice. When given a week notice, the instructor will schedule a make-up or give a credit. However, if the instructor is not given at least one-week advanced notice, SOS reserves the right to not make-up or give credit and retain the fee for the missed session. In the case of illness or extenuating circumstances, SOS may make an exception and grant a make-up, at the Instructor's discretion.
21. "No shows" (skipping lessons, with no advanced notice) will not be granted a make-up lesson, and the fee will be retained.
22. Sessions will be held unless temperatures exceed 95 degrees F or below 35 degrees F.
23. All tuition is due on the first date of service and may be paid by cash or check.

I/We, the undersigned, have received, read and understand the Policy and Guidelines for Strides of Strength Therapeutic Riding's Heroes and Horses Program 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.

Date

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