



Lothlorien TRC, Inc.  
15 Reiter Road  
East Aurora, NY 14052  
(716) 655-1335 Office ♦ (716) 655-2972 Fax www.lothlorientrc.org



## 2012 RECREATIONAL RIDER REGISTRATION FORM

### Rider Information

Rider: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

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

Have you taken horseback riding lessons before?    Y    N    What would you consider your riding level? \_\_\_\_\_

### Emergency Contact Information

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

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

### Billing Information

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Photo Release

I hereby consent to and authorize the use and reproduction by Lothlorien Therapeutic Riding Center, Inc of any and all photographs and any other audio/visual materials taken of me/ my son/ my daughter/ my ward for promotional printed material, internet web site, and educational activities or for any other use for the benefit of the program.

Consent     Non-Consent

Signature (rider, parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

*"Changing lives one hoofbeat at a time"*



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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

DATE: \_\_\_\_\_  
YEAR 2012 2013

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, volunteering or while on the property of the agency, I authorize Lothlorien Therapeutic Riding Center 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.

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Consent Plan

This authorization includes X-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
**Rider, Parent or Guardian**

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Preferred Medical Facility: \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 List all pertinent medical information staff would need in the event of an emergency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Non – Consent Plan

I DO NOT give my permission for emergency medical aid/treatment if required due to illness or injury during the process of receiving services, volunteering or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
**Rider, Parent or Guardian**



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**PATH**  
INTERNATIONAL

Professional Association of Therapeutic  
Horsemanship International

## LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT

DATE: \_\_\_\_\_  
YEAR 2012 2013

### PLEASE READ CAREFULLY BEFORE SIGNING

### SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

**A. REGISTRATION OF RIDER AND AGREEMENT PURPOSE AND CONSIDERATION** - In consideration of my enrollment in the Lothlorien Therapeutic Riding Program and the signing of this agreement, I, the following listed individual and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in activities and events at THIS STABLE. PARTICIPANT shall ride a school horse provided by THIS STABLE for lesson purposes today and on all future dates. This agreement shall be legally binding upon the PARTICIPANT and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including minor children and personal representatives. It shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any disputes by the rider shall be litigated in and venue shall be in the county in which THIS STABLE is located.

**B. INFORMATION ABOUT RIDER:**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

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

**C. DEFINITIONS** – The term “THIS STABLE” shall herein refer to Lothlorien Therapeutic Riding Center, its Board of Directors, Instructors, volunteers and employees. The term “HORSEBACK RIDING” or “RIDING” shall herein refer to riding or otherwise handling of horses whether from the ground or mounted. The term “HORSE” shall herein refer to all equine species. The terms “PARTICIPANT” and/or “RIDER” shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms “I”, “Me”, “My”, “Participant”, and “Rider” shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

**D. ACTIVITY RISK CLASSIFICATION, INHERENT RISKS AND NATURE OF THE HORSE WARNING** -

Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY. There are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. **NO HORSE IS A COMPLETELY SAFE HORSE.** Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human is. If a rider falls from a horse to the ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet and the impact may result in injury or death to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal, the human, tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include but are not limited to: stopping short; changing directions or speed at will; shifting its weight from side to side, bucking, rearing, biting, kicking or running from perceived danger.

**E. RIDER ACCEPTANCE OF RESPONSIBILITY** - PARTICIPANT AGREES that he/she has in some way satisfied himself that the condition of the premises and the facilities will provide an adequate and reasonable level of safety for PARTICIPANT. THIS STABLE is not responsible for any property damage, injury or loss of life incurred by or as a result of any horse(s) on this premises to PARTICIPANT. **PARTICIPANT IS AWARE IF THE RISKS AND DANGERS OF THIS ACTIVITY AND AGREES TO ACCEPT RESPONSIBILITY FOR ANY AND ALL INCIDENTS OCCURRING DURING THIS ACTIVITY.**

**F. CONDITIONS OF NATURE** - THIS STABLE 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, lightening, rain and wind. Wild and domestic animals, insects, reptiles which may walk, run, fly near, bite or sting a horse or person; and irregular footing on indoor and out of door groomed or wild land which is subject to constant change in condition according to weather, temperature and natural or man-made changes in landscape.

**G. ACCIDENTAL/MEDICAL INSURANCE** - Should emergency medical treatment be required, I and/or my own medical insurance company shall pay all such incurred expenses. My accidental/medical insurance company is: \_\_\_\_\_ my policy # \_\_\_\_\_

**H. RIDING HELMET WARNING** - RIDER is hereby warned and informed by THIS STABLE that all horse handlers and riders should wear a properly fitted and secured protective EQUESTRIAN riding helmet that meets ASTM standards. Such helmets are available at THIS STABLE; however, THIS STABLE recommends the PARTICIPANT purchase their own helmet to receive the benefit of a custom fit. Wearing such headgear while mounting, riding, dismounting, and being around horses may prevent death or reduce the severity of head injuries resulting from a fall or other incident involving a horse. THIS STABLE abides by the NYS Helmet Statute and requires children under the age of 14 to wear an ASTM approved EQUESTRIAN helmet when mounted at all times.

**I. LIABILITY RELEASE** - In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the PARTICIPANT and the parent or guardian thereof if a minor, do agree to hold harmless and release THIS STABLE, its Board of Directors, instructors, agents, volunteers, employees, officers, members, affiliated organizations and insurers from legal liability due to THIS STABLE'S ordinary negligence. I do further agree that except in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions, causes of action and/or litigation against THIS STABLE and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE. This includes while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE or on the property of THIS STABLE for any reasons.

**J. BREACH OF CONTRACT**- Should either party breach this contract, the breaching party shall pay for the other's court costs and attorney fees related to such breach.

**ALL RIDERS, PARENTS OR LEGAL GUARDIANS OR AUTHORIZED AGENTS FOR SUCH PARTIES MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT.**

**STATEMENT OF AWARENESS**

**I/WE the undersigned, have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/WE further attest that all stated facts are true and accurate.**

Rider/Parent/Guardian (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Rider/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## POLICIES AND PROGRAM RULES

### 1. PAPERWORK

- All paperwork and fees **MUST** be received by the office prior to the beginning of the riding lesson. There will be **NO** exceptions.
- The Rider Registration Form **MUST** be received prior to you/your child receiving confirmation of a scheduled class.
- For safety reasons, **NO RIDER** will be permitted to attend class without *Liability Release & Hold Harmless Agreement* and *Dismissal of Riders, Volunteers and Guests from Center Activities Forms*.

### 2. LESSONS

- If a rider must cancel a lesson a 24 hour notice of cancellation is required.
- For safety reasons, any rider over 225 lbs will not be allowed to participate in the Recreational Riding Program.

### 3. CLOTHING

- Long pants should be worn during lessons regardless of weather.
- Preferably, riders should wear a boot or shoes with a heel. Rider's preferring to ride in a Western saddle **MUST** wear boots or shoes with a heel.

### 4. BARN RULES

- Children and guests of riders must be supervised and adhere to the rules and policies at all times.
- No one is permitted on the property unless a staff member is on the premises.
- No running or screaming.
- No one may enter a pasture containing horses.
- No outside dogs allowed on the property.

### 5. GENERAL

- No abusive, threatening or violent behavior will be tolerated from **ANYONE** for **ANY REASON!**
- Absolutely **NO SMOKING** on grounds.
- Reports, accidents, injuries or hazardous conditions to a staff member as soon as possible.

## POSSIBLE REASONS FOR CLIENT DISCHARGE

- Uncontrolled and inappropriate behavior that constitutes a safety risk.
- Rider weight exceeds that which can safely be managed by staff, volunteers and/or therapy horses.



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## DISMISSAL OF RIDERS, VOLUNTEERS AND GUESTS FROM CENTER ACTIVITIES

Lothlorien Therapeutic Riding Center Inc. relies greatly on volunteers as important members of the team that provides services to and assists our clients/Riders. We also recognize the extreme importance of the safety and well-being of our clients, volunteers, staff, guests, and animals.

All volunteers and guests are expected to follow Lothlorien's rules and policies and may not engage in disruptive, unsafe or inappropriate behavior. In the event a volunteer or guest does not comply, **the following actions may be taken:**

### Level 1 Verbal warning

Breaking of LTRC's rules and/or policies and procedures may be followed by a verbal warning from the Program Director, Equine Manager or Board President and be documented in the incident report book.

### Level 2 Written warning

Breaking of LTRC's rules and/or policies and procedures for a second time will be followed by a Personnel Committee meeting for discussion regarding the infraction. The purpose of the meeting is to determine the exact reason the infraction occurred for a second time and discuss with the volunteer/guest how to avoid the circumstance ever occurring again. This meeting will be documented and placed in the incident report book.

### Level 3 Dismissal from organization

Immediate dismissal from the property and organization will occur for:

- Endangering the safety of others
- Inappropriate use of the facilities, mailing lists or monies
- Disruptive or abusive behavior to the animals or people at LTRC
- Repeated disregard of the organization's rules, policies and procedures.
- Possession of a weapon
- Is under the influence of alcohol or drugs

**Please cut the bottom portion and return it with your registration forms. Keep the above for your reference and records.**

I have read and understand the policies and program rules by which Lothlorien Therapeutic Riding Center, Inc. operates. By signing below I indicate my willingness to abide by these rules and policies. I further understand that failure to comply with these policies and rules may result in discharge from the program.

Rider/Parent/Guardian (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Rider/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_