



Located at Sand and Spurs Equestrian Park

1600 NE 5th Ave Pompano Beach, FL 33060

## ***Therapeutic and Beginner Riding Sessions***

Welcome to the magic of Therapeutic Horseback Riding where we use horses and equine-assisted activities in order to achieve goals that enhance physical, emotional, social, cognitive, behavioral and educational skills for people who have special needs. We not only focus on therapeutic riding skills but also the development of a relationship between horse and rider using a team approach in order to provide treatment for the individual with the guidance of a riding instructor.

U Can Ride offers you the complete equine experience! U can achieve the desired effects of therapy using horses that act as an aid by giving a companion to care for such as grooming (brushing, bathing, currying), tacking up, all aiding in joint range of motion and have a relaxing and calming effect.



U Can Ride is dedicated to teaching horsemanship skills to children and adults so they improve physically, mentally & emotionally.

- Only a physician clearance is required for our therapeutic riding program.(No prescription)
- Please review our pricing policy and bring payment for entire month during initial visit.
- You can hand in your application at your initial visit.
- Classes are scheduled by appointments

**Directions to Sand and Spurs Equestrian Park:** From I-95 exit at Atlantic Boulevard and head East (towards the beach). Make a Left onto South Dixie Highway. Make a Right onto NE 10th Street. Make a Left onto NE 5th Avenue. Sand and Spurs Equestrian Park is directly next to the airfield and blimp on your right.

---

**Mailing address:** 151 SE 8th Street, Pompano Beach, FL 33060

**Riding Facility:** Sand and Spurs Equestrian Park: 1600 NE 5 Avenue, Pompano Beach, FL 33060

Scheduling: (954) 654-5849

Administration: (954) 729-9996

Email: [ucanrideinc@gmail.com](mailto:ucanrideinc@gmail.com)

---



## **Billing Policy and Procedures**

### **Billing Policy:**

- Please bring payment with you to your first visit.

### **Cancellation Policy:**

- We do not refund money for cancellations. In the case of inclement weather, we offer a make-up session, not a refund.
- We do offer make-ups for cancellations provided we were given more than a 24 hour notice.
- If we are not given 24 hour notice or there is no notification of cancellation, a \$15 “No-Show” Fee will be charged and the session will be forfeit. If a participant “No Shows” more than 3 times, they will be removed from the program.
- If U Can Ride needs to cancel for a program management reason (staff illness, vacation, horse illness, etc.), we offer the participant a choice of a make-up session or a refund.
- If payment is not made in a timely manner, U Can Ride can choose to suspend services until payment is made in full and participant has a zero balance.

### **Payment Policy:**

- If you have a question about your statement, please call Donna L. Hite, Treasurer at 954-257-9200 immediately. For safety reasons, staff will not discuss accounting questions while in session at the barn.

---

**Mailing address:** 151 SE 8th Street, Pompano Beach, FL 33060

**Riding Facility:** Sand and Spurs Equestrian Park: 1600 NE 5 Avenue, Pompano Beach, FL 33060

Scheduling: (954) 654-5849

Administration: (954) 729-9996

Email: [ucanrideinc@gmail.com](mailto:ucanrideinc@gmail.com)

---

## Authorization for Emergency Medical Treatment Form

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_

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

Physician: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Insurance I.D. #: \_\_\_\_\_

Allergies to any Medications: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

In Case of Emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that 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 U Can Ride 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.

**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 emergency contact person(s) above are unable to be reached.

Date: \_\_\_/\_\_\_/\_\_\_      Consent Plan Signature \_\_\_\_\_  
(Client, Parent or Legal Guardian)

OR

**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.

1. Parent or legal guardian will remain on site at all times during equine assisted activities
2. In the circumstance that I am not on site in violation of U Can Ride policy, I will be financially responsible for any emergency treatment that may be required.
3. In the event emergency treatment/aid is required, I wish the following procedure(s) to take place:

Date: \_\_\_/\_\_\_/\_\_\_      Consent Plan Signature \_\_\_\_\_  
(Client, Parent or Legal Guardian)

## Application and Health History

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Gender: M F

Race/Ethnicity (circle): White Asian African American Hispanic Other \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

Address if different from Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Referral Phone: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

## Health History

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotion/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies (Please List)			

Medications (include prescription and over-the-counter)

Name	Dose	Frequency

Please describe your abilities/difficulties in the following areas (Include assistance required or equipment needed)

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving, bus riding)

---

---

---

---

PSYCHO/SOCIAL FUNCTION (i.e. Work/School including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc)

---

---

---

---

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

---

---

---

---

**PHOTO RELEASE:**

\_\_\_ I DO (suggested)      \_\_\_ I DO NOT

consent U Can Ride, Inc to use, reuse, publish and reproduce any and all photographs, audio and/or video materials taken of me or featuring me, as well as my name in connection therewith, in whole or in part, in any medium or form of distribution, including without limitation, all promotional and advertising uses, non-commercial or commercial displays, broadcast, printed material, educational activities, or exhibitions for purposes of promotion of the U Can Ride program as U Can Ride so desires. I \_\_\_\_\_ forever release and discharge photographer or videographer and his/her representatives, licenses, successors and assigns from any and all claims, actions and demands arising out of or in connection with the use of said materials including, without limitation, any and all claims for invasion of privacy and libel.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_ (Client, Parent or Legal Guardian)

## **“Sand and Spurs Equestrian Park Rules” (Please keep for your records)**

- Please arrive at least 10 minutes early for your appointment and have your child prepared for their riding session (bathroom duties complete, helmet on, etc.).
1. All riders must wear appropriate clothing for equine activities every time:
    - a. Wear closed toe shoes: Boots or sneakers only! No Sandals, flip-flops, or open toes are to be worn by anyone, riding or not, as you may get your toes stepped on by a horse. Parents, THIS INCLUDES YOU TOO!
    - b. Wear long pants: Jeans or material pants are okay. (No shorts or capri pants that end midcalf). The rider’s legs may become chafed against the leather of the saddle if not protected by long pants.
    - c. Wear Sunglasses and Sunblock: It is hot in Florida, so please protect all exposed areas.
    - d. Helmets: If you own an approved equestrian riding helmet, please bring it. If not, we have many that are available to be borrowed for your session.
  2. Please be careful to fully hydrate prior to riding. Water is the best way to hydrate BEFORE and DURING your ride. Bring bottled water to each session.
  3. Please immediately notify us of any health or behavioral changes you may have noticed in your child at the beginning of your session. We like to stay informed!
  4. In the case of inclement weather, we will notify you by phone if your session will be cancelled or delayed. As we know, in Florida, it may be raining in one area, but sunny a few blocks away. Your session will run as scheduled unless you receive a call from us. If you do not come to your session, you will be charged a \$15 fee.
  5. We require 24 hours notice of cancellation in order to avoid a “No-Show” fee.
  6. Please remember that it takes a lot of time and effort from the staff, volunteers, and horses to run a smooth program, therefore anyone who “No-Show’s” more than 3 times may be asked not to return. We understand that emergencies do arise, therefore we are always reachable by phone during business hours.
  7. Please inform us of an address or phone information change.
  8. Please Do Not Feed the Horses or any other animal. All animals bite and can kick.
  9. Supervise all children/siblings while on the premises, as there are natural hazards such as open water on site. All children must be supervised in the bathroom area.
  10. You may not walk around the barn without the direct supervision of your instructor.
  11. Please do not climb on fences or the mounting block while lessons are running. Please seat yourself adequately far from the mounting block to avoid potential accidents and distractions.
  12. Please remember that you are a GUEST at our facility. Please respect our property, staff, volunteers, animals and other guests. We are a place of HEALING therefore any loud, rude, obnoxious, or otherwise inappropriate behavior will be reason to be invited to leave the premises immediately. We insist on keeping our program in a positive atmosphere, so if you have personal issues or complaints, make sure you only discuss them in private with staff or wait until you can reach your therapist or instructor by phone. Privacy & Courtesy are important!
  13. Always call if you have any questions regarding the above policies.



## Equine Professional Release

**KNOW ALL MEN by these PRESENTS, that** \_\_\_\_\_ (write name) who resides at \_\_\_\_\_ (write address) (hereinafter referred to as "participant), desires to engage in and hereby does engage in the services of U Can Ride, Inc., and all of its, EMPLOYEES, Trainers, therapists, instructors, volunteers, board of directors, the owners/leasors of any/all barns/facilities and their employees, city of Pompano Beach, and others (hereinafter referred to as "EQUINE PROFESSIONAL"), LOCATED AT : **Mailing address:** 151 SE 8 Street, Pompano Beach, FL 33060 & **Sand and Spurs Equestrian Park:** 1600 NE 5 Avenue, Pompano Beach, FL 33060 to instruct the participant in recreational riding, riding lessons, therapeutic riding lessons, equine care and management, horse shows, trail riding, horse training, parades, workshops, parties, fundraisers, public events, transportation and any other farm sponsored, charitable activity or equine activity. FOR AND IN CONSIDERATION OF THE ABOVE SERVICES, Participant hereby does and forever and finally release, remise, acquit, satisfy and forever discharge, the owner and/or manager of those premises, and city and/or governmental body, and U Can Ride, Inc., and all of its, actions, cause and causes of actions, debts, dues, suit, sums of money, bonds, billings, contracts, controversies, agreement, promises, damages, variances, judgments, executions, claims, and demands whatsoever, in law or in equity, which may arise or might in the future arise or hereinafter may arise for or against the Equine Professional for the services as stated above. This document is meant to be a **full and complete release from all and any liability** that may arise from instructing the participant on how to properly ride, manage and care for horses and other animals. This release is given freely and voluntarily by the participant and is meant to remain in existence throughout the duration of any instruction, charitable, volunteer, or equine related activity.

**WARNING: Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Participant Signature \_\_\_\_\_ Phone \_\_\_\_\_

**Legal Guardian Signature** (required if < 18 years old) \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**\*\*Email Address\*\*:** \_\_\_\_\_

