



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

Emergency Treatment Release Form

Check all that apply: Volunteer Rider/Participant Staff Wait List

Name _____ DOB _____ M ____ F ____

Employer/School: _____ Job Title: _____

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 _____

.....

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

Participant Application

Participant Name: _____ **Gender:** M F

***Weight:** _____ ***Age:** _____ ***Height:** _____ (*must be included for horse assignment)

Employer/School: _____ **Job Title:** _____

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): _____

Primary Physician:

Name _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Health Insurance Company _____ **Phone** _____

Name of Insured _____ **Policy Number** _____

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.):

- | | | |
|---|--|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Hispanic Origin | <input type="checkbox"/> Mixed (please explain): |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian | _____ |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other _____ | |

Goals (i.e.: Why are you applying for participation? What would you or your child like to accomplish?)

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 check if you DO NOT want to be contacted by NVTRP other than with information pertinent to you or your rider's participation in the program.



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

Medical Health History

****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

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.
- Shoes with a heel. (NOTE: Footwear, including boots that have zippers or buckles on the inside of the foot or calf, is not recommended.) Accommodations can be made for specialized needs as determined by the NVTRP staff.

4. Inclement Weather:

- Only** in cases of **extreme** weather will lessons be canceled. We will post the cancellation 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. These lessons are typically saved for rainy days. 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 horses, 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.

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

Print Name: _____

Check all that apply: Volunteer Rider/Participant Staff Visitor Wait List

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**