



Northern Virginia Therapeutic Riding Program, Inc.
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269
www.NVTRP.org

Rider Paperwork Checklist

All riders and participants

Please use this checklist to ensure that all forms have been completed correctly. All participants must have a complete set of correctly filled out Rider Forms on file in the office. For current riders, new forms are due the beginning of each year. For all other riders, forms must be signed and dated within the past year. Participation in program activities cannot occur until all forms have been received and processed. Please note we cannot accept partially-complete forms.

Thank you in advance for your attention and thoroughness!

Please complete the forms listed below:

_____ Emergency Treatment Release

- Complete all requested information. Use N/A for any line that is not applicable.
- Complete the Consent or Non-consent section at the bottom of the page. Sign and date the chosen section.

_____ Participants Application and Health History

- Complete all requested information. Use N/A for any line that is not applicable.
- Sign and date on the bottom of page.

_____ Policies and Procedures

- Check each box after reading.
- Sign and date at the bottom of the page.

_____ Participant's Medical History

- Completely filled out, signed and dated.
- NVTRP can only accept this form. We are un-able to accept other forms in lieu, even if they have similar information listed.

_____ Seizure Information

- Complete all requested information.
- Sign and date on the bottom of page.
- If client does not have seizures, check appropriate box.

_____ Release and Hold Harmless, News and Photo Release

- Sign and date the Release and Hold Harmless section.
- Sign and date the Photo Release section.
- If you DO NOT grant Photo permissions, please print your name where indicated, sign and check the box where indicated.



Northern Virginia Therapeutic Riding Program, Inc.
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269
www.NVTRP.org

Emergency Treatment Release Form

△ Wait List

Name _____ DOB _____ M ___ F ___
 Parent or Guardian (if under 18) _____
 Address _____ City _____ State _____ Zip _____
 Telephone (Home) _____ (Work) _____
 (Cell) _____ E-Mail _____
 Caretaker Name _____ Caretaker Phone _____

Emergency Contact:

1. Name _____ Relation _____ Phone _____
 2. Name _____ Relation _____ Phone _____

Primary Physician:

Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Health Insurance Company _____ Phone _____
 Name of Insured _____ Policy Number _____

++Please describe your current health status, disability (if applicable), particularly regarding the physical/emotional demands of working in a therapeutic riding program and any special precautions we need to know. _____

++Please list any allergies and current medications:

A) None _____ B) Please list _____

Consent Plan

In case of medical emergency, due to illness or injury during the process of receiving services, or while being on the property of the agency, the undersigned authorizes NVTRP 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-ray, surgery, hospitalization, medication, anesthetic, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

****Consent Signature (Signature of parent or guardian if under 18)**

Date

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.

- Parent or legal guardian will remain on site at all times during equine assisted activities
 In the event emergency treatment/aid is required; I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____
 Client, Parent or Legal Guardian



Northern Virginia Therapeutic Riding Program, Inc.
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269
www.NVTRP.org

Participants Health History

Participant Information

Participant Name: _____ Gender: M F
*Weight: _____ *Age: _____ *Height _____ (*must be included for horse assignment)
Employer/School: _____ Job Title: _____
Work # _____ Work Email: _____

Family Information

Father's Name: _____
Father's Employer: _____ Job Title: _____
Work # _____ Work Email: _____
Mother's Name: _____
Mother's Employer: _____ Job Title: _____
Work # _____ Work Email: _____
Sibling's Name(s): _____

Participant currently receives the following therapies (please check all that apply):

Physical therapy Occupational Therapy Speech Therapy Other _____

Participant used to receive the following therapies (please check all that apply):

Physical therapy Occupational Therapy Speech Therapy Other _____

Please indicate the rider's ethnicity (** The information will assist NVTRP in obtaining scholarship funds from foundations and government agencies. All information will be kept confidential. This information is optional and for informational purposes only. Your assistance is greatly appreciated.):

White/Caucasian Hispanic Origin Mixed (please explain): _____
 Asian/Pacific Islander American Indian _____
 African American Other _____

Describe 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 or your child like to accomplish?)

- **Medications** (include prescription, over-the- counter; name, dose and frequency)

As a nonprofit, volunteers make it possible for NVTRP to operate. Are there any skills you would like to offer the program? (For example: computer skills, marketing, fund raising, public relations, etc.):

Please alert the NVTRP staff to all changes, new progress, or issues that arises with your participant's health. If the participant has seizures please fill out the seizure information form completely.

Signature: _____ Date: _____



Northern Virginia Therapeutic Riding Program, Inc.
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269
www.NVTRP.org

Policies and Procedures

Please read, check each of our policies to indicate that you have read and accept each policy, then sign the completed form and return to NVTRP. Please keep a copy in your files for future reference.

1. Forms and Payment:

- The session fee is a flat fee based on the number of scheduled lessons and is non-refundable.
- All completed forms and the agreed payment must be submitted before your client can participate in a lesson.
- We offer two payment options, one payment in full at the time of registration or two scheduled payments. A minimum payment of 50% of the session fee is expected and due with registration. Full balance must be paid by the published second payment due date.
- A late fee of \$50 will be added to the registration fee if not paid by the established due date. A late fee of \$50 will be added to the second due date fee if not paid by the established due date. A late fee of \$50 will be added for paperwork submitted past the established due date.
- Clients receiving scholarships, (VA Birth Injury Fund, Air Warrior Courage Foundation, etc.), need to establish payment arrangements with the Program Director at the time of registration. If scholarship funds do not fully cover tuition, the client/guardian is responsible for all outstanding fees.
- If a client signs up after the start of a session, payment is due before the start of the first lesson.

2. Arrival Time:

- Plan to arrive **at least 5** minutes before the start of your lesson.
- If you arrive after all other clients have been mounted and are in the ring, we cannot guarantee that you/your client will be put on a horse. You may forfeit the lesson. (Late arrival disrupts the lesson in progress.)
- Please obey the **10 mph** speed limit on the driveway at the farm. Be alert to cars, people and animals in the vicinity of the driveway.

3. Clothing: Clients **must always** come to his/her lesson with the following items:

- An American Society for Testing Materials (ASTM-SEI) approved riding helmet, with tags/sticker for verification. (Must be manufactured within the last 5 years.)
- Long pants (riding pants/tights or cotton stretch pants preferred). Jeans or slippery athletic pants are not recommended.
- Close toed shoes that also cover the heel. Shoes with a raised heel and that cover the ankle are preferred. Crocs or any type of flip flops are not allowed.

4. Inclement Weather:

- Only** in cases of **extreme** weather will lessons be canceled. We will post the cancelation decision at least **2 hours before the start of lessons**.
- To find out if lessons are canceled, please call the program at **703-764-0269**. The recording on the phone will state the date of the canceled lessons and the date/time of the make-up lesson.
- Each session includes a number of lessons that will be horsemanship training in the barn. NVTRP will hold no more than a quarter of the full session lessons as horsemanship lessons. If the designated number of horsemanship lessons is reached, the lesson will be cancelled and rescheduled from then on if weather is too harsh for riding.
- If it is raining, please come to your lesson, unless otherwise advised. If you choose not to come and lessons are held, the lesson will be forfeited. If participating in Hippotherapy and it is raining, a therapy room session will be held.

5. **Cancellations and Missed Lessons:**

- If **NVTRP** cancels lessons due to inclement weather or other limitations, we **will** provide a make-up lesson option. All reasonable attempts will be made to notify clients in a timely manner.
- If you are unable to attend a scheduled lesson, please make every effort to notify NVTRP 24 hours in advance by calling us at 703-764-0269. Sufficient notice is needed so that we can communicate with staff and volunteers.
- Based on our flat rate fee, client cancellations are not refundable. We **do not** offer make-up lessons.

6. **Update Information on the Clients Condition:**

- Please inform us immediately on any change in your client's health. Immediately advise the client's instructor or the Program Director at 703-764-0269.** The program staff and instructors must have current information on all elements of the client's condition in order to be able to provide the most effective instruction and insure the safety of all participants.
- Please keep your contact information up to date by notifying your instructor or the Program Director of any changes to your contact information to ensure you receive information on sessions and current events.

7. **Age and Weight:**

- Due to the size of our ponies, and the safe load for them to carry, we must restrict the weight of our clients to 225 lbs. Please let us know if you/ your client exceed this limit. *(Please note that each individual client is evaluated to determine whether riding is a suitable activity. As a result, riding may not be appropriate even though the client's weight is within the weight limit.)

8. **Visitors During Lessons:**

- All siblings or friends of our clients must stay within the designated area. Children must be supervised by an adult at all times. These requirements are necessary for everyone's safety from the inherent hazards in and around equine facilities. If appropriate supervision is not provided or becomes an ongoing concern, the sibling(s)/friend(s) will be asked to leave.
- Please do not walk along the driveway while horses are in the ring.
- Playing ball while lessons are in session is not permitted.\
- No dogs allowed on the property

9. **Basis for Dismissal:**

- Clients may be discharged from activities based upon, but is not limited to, the following reasons:
 - The client's condition has worsened and the condition is now considered a contraindication.
 - The client exhibits behavioral, physical or emotional change that we deem to be un-safe.
 - The client now exceeds the weight limit.
 - Any reason the staff has concluded that participation in NVTRP's riding program is no longer an appropriate activity for the client.

I have read and understand the basic rules and policies under which the Northern Virginia Therapeutic Riding Program operates, and by my signature indicate my willingness to abide by these rules:

Student's Name

Client/Parent/Guardian's Signature if under 18

Printed Name

Date



Northern Virginia Therapeutic Riding Program, Inc.
 6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269
 www.NVTRP.org

****NVTRP may ask for a statement from the participant’s physician or additional paperwork if any condition listed warrants it ****

Participant Name: _____

	Y/N	Comments- if yes please describe
ADD/ADHD		
Allergies (bee stings, food, hay, etc)		
Arthritis		
Asthma		
Auditory		
Diabetes		
Headaches/Migraines		
Tactile Sensation		
Speech		
Cardiac		
Circulatory		
Integumentary/Skin		
Immunity		
Pulmonary		
Neurologic		
Medications		
Muscular		
Balance		
Orthopaedic		
Learning Disability		
Emotional/Psychological		
Pain		
Past/Prospective Surgeries		
Seizures		
Special Precautions/Needs		
Visual		
Other		

This information is filled out to best of my knowledge and I feel there is no reason why this person cannot participate in supervised equine assisted activities. However, I understand that the PATH Intl. center will weigh the medical information above against the existing precautions and contraindications. I will alert the NVTRP staff to all changes, new progress, or issues that arises with your participant’s health.

Participant Signature

Print Name

Date

Signature of Parent/Guardian if under 18

Print Name

Date



Northern Virginia Therapeutic Riding Program, Inc.
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269
www.NVTRP.org

Seizure Information

Please fill out this information about any seizure disorder so that NVTRP can most safely and effectively serve you. **If no seizures are present, write N/A and sign at bottom.**

The participant has seizures

The participant does not have seizures

1. What type of seizures does the participant have?

2. Describe their typical aura.

3. The participant's typical motor activity during the seizure is:

4. The average duration of the participant's seizures is:

5. How does the participant feel and behave after having had a seizure and how long does this last?

6. What does the NVTRP staff need to do should a seizure occur while the participant is at the center?

7. Is there anything else that we need to know about the participant's seizure disorder?

By signing this form, you are recognizing the fact that you will notify NVTRP's Program Director, and the participant's Riding Instructor if the participant's seizures have a change of frequency or type of seizure. We also need to be informed if the participant has had a seizure the day of the riding lesson. Thank you!

Rider's Name: _____

Parent/ Guardian's Signature: _____

Printed Name: _____

Date: _____



Northern Virginia Therapeutic Riding Program, Inc.
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269
www.NVTRP.org

Print Name: _____

:

Release and Hold Harmless Agreement

In consideration of receiving permission from the Northern Virginia Therapeutic Riding Program, Inc. (referred to as “the Program”) to participate in or observe horseback riding lessons and in further consideration of receiving permission to enter upon the premises of the Program property or other premises upon which the Program’s riding lessons may be conducted, the undersigned and his/her family and hereby forever release, acquit, discharge and holds harmless the Program, as well as its officers, governors, staff, agents instructors, volunteers, contributors and any property or horse owners affiliated with the Program of and from any and all liabilities, claims, any loss, damage, illness, injury, or death that may be sustained by any or each of the undersigned while in on or upon the premises while participating in or observing the riding lessons or while en route to or from these premises.

The undersigned acknowledges that there are certain risks inherent in participation in equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (ii) the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals; (iii) the possibility of equipment failure; and (iv) hazards of surface or subsurface conditions. While the Program makes every effort to minimize these risks, the undersigned is duly aware of these risks and hazards inherent upon participation in or observing equine activities and/or upon entering upon said premises. The undersigned also agrees to represent the potential for these hazards to others that may accompany or substitute for him/her at activities sponsored by the Program. These persons also, by their voluntary presence, assume the same risks and agree by their presence to the same release of liability described herein.

The undersigned and all others that may accompany, represent, and/or substitute for those persons agrees to indemnify and will hold harmless the Program, its officers, trustees, agents, instructors, volunteers, contributors, and other property and horse owners from any and all costs, charges, claims, demands, and liabilities of any kind arising either from the improper or negligent use by those listed and all that may accompany, represent, and/or substitute for those listed below of any equine, bridle, saddle, grooming tool, and/or other animal or tool or from the willful or negligent acts of said persons.

++By: _____
Participant Signature **Print Name** **Date**

News and Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants permission to the Northern Virginia Therapeutic Riding Program, Inc to take or have taken, still and moving photographs and films including television pictures of my daughter/son/ward/self and consents and authorizes the Northern Virginia Therapeutic Riding Program, PATH Intl., news media, and any other persons interested in the subject of riding for individuals with disabilities and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including and without limiting the generality of the foregoing news papers, television media, brochures, pamphlets, books, social media including Facebook, instructional material and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of the Northern Virginia Therapeutic Riding Program to use or cause to be used such photographs, films, or pictures for the primary purpose of promoting and aiding the field of riding for individuals with disabilities and its work.

- I DO grant permission
- I DO NOT grant permission

++By: _____
Participant Signature **Print Name** **Date**

Signature of Parent/Guardian if under 18 **Print Name** **Date**