## Inspire Equine Therapy Program 1743 Doncaster Rd, Clearwater, FL 33764 Phone: (727) 348-7104

E-mail: inspire equine the rapy@gmail.com Web: www.inspire equine the rapy program.org

#### WELCOME!

Welcome to Inspire Equine Therapy Program. We teach basic riding, driving and horsemanship skills to participants of all ages with special needs. Our main focus is working with participants that are 10 years or older. Our program is designed to benefit our participants physically, socially, and emotionally by using horses and volunteers who are trained to work with individuals of varying abilities.

Included in your Equine Facilitated Learning Group Program (EFL) request package are the following items:

1. Welcome Page

5. Billing & Payment Policy

- 2. Rules for Participating
- 3. Photo/Name Release Form
- 4. Release & Hold Harmless Agreement

Upon completion of these forms, please return them to the office as quickly as possible. Once the forms have been reviewed by our Director, your group will be contacted to schedule a time for the Equine Facilitated Learning Group Program (EFL).

When you receive your scheduled EFL time, please make sure you arrive at least 10 minutes prior to your assigned time. We do keep attendance records. Also make sure participants are wearing comfortable clothes with closed toed shoes. Ongoing evaluations are done each time on the progress of participants. The EFL program will focus on working with the horses on the ground and there will be no riding involved with the program. The program will last 2.5 hours.

All participants and volunteers will need to have the signed release form on file (that is included) at Inspire in order to participate. The group leader will be responsible for payment at the time of visit.

Once again welcome to Inspire Equine Therapy Program. We hope you will enjoy our program!

Please Keep This Page for Your Reference

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# **RULES FOR PARTICIPANTS**

- 1. For your safety, you must follow all of the instructor's directions.
- 2. A safety helmet must be worn at all times when riding or driving. This helmet may be purchased by the rider/rider parent prior to commencement of participating at Inspire. (Please ask a staff member about a local tack shop to purchase the helmet.) Inspire has limited helmets that can be borrowed for a lesson.
- 3. For the safety of all riders, staff and volunteers, Inspire requires the following:
  - a. Parent or guardian that understands and speaks English must accompany a rider at all times while on Inspire property.
  - b. A parent or adult guardian must be present during the entire riding lesson for all riders under the age of 21 years old, all non-English speaking riders, and all non-verbal riders. Inspire reserves the right to extend this policy to other riders as deemed necessary by a Inspire designated representative.
  - c. Riders need to be a minimum of 4 years old and Drivers need to be a minimum of 10 years old.
  - d. A riders' maximum weight may not exceed 180 lbs. This limitation assures the wellness and optimum soundness of Inspire horses, ensures properly fitted equipment is available, and provides a safe environment for staff, volunteers and participants. Participants over the maximum weight are encouraged to participate in our driving program and our un-mounted activities.
- 4. Long pants are recommended as well as shoes/boots with a low heel. Sneakers will be allowed but not recommended.
- 5. Remember this is Florida. Bring something cool to drink, a hat for shade and a sweat band or towel if needed.
- 6. Any bleeding or open sores must be covered with a bandage, or the participant cannot attend that session.
- 7. Please advise the instructor or Director if the participant has a behavior or medical problem so that assisting volunteers can be informed
- 8. Please be sure to advise the instructor of any medical changes (i.e.: a recent seizure).
- 9. Please refrain from coaching your participant from the sidelines. It is important their focus remain on the instructor and assisting volunteers.
- 10. Please make sure that any visitors you bring (including siblings) are kept under your supervision. (No climbing/sitting/standing on the fence, no shouting or loud voices, no running around the riding arena or parking lot, etc.)
- 11. Please check with the instructor or a staff member before using a camera with a flash. Sometimes, the flash can cause a horse to startle and react suddenly.
- 12. Please do not hesitate to ask for help if you are unsure of something. The instructors, staff, and volunteers are always happy to assist.
- 13. Everyone on Inspire property is asked to make themselves aware of and abide by our basic safety rules.

Thank You for Following Our Basic Safety Rules. Safety Is Our Number One Priority.

Note: Signature of Parent/Guardian is REQUIRED if Participant is UNDER THE AGE OF 18 or is AN ADULT

AND UNDER GUARDIAN	SHIP.			
Adult/Parent/Guardian Name (Print)			Adult/Parent/Guardian Signature	
Witness Name (Print)			Witness Signature	
	Executed this	day of	, 20	

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## EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENT: That
organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.
PHOTO AND NAME RELEASE
For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) Inspire Equine Therapy Program, a Florida nonproficorporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "Inspire") the following permission:
Photo and Name Release:
The undersigned hereby grant(s) Inspire to take or have taken, still and moving photographs and films including television pictures of the first person interested in Inspire and its work, to the use and reproduction of the photographs, films and pictures and full name without limit, the generality of the foregoing newspapers, television media, social media, Inspire website, brochures, pamphlets instructional materials, books and clinical material.
The undersigned choose(s) not to grant permission for the use of the aforementioned name or photographic images.
With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Inspire to use or be in use or be used the aforementioned name and such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.
IN WITNESS WHEREOF, the undersigned executes this release this day of, 20
Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.
Adult/Parent/Guardian Name (Print)  Adult/Parent/Guardian Signature

Witness Signature

Witness Name (Print)

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#### **BILLING AND PAYMENT POLICY**

Inspire Equine Therapy Program has taken great care in setting participant fees for our services. Our fees are very modest because we subsidize most of the cost of group riding lessons and other programming through fundraising each year. We do not bill insurance companies or third party payers at this time. The information below sets forth the billing and payment policies of Inspire Equine Therapy Program. This form may not be altered and must be signed prior to your participation in Inspires program.

**Equine Facilitated Learning Group Program:** \$50.00 per person per visit. The program is 2.5 hrs. Non riding program. Payment in full is due at the time of visit.

<u>Financial Aid</u>: Financial aid is available to those who may have difficulty in paying for their program sessions. An application is required. Financial aid will be determined on a case by case basis by our Scholarship Committee.

Account Balances: If your account balance remains due on one or more invoices over 60 days, then you will be notified in writing that you are prohibited from participating in the program until payment is received in full. If you are having difficulty making your payment on time, then you can make application for financial aid. If you do not meet the eligibility criteria for financial aid, then you can request a payment plan. Requests for payment plans are reviewed by the Scholarship Committee, and if approved, your payment plan will be documented as a written agreement between you and Inspire. Please note: If you do not follow the terms of the written payment plan agreement, then the balance you owe shall immediately become due in full, and the participant shall be prohibited from participating in the program until full payment is received by Inspire.

**Returned Checks:** Your account will be assessed a \$30.00 return check fee for each check that is returned to our office. The returned check fee shall be assessed by invoice, and that invoice shall be subject to a late fee if it is not paid within 30 days. We accept cash, personal checks, debit cards, Visa, MasterCard, and PayPal payments (add \$5 convenience fee if using PayPal). If you have any questions, please do not hesitate to contact us at (727) 348-7104.

	I have read, ui	nderstand, and a	gree to the above listed policy.	
Program Leader Name (Print)			Program Leader Signature	
Witness Name (Print)			Witness Signature	
	Executed this	day of	. 20	