



Equine Assisted Riding Enrollment Application

Riders Name _____

Address _____ City _____

State _____ Zip _____ Home Phone () _____

Mother: _____ Email _____ Occupation _____

Work Phone () _____ Cell Phone () _____

Father: _____ Email _____ Occupation _____

Work Phone () _____ Cell Phone () _____

Disabilities _____

Other Therapies _____

Date of Birth _____ Height _____ Weight _____

Student Goals _____

List what you hope to gain from the program (i.e. improved communication, core physical strength, confidence, following directions, etc.)

How did you hear about us / referred by _____

Physician's Name and Address _____

City _____ State _____ Zip _____ Phone () _____

Circle the best **days** and **times** of the week to attend therapy:

Monday Morning Afternoon Evening

Tuesday Morning Afternoon Evening

Wednesday Morning Afternoon Evening

Thursday Morning Afternoon Evening

Friday Morning Afternoon Evening

Saturday Morning Afternoon Evening

Sunday Morning Afternoon Evening

I would like to enroll _____ as a student at Tara's Chance and I have discussed this with the student's doctor. Instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Tara's Chance or any persons involved (employees or volunteers). If application is accepted, you will be contacted to schedule an in-person evaluation.

Parent / Guardian Signature _____ Date _____

Student Signature (if over 21) _____ Date _____



Therapy Fees & Policies

FEES:

One Hour: \$70

Half Hour: \$50

- The Program Director will determine the length of therapeutic riding sessions in the Equine Assisted Riding Program at Tara's Chance
- Each session will be billed at the time of the session and may be paid through check, credit/debit card, or cash
- If you miss a payment at the time of the riding session you will be charged for both in the next session
- If two consecutive payments are missed, riding session will be paused until the full balance is paid

Initial: _____

CANCELLATION POLICY:

- We understand that on occasion it may be necessary for you to cancel your session. We ask for a minimum of 24-hour notice (enabling us to fill your space). Excessive last-minute cancellations (less than 24-hour notice) will result in removal from the program
- If you cancel your session within 24 hours due to medical, transportation, or behavioral issues you will not be charged for the session. We understand the challenges our families face and will do our best to support you and work with you
- If you cancel within 24-hours for reasons outside medical, behavioral, or transportation you will be charged a \$25 cancellation fee. If you do not show up to your session you will be charged a \$25 cancellation fee. This fee will be charged at your next session. This fee is charged because our staff must prepare your horse, equipment, arena, and more prior to your arrival for the session
- In the event Tara's Chance cancels your session, we will do our best to schedule a make-up. In some cases, a make-up cannot be scheduled due to weather, etc.
- If you are late to a session you will be charged for the full session and your session will end at the original scheduled time

Initial: _____

EXCESSIVE ABSENCE POLICY:

- If you miss two sessions and do not contact Tara's Chance, you will be removed from the program
- If you cancel more than 4 sessions within a six-month period (unless for medical reasons) you will be removed from the program

Initial: _____

WEIGHT LIMIT POLICY:

The first priority of Tara's Chance is to ensure the safety of our riders, volunteers, staff and horses. In order to achieve this high level of safety, we have established a 150-pound weight limit. Generally, the client plus tack should not exceed 20% of the horse's weight; however, some horses have further limitations. Riders may be asked to weigh-in on Tara's Chance scaled at any point during their program sessions.

Tara's Chance Equine Assisted Riding Program has a minimum rider age of 5 years old. Please note that this minimum age is dependent on a rider's ability to follow directions and cooperate with volunteers and staff.

Initial: _____

I have read and understand the Fees and Cancellation Policies and agree to support the program by adhering to each policy.

Student Name: _____

Parent Name, Signature & Date: _____



RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM
PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. TARA'S CHANCE DOES NOT GUARANTEE YOUR SAFETY.

A. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE:** I the following listed individual, and the parent or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in riding instruction/therapeutic equestrian activities as a student at Tara's Chance, Inc. and that this student ride therapy horses provided by Tara's Chance, for instructional purposes today and on all future dates:

Rider Name: _____

Age: _____ **Date of Birth:** _____

B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS:** This agreement shall be legally binding upon me the registered student, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county in which Tara's Chance is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The terms "STUDENT 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" shall herein refer to the above registered student rider and the parents or legal guardians thereof if a minor.

C. **ACTIVITY RISK CLASSIFICATION:** I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that 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.

D. **NATURE OF TARA'S CHANCE HORSES:** I UNDERSTAND THAT: Tara's Chance chooses its therapy horses for their calm disposition and sound basic training as is required for use for STUDENT RIDERS, and Tara's Chance follows a rigid safety program. Yet, no riding 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. If a rider falls from the horse to the ground, it will generally be at a distance of 3 ½ to 5 ½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where a human tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal with a mind of its own (the horse) and each has 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; Bucking, Rearing, Kicking, Biting, or Running from danger.

E. **CONDITIONS OF NATURE AND INSPECTION OF PREMESIS:** I UNDERSTAND THAT: Tara's Chance 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, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. The rider and parent or legal guardian have inspected Tara's Chance facilities prior to riding and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage, and presence upon Tara's Chance.

F. **ACCIDENT/MEDICAL INSURANCE:** I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses.

My accident/medical insurance company is: _____

My policy number is: _____

G. **PROTECTIVE HEADGEAR WARNING:** I AGREE THAT: I for myself or on behalf of my child and/or legal ward have been fully warned and advised by Tara's Chance that protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding in an English or Western saddle, riding outside a saddle, or going out on a trail ride, and I do understand that wearing of such headgear at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as a result of a fall and other occurrences.

H. **LIABILITY RELEASE:** I AGREE THAT: In consideration of Tara's Chance allowing my participation in this activity, under the terms set forth herein, I the RIDER, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge Tara's Chance, its directors, officers, trustees, agents, employees, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on its behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes, of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Tara's Chance, and/or its ASSOCIATES ordinary negligence; and do further agree that except in the event of Tara's Chance gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of actions against Tara's Chance, and it's 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 Tara's Chance, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Tara's Chance, whether on or off the premises of the stable.

All Riders or Parents/Legal Guardians must sign below after reading this entire document:

SIGNER STATEMENT OF AWARENESS

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THIS AGREEMENT/WARNING.
I/WE RELEASE AND UNDERSTAND THE ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT
ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE, & AGE
ARE TRUE AND ACCURATE.

NAME OF RIDER

DATE

SIGNATURE OF RIDER OR PARENT/GUARDIAN

DATE

Address: _____ Home Phone #: _____

Mobile Phone #: _____ Bus. Phone #: _____

Photo Release Form

I hereby authorize TARA'S CHANCE, hereafter referred to as "Company," to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in the TARA'S CHANCE print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless TARA'S CHANCE from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize TARA'S CHANCE to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release TARA'S CHANCE, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Relationship to Children: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____