



# Lothlorien Therapeutic Riding Center, Inc.

15 Reiter Road  
East Aurora, NY 14052  
(716) 655-1335 www.lothlorientrc.org



NARHA  
North American Riding  
for the Handicapped  
Association

NARHA Premier  
Accredited Center

## 2012 RIDER REGISTRATION FORM

**A \$50 non-refundable deposit for each session requested must accompany all registrations.** Limited spaces are available and are reserved on a first come, first served basis. The balance of the four week/six week session fee is due on or before the first day of the session. **No rider will be permitted to ride until full payment is received.** Tuition assistance is available. Visit our web site or contact the office for an application. **No space will be reserved without a deposit regardless of application for tuition assistance.**

### Rider Information

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

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

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

School or Institution Attending: \_\_\_\_\_

Rider's Disability: \_\_\_\_\_

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

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

Please state a few personal goals you would like to achieve through therapeutic riding: \_\_\_\_\_

Have you ridden at Lothlorien before?    Y    N                      Dates: \_\_\_\_\_

### Emergency Contact Information

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

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

### Billing Information

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

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

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

### Photo Release

I hereby 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 (client, parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

Session #: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_ Tuition Assistance: Y N Amount: \_\_\_\_\_

Deposit Received: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Amount Received: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_



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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: \_\_\_\_\_  
**Client, Volunteer, 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: \_\_\_\_\_  
**Client, Volunteer, Parent or Guardian**



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## 2012 SESSION SCHEDULE

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

### I wish to register for:

**Private lessons** (\$216.00 per six-week session/\$145 per four-week session).

Private lessons are by appointment, Monday through Friday, as scheduling permits.

I would like lessons:  Once a week  Twice a week

**Group lessons** (\$185.00 per six-week session/\$125 per four-week session).

Group lessons are held between 9am- 8pm Monday through Friday and between 9 a.m. -8 p.m. on Saturday.

**\*NOTE: 2012 Session differ in length**

### When registering for a session the days and times I prefer are:

#### First Session 3/13/2012 – 4/07/2012 (4 Week Session)

Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_

#### Second Session 4/17/2012 – 5/12/2012 (4 Week Session)

Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_

#### Third Session 5/15/2012 – 6/23/2012 (6 Week Session)

Mon\* \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_

#### Fourth Session 7/10/2012 – 8/18/2012 (6 Week Session)

Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_

#### Fifth Session 8/28/2012 – 10/06/2012 (6 Week Session)

Mon\* \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_

#### Sixth Session 10/16/2012 – 12/01/2012 (6 Week Session)

Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri\* \_\_\_\_\_  Sat \_\_\_\_\_

\*\*Facility closed 7/1/12 thru 7/9/12, 10/9/12 thru 10/13/12, 12/4/12 thru 12/31/12

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January 1<sup>st</sup>, 2012

**DEAR PHYSICIAN:**

Your patient is interested in Therapeutic Horseback Riding lessons. Each student must submit a completed physician assessment form in order to enroll in our program. Your completion of this form will assist our instructors in designing an individual lesson plan for your patient that is both safe and effective. To ensure the safety of your patient, (our client) please fill these forms out as carefully and completely as possible. **Please do not leave any blank spaces.**

Therapeutic Horseback Riding is widely accepted as a useful method of improving the physical, mental and emotional well being of those individuals with disabilities. The horse's soothing rhythm, strength, warmth and three-dimensional movement pattern provides healthy exercise while improving circulation and muscle tone. The discipline associated with working with horses and the social interactions between peers benefit the mind and spirit raising self-esteem and increasing self-sufficiency through accomplishment. The unconditional love and acceptance of the horse is proven to reduce anxiety, encourage interaction and offer a safe haven where riders can feel a sense of empowerment. Programs are conducted by Registered NARHA Instructors and over 150 volunteers. Your participation in our program is invited and encouraged. Please feel free to call or visit if you would like more information.

Sincerely,

Charlene Kowalczewski  
Board President  
Lothlorien Therapeutic Riding Center, Inc.



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**Rider's Medical History and Physician's Statement**

DATE: _____
YEAR 2012      2013

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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

Past/Prospective Surgeries: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Yes  No  Date of Last Seizure: \_\_\_\_\_

Shunt Present: Yes  No  Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_  
 \_\_\_\_\_

Current Medications: \_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_

Mobility: Independent Ambulation? Yes  No  Assisted Ambulation? Yes  No  Wheelchair? Yes  No

Braces/Assistive Devices: \_\_\_\_\_

*Please indicate current deficits in the following systems/areas. Please include surgeries:*

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Skills			
Cognitive			
Emotional/Psychological			
Pain Tolerance			
Other			

**For those with Down Syndrome:** Atlanto Dens Interval X-rays, Date: \_\_\_\_\_ Result: + ---- (circle one)

Neurologic Symptoms of Atlanto Axial Instability: \_\_\_\_\_



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## Physician's Release

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

Rider's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

The following conditions, if present, may represent precautions and contraindications to therapeutic horseback riding. **Please circle below any of the following conditions present:**

### Orthopedic

Spinal Fusion  
Spinal Instabilities/Abnormalities  
Atlantoaxial Instabilities  
Scoliosis  
Kyphosis  
Lordosis  
Hip Subluxation & Dislocation  
Osteoporosis  
Pathologic Fractures  
Coxas Arthrosis  
Heterotopic Ossification  
Osteogenesis Imperfecta  
Cranial Deficits  
Spinal Orthoses  
Internal Spinal Stabilization Devices

### Medical/Surgical

Allergies  
Cancer  
Poor Endurance  
Recent Surgery  
Diabetes  
Peripheral Vascular Disease  
Varicose Veins  
Hemophilia  
Hypertension  
Serious Heart Condition  
Stroke (CVA)

### Secondary Concerns

Behavior Problems  
Age less than two years  
Age two-four years  
Acute exacerbation of chronic disorder  
Indwelling catheter

### Neurologic

Hydrocephalus/shunt  
Spina Bifida  
Tethered Cord  
Chiari II Malformation  
Hydromyelia  
Paralysis due to Spinal Cord Injury  
Seizure Disorders

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## Physician Statement

To my knowledge there is no reason why the above named patient can not participate in supervised equestrian activities. However, I understand that Lothlorien Therapeutic Riding Center Inc. will weigh the medical information above against any existing precautions and/or contraindications before accepting this person for therapeutic horseback riding lessons. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. Physical Therapist, Occupational Therapist, Psychologist etc.) in the implementation of a safe and effective equestrian program.

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_



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**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.**

**Client/Parent/Guardian (Print Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client/Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## **POLICIES AND PROGRAM RULES**

### **1. PAPERWORK**

- All paperwork and fees **MUST** be received by the office prior to the beginning of the riding session. There will be **NO** exceptions.
- The Rider Registration Form and \$50 deposit per session **MUST** be received prior to you/your child receiving confirmation of a scheduled class. Full payment **MUST** be received before the first class of the session.
- The Physicians Release **MUST** be received a minimum of two weeks prior to start of session.
- For safety reasons, **NO RIDER** will be permitted to attend class without all of the forms completed.

### **2. LESSONS**

- To accommodate everyone, lessons must start on time. Anyone arriving 15 minutes late will forfeit the lesson entirely and will not be reimbursed.
- If lessons are conducted in the indoor arena due to inclement weather the class will be split for safety reasons. No refunds or discounts will be given.
- If a rider can not attend class for any reason once the session has started there will be no refunds.
- Parents/Guardians or counselors must remain on the premises during the rider's scheduled class.
- For safety reasons, LTRC has established a rider weight limit of 180 lbs. Riders over 180 lbs cannot be accommodated.

### **3. CLOTHING**

- Long pants should be worn during lessons regardless of weather.
- Preferably, riders should wear a boot or shoes with a heel. Tennis shoes are acceptable.

### **4. RIDER'S CONDITION**

- The Program Director and Instructors must have current information about all elements of your child's condition in order to be able to provide the most effective instruction and ensure the safety of all participants. Please let us know if there is a change in your/your child's condition or medication.

### **5. BARN RULES**

- Children and guests of riders must be supervised and must adhere to the rules and policies at all times.
- No child under the age of 14 will be allowed in the barn area without supervision.
- No balls, Frisbees or throwing of any object for safety reasons. Horses tend to spook at flying objects.
- No running or screaming.
- No one may enter a pasture containing horses.
- No outside dogs allowed on the property.

### **6. 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.
- Client weight exceeds that which can safely be managed by staff, volunteers and/or therapy horses.
- Any change in client's medical, physical, cognitive or emotional condition that makes therapeutic riding inappropriate.



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## DISMISSAL OF 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. 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 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
- Being 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.

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

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

## 2012 Policy Updates

Lothlorien is a NARHA (North American Riding for the Handicapped Association) Premier Accredited Center. Accreditation carries many responsibilities, the most important being safety. The following policies have been updated to coincide with the responsibilities of maintaining our accreditation and to ensure that all parties understand those policies before participating in horseback riding lessons at Lothlorien TRC. Please read, sign and return the signature portion to us for inclusion in your/your child's file. Your signature indicates your understanding and compliance with Lothlorien's policies.

Lothlorien offers 30 weeks of lessons each year, organized into two four-week sessions and four six-week sessions between March and November. Lessons are 1 hour and held one time per week, usually the same day and time.

## 1. Registration Policy

- a. Registration forms must be submitted 3 weeks prior to the start of each session unless registered previously.
- b. Riders may register for one or more sessions at a time.
- c. Riders who have submitted a completed registration form and wish to ADD a session must call the office at least 2 weeks prior to the start of that session.
- d. A \$50.00 deposit is to accompany all registration forms for **each** session being requested (4 sessions = \$200.00 deposit.) Riders will NOT be considered for placement until completed registration forms and a \$50.00 deposit for each session are in office.
  - **Deposits are non-refundable** except in the following circumstance: LTRC determines that the rider is not suited for horseback riding lessons due to safety issues (behavior or contraindications pertaining to the rider's disability.) This determination must be made before the start of any session.
- e. Registration forms must be complete. The following forms **MUST** be submitted before placement can be considered: *Authorization for Emergency Medical Treatment; Rider's Medical History and Physicians Statement; Physicians Release; Liability Release and Hold Harmless Agreement.*
- f. Riders new to Lothlorien must attend a rider screening to facilitate our staff in determining a suitable mount, volunteers or any adaptive equipment needed.

## 2. Payment Policy

- a. A \$50 non-refundable deposit FOR EACH SESSION REQUESTED must accompany all registrations. Limited spaces are available and are reserved on a first come, first served basis. No space will be reserved in a session until a deposit is received for that session.
- b. The total four week/six week session fee is due on or before the first day of the session. No rider will be permitted to ride until full payment is received.
- c. Tuition assistance is available. Applications are available from the office or may be downloaded from our web site. No space will be reserved without a deposit even if an application is being made for tuition assistance.
- d. Third party payments: Some riders receive reimbursement from third parties for tuition paid. In general, such reimbursements do not involve Lothlorien directly. Riders are still responsible for submitting a \$50 deposit per session requested and for ensuring that payment in full is received prior to the beginning of each session. Any necessary receipts will be provided to the rider to assist in requesting reimbursement.
- e. In the event that Lothlorien is requested to bill a third party directly, accurate billing contact information must be provided in the appropriate section on the rider registration form AND Lothlorien must be able to verify, prior to the start of the session, that payment will be made by the listed payer. A \$50 deposit for each session requested still must

accompany the rider registration form; no space will be reserved in any session until a deposit is received for that session.

- f. Effective November 13, 2010 Lothlorien will no longer be carrying credits from year to year. If you are issued a credit for a make up lesson that was not able to be held you will receive a refund check at the end of the year for credits.

3. **Attendance/Cancellation Policies.** Attendance may be affected by the following circumstances, and the following policies apply:

- a. **Weather.** Weather is a factor beyond our control. Lothlorien reserves the right to cancel classes due to inclement weather, or to provide an alternative lesson. If an alternative lesson is offered, no make up lesson will be provided. When a class is canceled altogether, a make up lesson will be scheduled. Refunds will not be given for weather related cancellations. Please refer to the Weather and Alternative Lesson Policies for additional details.
- b. **Instructor illness or call off, or if LTRC cancels for any reason: A make up lesson WILL be provided.**
- c. **Rider illness, vacations, or cancellations by rider for any reason: Missed lessons are not subject to refund and make up lessons are NOT provided.**
- d. **Late Arrival:**
  - Riders who arrive 15 minutes late WILL NOT be allowed to participate in their scheduled class. No make up will be provided.

4. **Weather Policy.** Lothlorien reserves the right to provide alternative lessons or cancel classes altogether due to inclement weather:

- a. **Horse Usage Relative To Heat Concerns** - Periodically, due to heat and humidity elevation, it is necessary to monitor and limit the workload on program horses. The Equine Manager will keep instructors advised using the following guidelines:

- If the ambient temperature is over 80 degrees, take:  
**Ambient temperature + humidity = n**
  - When n is between 150 and 180 there is to be limited activity:
    - a. Riding/trotting: 1-2 laps with a walk break before more trotting;
    - b. Driving horses to work up to 45 minutes, with multiple walk breaks throughout.
  - **When n is greater than 180** there is to be no mounted or hitched work. Horses may be worked in hand for short periods at the walk, students may participate in an alternative lesson.
- Additionally, when the ambient temperature is over 80 degrees and the dewpoint is over 70, there is to be no mounted or hitched work.
- \*\*\*\*Equine manager or Program Director must approve unmounted lessons during a heat restriction.

- b. **Horse Usage Relative To Cold Concerns** – In the event temperatures are below 10 degrees Fahrenheit and are not likely to rise, mounted lessons will not be held. Individuals working in the aisle ways are subject to extreme cold and it is unhealthy for horses to become heated during extreme cold. Elderly horses will need to be carefully monitored in extreme temperatures, cold and hot. Please remember they cannot endure as much as the younger horses.

- When mounted lessons are canceled due to extreme cold temperature, students will be offered alternative lessons on that day only.

- c. When rain is a factor the lesson will be conducted in the indoor. Lothlorien's indoor is equipped to accommodate 2 to 3 riders only. If the need arises to

conduct the class in the indoor arena Lothlorien reserves the right to “split” the class, therefore conducting 2, ½ hour classes.

#### 5. Alternative Lessons Policy

- a. Alternative lessons may be offered in lieu of cancellation when heat, cold or other weather conditions such as thunder and lightning storms are factors.
- b. There may be circumstances when a class needs to be canceled due to weather just after it has begun. In these cases the instructor may chose to provide an alternative lesson in the classroom or barn. The alternative lesson will consist of age appropriate, educational and fun activities that will benefit the rider in furthering his/her knowledge of horses and horsemanship. When an alternative lesson is conducted, NO mounted make-up lesson will be given in the future.

#### 6. Weight Policy

- a. For the safety of our instructors and volunteers LTRC has set a weight limit of 180 lbs. It is imperative that our riders are 180lbs or less to ensure the safety of our staff while mounting and dismounting or in the event of an emergency dismount.
  - The limit is established according to the following formula: Horses can support approximately 20% of their weight including tack; thus a 900 lb horse can support 180 lbs including tack.
- b. Riders that are considered close to the weight limit will be weighed periodically to ensure compliance and safety. If the rider has surpassed the weight limit during session they will no longer be able to participate in lessons.
- c. Riders who surpass the weight limit during session will not receive a refund for remaining lessons.

7. **Mounting Policy.** Some parents/caregivers have expressed concern over the amount of time spent on mounting our riders. The mounting procedure is an activity that can carry risks to riders, volunteers and horses if not done with patience and strict safety practices. There are many factors that contribute to how long it can take to mount riders, they are:

- Number of riders being mounted
- Behaviors (riders and horses)
- Disability i.e. wheelchair bound
- Tack Adjustments

Lessons are 1 hour long with mounting taking anywhere between 5 and 20 minutes. Mounting is included in that 1 hour lesson time. We ask that parents/caregivers be patient with this procedure as Lothlorien TRC takes pride in maintaining our accreditation and high safety standards. If you have any questions please feel free to give the Program Director a call at 655-1335, ext.101.

#### 8. Supervision Policy

- a. Parents, caregivers or guardians must remain on Lothlorien property while the rider/riders they are responsible for are on Lothlorien grounds. If a parent, caregiver or guardian leaves the premises the rider will be dismounted and will forfeit the lesson.
- b. We welcome friends and family to come and observe lessons. We do, however, ask that anyone under the age of 14 not be allowed to enter the barn without adult supervision. We also ask that families and caregivers wait until after the lessons have concluded and the horses are put away in the stalls before entering the barn

- c. Treats are a great way to reward your special horse but please give any treats to your instructor. Do not ever hand feed the horses due to the inherent risk of accidentally being bitten. Please pay special attention to any signs posted on various horse stalls.
- d. We ask that visitors remain quietly seated on the bleachers or on chairs outside the arena. Running, yelling, throwing balls or Frisbees can prove to be a source of anxiety for our equine friends and may spook them causing injury to our riders or volunteers.
- e. Children MUST be supervised at all times.



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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.

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Rider (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Rider (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

The above-named rider was weighed on this date: \_\_\_\_\_

The rider's weight is: \_\_\_\_\_ lbs.

Signature of Parent/Legal Guardian/Rider: \_\_\_\_\_