



PARTICIPANT APPLICATION

Welcome! Strides Therapeutic Horsemanship Center is a 501(c)(3) non-profit organization and Center member of PATH, Int'l. (*Professional Association of Therapeutic Horsemanship, International*). We provide equine-assisted activities to individuals with physical, cognitive, and / or emotional impairments. Our programs are conducted by PATH Int'l Certified Instructors, licensed medical professionals, and highly trained volunteers.

New Participant Process:

1. Upon receipt of completed forms, the applicant will be contacted for an initial evaluation.
2. Based on the results of that evaluation, the applicant will be enrolled in the appropriate program or placed on the waiting list if there is not an available riding lesson slot.
3. After being enrolled, the participant must submit the session fee before the first lesson date.
4. We strive to keep session fees as low as possible, however, if more financial assistance is needed, please fill out and submit **Hope's Scholarship**.

2021 SESSION FEES				
Tuition Due Dates	Group Lessons	Private Lessons	Initial Evaluation	Reassessment*
1 week prior to session start date.	\$270	\$400	\$50	\$50
	(40-minutes, 1 time per week x 8 weeks)	(30-minutes, 1 time per week x 8 weeks)	* This 75-minute session is required for new clients, clients that have not received lessons with Strides in the past 12 months, or clients that have had a medical change.	

If you have any questions or concerns regarding the application process, please contact our office at (509) 492-8000 extension 0 or email Strides@StridesTC.org.

Sincerely,
Strides Board of Directors, Staff, Volunteers, and Horses!

Please mark the program you are interested in:

adaptive riding (*formerly known as therapeutic riding*)

hippotherapy (*please contact your Kadlec therapist*)

Horses & Heroes (*for veterans & first responders*)

Diva's RC Camp

Summer Camp

Please mark the Riding Session(s) Desired (*sessions are 8 weeks in length*):

1st choice: _____

2nd choice: _____

3rd choice: _____

Spring Session: Apr 12 - Jun 4, 2021

Summer Session: Jun 21 - Aug 13, 2021

Fall Session: Sept 6 – Oct 29, 2021

I'd prefer to participate in more than one (1) riding session.

To be considered for one of our programs, your application must be filled out to completion and mailed back to Strides Therapeutic Horsemanship Center. We will contact you for scheduling upon receipt.

Strides Therapeutic Horsemanship Center
ATTN: Executive Director
5426 N Rd 68 Ste D #204
Pasco, WA 99301

New Participant Checklist: (*please return these pages*)

Page 2 Program preference

Pages 3-4 General Information

Pages 5-8 Physician Release (To be filled out by primary physician)

Page 9 Emergency Medical Treatment Release

Page 10 Media Release (*optional*)

Page 11-12 Release of Liability

Page 13 COVID- 19 Infection Control Policy

Page 15 Participant Terms & Conditions

GENERAL INFORMATION

Participant's Name: _____ DOB: ____/____/____
first last

Address: _____
Street City State Zip

Phone: _____ Cell phone or home phone? (*please indicate one*)

Email: _____

School or Employer: _____

Address: _____
Street City State Zip

Participant's Legal Guardian (if applicable):

Name: _____
first last

Occupation: _____ Employed by: _____

How did you hear about Strides?

- friend therapist web
- family school / teacher radio / tv
- physician social media other: _____

Describe the participant's abilities in the following areas:

PHYSICAL FUNCTION (*include sitting balance, standing balance, mobility skills, such as the use of assistive devices or transfers, orthotics worn and purpose, etc*):

PSYCHO/SOCIAL FUNCTION *(include daily activities, such as work or school – including grade completed, leisure interests, relationships, family structure, support system, companion animals, fears/concerns, etc.):*

GOALS *(What would you/participant like to accomplish during your 8-week session? Feel free to include other therapy goals and IEP objectives, etc.):*

PLEASE PROVIDE TO PARTICIPANT'S PRIMARY CARE PROVIDER

Dear Healthcare Provider:

Your patient, _____, is interested in participating in equine-assisted activities at the Strides Therapeutic Horsemanship Center in Pasco, WA. In order to safely provide this service, Strides requests that you complete the attached **Medical History and Physician's Statement form**.

Please indicate if your patient presents with any of the following conditions as they may represent **precautions** or **contraindications** to equine-assisted activities.

Orthopedic:

Atlantoaxial Instability
Contractures Coxa Arthrosis
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis Pathologic Fractures
Spinal Instability/Abnormalities
Spinal Fusion/Fixation
Scoliosis 30 degrees or greater

Neurologic:

Hydrocephalus/Shunt
Uncontrolled Seizures
Tethered Cord Symptoms
Chiari II Malformations
Hydromyelia Symptoms
Spinal Cord Injury (*if injury is above T6*)
Neuromuscular Disorders (*if pain or fatigue increases with the activity*)

Medical/ Psychological:

Allergies
Animal Abuse
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Respiratory Compromise
Hemophilia
Medical instability
PVD

Other:

Indwelling Catheters
Medications with photosensitivity side effect
Skin Breakdown

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please contact Strides Therapeutic Horsemanship Center at the address and phone number listed below.

Sincerely,
Melissa Rojas
Executive Director
(509) 492-8000, ext 0

MEDICAL HISTORY

(To be completed by Licensed Health Care Provider)

Participant: _____ DOB: _____ Height: _____ Weight: _____
first last

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Does participant have seizures? Yes No If yes, please note seizure type: _____

Are seizures controlled? Yes No Date of last seizure: _____

Does participant have a shunt? Yes No If yes, date of last revision: _____

Special Precautions/Needs: _____

Mobility: independent ambulation assisted ambulation wheelchair

Braces/Assisted Devices: _____

For those with Down Syndrome:

Date of last Atlanto Dens Interval X- Rays: _____ Result: Positive Negative

Does participant display neurological symptoms of Atlantoaxial Instability? Yes No

Please indicate current / past considerations in the following (*attach a separate sheet as needed*):

	Example	Yes	No	Comments
Vision	<i>Glasses/contacts</i>			
Hearing	<i>Hearing aids, implants</i>			
Sensation	<i>Over- or under- sensitive</i>			
Communication	<i>ASL, speech delays, gesture</i>			
Cardiac	<i>Surgeries, implants</i>			
Breathing	<i>Asthma, oxygen</i>			
Digestion	<i>Gastronomy tube</i>			
Elimination	<i>Catheters, colostomy, incontinence</i>			
Circulation	<i>Varicose veins, hemophilia, reduced circulation</i>			
Emotional/Mental Health	<i>Depression, anxiety</i>			
Behavioral	<i>Aggression</i>			
Pain	<i>Headaches, joint pain</i>			
Orthopedic	<i>Spinal surgeries, fusions, implants, osteoporosis, arthritis</i>			
Muscular	<i>Weakness, high tone, low tone</i>			
Neurological	<i>Seizures, ataxias, tremors</i>			
Allergies	<i>Hay, dust, dander</i>			

PHYSICIAN RELEASE

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities. I understand that Strides Therapeutic Horsemanship Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Strides Therapeutic Horsemanship Center for ongoing evaluation to determine eligibility for participation.

Physician's Signature

Date

Physician's Contact Information

Clinic / Hospital Name: _____

Medical Address: _____
Street City State Zip

Work Phone:

Work Email:

MEDIA RELEASE

Participant's Name: _____ DOB: ____/____/____
first last

Consent:

I hereby consent to and authorize the use and reproduction by Strides Therapeutic Horsemanship Center of any and all photographs, digital reproductions, and any other audio / visual material taken of me / my son / my daughter / my ward for promotional material, whether electronic, print, digital or electronic publishing via the Internet, education activities, exhibits or for any other use for the benefit of Strides Therapeutic Horsemanship Center for an unlimited period of time and without monetary compensation or other remuneration.

Signature (*Participant or Legal Guardian*) Date

Non-Consent:

I do not consent to and authorize the use of any and all photographs and any other audio / visual materials taken of me for promotional material, education activities, exhibits, or for any other use for the benefit of the program.

Signature (*Participant or Legal Guardian*) Date

LIABILITY RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

I fully understand and recognize the existence of each of the following risks and hazards associated with being around horses and horseback riding (these risks and hazards shall hereinafter collectively be referred to as the “*Inherent Risks*”):

- a) *The activities of horseback riding and/or being near a horse involve numerous inherent dangers and risks, both foreseen and unforeseen, of injury and death to me (and/or my child);*
- b) *Horses, like all other animals, irrespective of their training and usual past behavior and characteristics, may act and react in unpredictable and dangerous ways, including, but not limited to, rearing, bucking, and running away;*
- c) *Horseback riding on any type of terrain can be dangerous to both me (and/or my child) and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop;*
- d) *While horseback riding, even at slower paces, my (and/or my child’s) horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me; and*
- e) *While horseback riding, I (and/or my child) may, at any time, lose control or fall off of my (and/or my child’s) horse or have a collision.*

In light of these understandings and recognitions and in consideration of me (and/or my child) being permitted to participate in and/or serve as a volunteer for horseback riding and horse-related activities (“*Subject Activities*”) provided and/or coordinated by Strides Therapeutic Horsemanship Center, do for myself (and/or my child) and my (and/or my child’s) heirs, personal and legal representatives, administrators, and assigns, hereby:

1. Recognize the *Subject Activities* are inherently dangerous and personally assume all risks, including, but not limited to, the above-stated *Inherent Risks*, whether foreseen or unforeseen, associated with my (or my child’s) participation in the *Subject Activities*; and
2. Forever
 - (i) RELEASE any and all liability of Strides Therapeutic Horsemanship Center and its successors, assigns, members, directors, officers, employees, volunteers, instructors, therapists, agents, sponsors, and affiliates (hereinafter collectively referred to as “*Releasee*”),
 - (ii) DISCHARGE and COVENANT NOT TO SUE the Releasee, and

(iii) hold and save HARMLESS and INDEMNIFY Releasee from and against any and every liability, claim, injury, loss, damage, expense, demand, action, and cause of action, of whatsoever kind or nature, arising out of or related to any such loss, damage, or injury, including death, that may be sustained by me (or my child), for whatever reason, while participating in the Subject Activities, whether such damages are the result of Releasee’s negligence or any other cause.

3. I further state that

- (i) I am of lawful age and legally competent to sign this Agreement,
- (ii) I understand the terms of this Agreement are contractual and not a mere recital;
- (iii) this Agreement contains the entire agreement between myself and *Releasee*; and
- (iv) if I am executing this Agreement on behalf of a child, that I am the legal guardian of said child and authorized to execute this Agreement in said capacity. In addition, I agree that nothing about this Agreement limits the protections afforded to *Releasee* by Washington State’s Equine Liability Law, as such is currently codified at RCW 4.24.530 - .540 and hereafter amended.

IN SIGNING THIS AGREEMENT, I HEREBY ACKNOWLEDGE AND REPRESENT, THAT I HAVE READ THIS AGREEMENT, UNDERSTAND AND ACCEPT THE AGREEMENT’S TERMS, AND AM VOLUNTARILY ENTERING INTO THIS AGREEMENT.

Signature (*Participant or Legal Guardian*)

Date

Participant’s Name: _____ DOB: ____/____/____
first last

COVID-19 INFECTION CONTROL POLICIES

1. No one will be allowed on property for 14 days since the date that they returned from traveling as designated by the CDC policies, or if they live with someone who has traveled. Everyone will be screened for travel.
2. If any person who comes on property tests positive for COVID 19, they must inform Strides and the program will be shut down immediately for 14 days, possibly longer. Anyone who was on site at the time of possible exposure will be contacted immediately.
3. If any person who comes on property is exposed to someone who has tested positive for COVID-19 the program will be shut down immediately for 14 days and possibly longer. Anyone who was on site at the time of possible indirect exposure will be contacted immediately.
4. No one with signs or symptoms should come to the facility. Instructors will do a verbal health check with riders and volunteers in their sessions at the beginning of every session screening for: signs, symptoms, travel, and exposure. Documentation will be recorded on the Health Check Form. Temperature checks may be taken.
5. Upon arrival and when leaving Strides, everyone will wash their hands at a hand washing and/or hand sanitizing station following CDC guidelines.
6. All persons will be required to wear a face mask while on property and maintain 6 feet social distancing as much as possible.
7. Numbers of volunteers, participants, and guests will be limited at any one time.
8. Horses will not be receiving treats from participants at this time and we ask that everyone please refrain from petting the cats.

Participant Screening and Stages of Return

1. A customized Risk Benefit Assessment will be completed for each rider prior to acceptance into a session. This form will be signed by the family and the Executive Director.
2. Stage 1: During this stage, no rider requiring a side walker in any form, rider who needs assistance mounting or dismounting, other than a safety spotter, will be able to participate in riding due to the close proximity of the participant to volunteers for an extended period. The reasoning for this policy is that volunteers would be at an angle in front, below and very near the riders for an extended period of time. Other unmounted programs that need minimal volunteer support may be started with following hand washing, social distancing guidelines and wearing masks by participants.
3. Stage 2: Based on CDC and County Guidelines on when Stage 2 can occur, riders that need minimal assistance mounting/dismounting and only need a spotter or side walker and horse leader with no more than an ankle or calf hold involved may return. Riders requiring thigh hold and more than one side walker will not be able to participate at that time. Horses & Heroes may return with participants wearing masks and minimal volunteer interaction.
4. Stage 3: Based on CDC and County Guidelines on when Stage 3 can occur, riders that require full assistance to mount/dismount and need thigh holds and/or greater assistance, along with wheelchair mounts may return.
5. Stage occurrence will be based on CDC and County Guidelines and at the discretion of the Strides Board of Directors with a minimum of two weeks. Family members of the same household of a rider that choose to volunteer for said riders lessons may request to be re-evaluated by the Executive Director for acceptance to begin lessons prior to their determined stage.

Family/Participant Procedures

1. Families should bring only one person needed to care for the participant to help limit the number of people on site.

2. All family members and participants will need to wear masks while on property and wash and/or sanitize hands before entering and when leaving the property. Additional hand washing and/or sanitizing and limiting touching of surfaces is recommended.
3. Riders will be encouraged to have their own helmets. Must be ASTM/SEI Riding helmets, no bike helmets allowed. If purchase is not possible, riders must bring 2 bandanas to cover their head and chin while wearing our helmets.
4. Families can go to the family waiting area for seating which will be designated into 2 separate areas to help in maintaining social distancing. The rest of the property will be off limits at this time. Strides is trying to limit contact points throughout the property.
5. Riders must return immediately to their families upon dismount. Riders will be dismounted and exited one at a time.
6. Families will be asked to leave promptly after class to allow for disinfecting and to limit the number of people on site. Session times may be changed to prevent overlapping students. No feeding horses treats at this time.

Programming Procedures

1. In Stage 1: There will be a maximum of 2 riders, and 2 horse handlers per class.
2. There will be set activity bins using easily washed objects.
3. Changes of tack will be kept to the minimum.
4. The tack room will be restricted access to staff and horse handlers only.
5. Horses that are used in class will be bathed after classes.
6. Tack: All cleaning will follow to our best ability CDC Guidelines.
7. Grooming items: Will be sprayed with disinfectant solution at the end of each day.
8. Reins: Rubber reins will be sprayed with disinfectant between riders and wiped dry. Leather will be sanitized with leather saddles.
9. Saddles and leather girths: Will be washed with a warm towel heated to 140F degrees and allowed to dry between riders.
10. Saddle pads and fabric girths: Will be sprayed with disinfectant and then allowed to dry at the end of the day.
11. Lead ropes and halters: Will be sprayed with disinfectant and then allowed to dry at the end of the day.
12. Horse leaders will be responsible for cleaning tack for assigned horse(s). Tack will not be placed back into the tack room until cleaned.
13. Contact points such as door lock, ramp rail, and any seating will be cleaned and/or disinfected as often as possible, a minimum of twice per day.
14. There will be signs throughout the property reminding about hand washing, social distancing, etc.
15. Disinfectants will follow the CDC recommendations.
16. Hand Washing or Hand Sanitizer stations will also be available throughout the property.

I understand and will adhere to these policies to prevent disease contamination in partnership with Strides.

Parent / Participant Name:

_____ Date: _____

Parent / Participant Signature:

_____ Date: _____

PARTICIPANT TERMS AND CONDITIONS CONTRACT

To be signed after reading the following Participant Handbook (pgs. 14-22). This Handbook is for your reference and should remain with you.

I (Parent, Guardian) _____ have contracted with Strides Therapeutic Horsemanship Center to give (Participant’s name) _____ equine-assisted activities including, but not exclusive to current programs: adaptive riding, summer camp, Sparky’s Camp, Horses & Heroes, and hippotherapy. I, the undersigned, have read and understand the participant terms and conditions, in addition to all Strides Therapeutic Horsemanship Center’s policies and rules, which I agree to abide by in total and I have received a copy of this contract which includes Strides Therapeutic Horsemanship Center’s policies and rules. I further understand that if any of Strides Therapeutic Horsemanship Center’s policies or rules are not followed, Strides Therapeutic Horsemanship Center has the right to cancel this contract in full.

_____ Signature (<i>Participant or Legal Guardian</i>)	_____ Date
Participant’s Name: _____ <i>first</i> <i>last</i>	DOB: ____/____/____

PARTICIPANT HANDBOOK

Strides Therapeutic Horsemanship Center's goal is to provide safe and productive equine-assisted activities for all its participants. If Strides cannot accommodate the participant's needs or if the act of riding or the environment will aggravate his/her condition, equine-activities may not be appropriate.

As a PATH Center Member, Strides adheres to PATH guidelines and standards. In conjunction with PATH guidelines, we have established the following as eligibility requirements.

Age Policy

Minimum age for adaptive riding is 4 years old. With that said, the participant must be able to physically and safely perform what is required in an adaptive riding lesson. Minimum age for hippotherapy is 2 years old. For both programs, there is no maximum age.

Weight Policy

The first priority of Strides is to ensure the safety of our riders, volunteers, and horses. To maintain this safety goal, Strides horses are not allowed to carry more than 20% of their body weight including tack. Strides reserves the right to impose a weight limit if no horse is available to safely carry a participant weighing over 180 pounds. The weight limit may be adjusted based on the rider's physical abilities, the available horse, and the ability of staff and volunteers to safely support the participant. Participants within that limit will be evaluated by staff to determine if riding is a safe and appropriate activity. Areas evaluated may include, but are not exclusive to, ambulatory status, range of motion, and balance. The Executive Director has the discretion to make exceptions to this policy.

Precautions/Contraindications

If the movement associated with riding will cause a decrease in the participant's function, an increase in pain or generally aggravate the participant's medical condition, it is not the activity of choice. If the equine-assisted activities are detrimental to the participant or the horse, equine-activities may be contraindicated, according to PATH guidelines.

All participants are evaluated on an individual basis with regard to precautions and contraindications, as outlined by PATH guidelines. All team members (participant, parent/guardian, PATH Instructor, therapist, educator, physician, etc) must be comfortable with the final decision to approve participation.

Please be sure your physician is aware of the participant's particular diagnoses for precautions and contraindications. The following is a partial list of diagnoses of conditions, syndromes, disorders and problems as assessed by PATH Int'l to be precautions and contraindications for riding activities. If you have any questions regarding this, please ask your physician:

- Degenerative Joint Conditions
- Heart/Cardiac Conditions
- Atlantoaxial Instability (AAI)
- Indwelling Catheters
- Skin Integrity
- Spinal Stenosis

Participants are assessed by Strides Therapeutic Horsemanship Center’s professional staff, contracted therapists, or recommendations by professionals in the health and educational fields and accepted with parental and / or caregiver consent.

Further Considerations

These may include the experience and expertise of the PATH instructor to address the needs of the participant, possessing a suitable horse for the participant, proper equipment, and availability of the appropriate number of volunteers for the participant. In addition, consideration may also be given to whether staff and volunteers are able to **safely manage the participant in any situation, including an emergency dismount.**

Participant Payment Policy

- Invoices for the upcoming session will be sent by mail or e-mail to participants approximately three weeks before the start of the session.
- Payments can be made by check, cash or credit card. If a credit card is used, a handling fee will be applied.
- Session fees are due in full one week before the start of the session to reserve your spot on the Strides schedule.
- Unpaid lesson fees must be taken care of before being accepted back into the program. Once fees are paid, the participant will be added to the list, or to the waiting list, if applicable.
- Participants will receive credits only for lessons that are cancelled by Strides; these lessons will be completed during the session’s corresponding “Make-Up Week”. Note: participants will not receive credits for lessons missed due to illness, vacations, etc. of the participant or guardian even when advance notice is given to Strides.

Attendance Policy

- If a participant is a “no show” three times within a calendar year, the participant will be dismissed from Strides program.
- A minimum of two hours advance notice to Strides is required otherwise it will be considered a “no show”.
- In the event you are unable to attend your lesson last minute due to illness or family emergency, call Strides at (509) 492-8000, extension 1 to notify the instructor and volunteers.
- If you are unsure about the weather, please check your voicemail, text messages, or email for a message from Strides and / or call Strides at (509) 492-8000, extension 1 to confirm lesson.

Participant Dismissal / Discharge

Discharge of participants would follow the PATH Accreditation Standards A-11. Participants or their families, who do not adhere to the rules, policies and procedures, or fail to meet the guidelines for eligibility are subject to dismissal. Possible grounds for dismissal may include, but are not limited to:

- Conduct endangering another participant, staff, volunteer, horse, themselves or other.
- Repeated failure to follow established guidelines or policies.
- A gain in weight above the maximum capacity of the program horses available at the time.
- Repeated absences without notification (also known as “no shows”).
- Failure to pay in accordance with Strides’s Payment Policy.
- Achieving a proficiency in riding such that the participant would be better served in a traditional riding program for non-disabled participants.
- Meeting therapy goals or hippotherapy is no longer beneficial to participant.
- A change in medical condition in which it is no longer safe or beneficial for a participant to continue.

Proper Attire

- Proper attire must be worn at all times. This includes long pants, a shirt (no low cut tops), and boots with at least a half inch heel, or alternate close-toed shoes.
- Students with medically approved footwear exemptions will be required to use stirrups with safety features, based on their individual needs.
- All students are required to wear an ASTM-SEI approved riding helmet which fits properly with an attached harness. A safety helmet will be provided by Strides Therapeutic Horsemanship Center unless the rider has his / her own approved safety helmet. ***No bicycle helmets will be allowed.*** A rider must wear a helmet whenever horses are present without a barrier.

Participant Goal Setting Policy

Each adaptive riding participant will have a set of goals, which will be documented and evaluated throughout the eight-week session. For a continuing participant, goals will be set before each session and progress towards those goals will be documented in a similar manner as the aforementioned process. Goals will be set and documented for every participant, using:

- Initial Assessment Form
- Weekly Progress Note
- End of Session Eval

Lesson Policy Standard

A typical group lesson is 40 minutes in length while a typical private lesson is 30 minutes. Both may consist of ground work, mounting each participant, tack adjustments, exercises (while mounted), a new skill taught / reviewed, a game, cool down time, and the dismount.

Important areas used during lesson times

- Visitor / Family viewing area is located near the arena.
- All participants / visitors must remain in Visitor area until given permission by instructor or therapist.

Arrival to lesson for parents, family and guests

- Please quietly wait in Visitor area or if a lesson is in progress or a participant is dismounting.
- All participants must remain in Visitor area until an instructor, therapist, or volunteer arrives to escort them to the mounting ramp or block.
- If you need to talk to the instructor or therapist about medical or physical problems which may have a safety implication for the current lesson, please do so before the lesson begins.

During lesson

- While a lesson is in progress, all visitors must quietly wait in the Visitor Area or their vehicle.

After lesson

- After the lesson the participant will be returned to their parent, guardian, or designated ride. This policy is for the safety of all. During a scheduled lesson our instructors, therapists, and volunteers must maintain lesson focus at all times for the safety of our participants.

ATTENDANCE POLICY

If a participant will be absent for a lesson, it is the family's responsibility to notify the Strides Therapeutic Horsemanship Center's office at **509-492-8000 extension 1** *as soon as possible at least 24-hours before lesson was intended to begin*. Late notifications negatively impact the volunteers and staff at Strides. Giving early notice helps keep the program running smoothly. If a participant fails to give notice of an absence they will have to follow the Disciplinary Policy.

Please note, we will be ready to start weekly lessons at the agreed upon time. If participants arrive late, their lesson time will still end at the agreed upon time regardless of the circumstances. If they are more than 15 minutes late without notice, their lesson time will be forfeited for the day. There are **NO** make-up day's offered for missed lessons.

Please note: *If the participant cannot attend school or work because of an illness, they will not be allowed to attend their scheduled lesson either. Our hope is to limit the spread of contagious pathogens or infections. Please call us to cancel if this scenario occurs.*

Lesson Cancellations

The instructor / therapist is the only person with the authority to cancel any lesson. *Absences for participant illness, vacation, etc. will not be made-up*. With the amount of participant absences during the session, it is not within the capability of the center to make up all missed lessons.

Weather Cancellation Guidelines

Lessons are cancelled if unsafe weather conditions are present. These guidelines are; heat that exceeds 90 degrees, sustained wind over 15mph or gusts over 20mph, or rainy conditions that make the arena footing unsafe. Instructors / therapists assess conditions prior to lessons daily and try to inform participants in time to prevent needless travel. They may make a call to cancel classes only for the weather to change or improve unexpectedly. While that is regrettable, we will always err on the side caution.

Discharge of Participants

Participants may, during the course of equine-assisted activities, become no longer suitable for riding activities. The center's goal is to meet the individual needs of each participant; however, some circumstances may not allow for the center to safely meet the needs of a participant. The following are some reasons, which may warrant discharge from program activities:

1. If a participant's medical condition or behavior becomes a threat to safety of his / herself and / or others including the horses.

2. If a participant exceeds the 180 lb weight limit the riding portion of the program may be individually modified to that participant. For example, they may only be allowed to participate in the ground portion of the program.

The process in which a participant is discharged from program activities will be a team-based approach and decision, involving input from the Instructor, Therapist, Equine Director, and Executive Director. Prior to discharge (depending on the immediacy of the circumstance) the participant and / or legal guardian will be given adequate notice of possible need for discharge.

Efforts will be made to accommodate a participant's needs, if they can be met in an alternative way. For example, a participant might be better and more safely served in un-mounted activities. If the reason for discharge involves behavior that compromises the safety of the lesson, the following disciplinary policy would be followed:

Disciplinary Policy

Strides Therapeutic Horsemanship Center's disciplinary policy has been developed to ensure a safe and conducive environment for all involved in our programs. Our instructors / Executive Director reserve the right to discipline a participant, legal guardian, and / or volunteer.

1. **First offense** is a documented verbal warning. If this is a participant, he / she will be removed from the horse and will sit in a holding area until lessons end.
2. **Second offense** is a written warning. If it is a participant, he / she will be dismissed from the riding lesson for that day.
3. **Third offense is the final warning.** If it is a participant, he / she will be removed from the horse and dropped from the Strides Therapeutic Horsemanship Center's program.

Likewise, if the offender is a parent, guardian or visitor, they will follow the same disciplinary policy. (A documented verbal warning, a written warning, and a final warning.)

Examples: disruption to class, unacceptable or unsafe behaviors, disrespect to instructor / therapist / volunteers / other participants, failure to follow adhere to the Strides Policies.

Immediate Termination Policy

Any individual will be immediately removed from the Strides Therapeutic Horsemanship Center's program for sexual comments or behavioral misconduct.

PARTICIPANT TERMS AND CONDITIONS CONTRACT

Strides Therapeutic Horsemanship Center
Mail: 5426 N Rd 68 Suite D #204, Pasco, WA 99301
Physical: 180 Honeysuckle Road, Pasco, WA

STATE OF WASHINGTON
COUNTY OF FRANKLIN

Washington State Equine Liability Act

I am aware of the inherent risks of horseback riding. I further understand that I must be careful while on the property of Strides Therapeutic Horsemanship Center particularly while horses are being handled. Strides Therapeutic Horsemanship Center cannot and does not assume any liability for accidents, injury, or death to person or persons. I further have reviewed and understand the content of the Washington State Liability Law which is posted at the property entrance and riding arenas. Likewise, I accept full responsibility for friends and visitors accompanying myself on Strides Therapeutic Horsemanship Center property.

Medical Update

I understand that it is my responsibility prior to entering the lesson area to inform the Instructor and / or therapist of any new medical or physical problems which may impact a rider's safety or ability to perform correctly during my scheduled lesson time. I further agree to handle all other questions or suggestions according to Strides Therapeutic Horsemanship Center's Participant's Policy.

Confidentiality Policy

Participant information files will be held in confidentiality and only shared when necessary to ensure the safety of a participant in the lesson or during an official incident review.

Program Enrollment Policy

- All individuals present on the property must have a signed Liability Waiver on file.
- Participants must have the entire Participation Application completed and on file.
- All session fees and outstanding payments must be paid in full prior to a participant being scheduled for his / her evaluation and / or session.

The participant may not be allowed to participate in lessons until the aforementioned forms are completed in entirety. Official acceptance into the program is still pending upon a rider successfully going through the initial on-site evaluation with an Instructor, and completion of the Participant Terms and Conditions Contract.

Update of Participant forms

Returning participants are to have the following forms **updated annually**:

1. Signed Release of Liability Form
2. Signed Participant Terms and Conditions Contract
3. Emergency Medical Treatment Release
4. Medical update with a healthcare provider's signature
5. Atlantoaxial Instability Verification (*if participant has Down Syndrome or Juvenile Rheumatoid Arthritis*)

In the case the above forms are not completed and returned at the requested annual update time, Strides Therapeutic Horsemanship Center's administration reserves the right to suspend program activities for that participant until forms are complete. Please also note that this may result in a participant losing their reserved slot for that session; the participant would be placed on a waiting list until a slot becomes available.

A returning participant will need to reassessed / reevaluated by the Instructor if more than 12 months has passed or his / her condition has changed.

SAFETY AND BARN RULES

1. Speed limit on Strides property is **5 MPH!**
2. Speed limit on Honeysuckle Road is **15 MPH.** Please be respectful of our neighbors.
3. Park vehicles in designated areas.
4. All participants are to be directly supervised at all times, including accompanying participants to the bathroom.
5. You are responsible for your guests / visitors' conduct and safety while on Strides property. Infractions will follow the Strides disciplinary policy.
6. Observing visitors must wait in Visitor area or their car unless otherwise directed by program staff.
7. Please do not disturb the resident of the home that is located on the Strides property.
8. All gates and stall doors are to be kept closed unless otherwise directed.
9. No entry into feed shed without volunteer / instructor present.
10. No entry into tack room or horse pens without volunteer / instructor present.
11. No entry into the gated arena without volunteer / instructor present.
12. No climbing, sitting, or standing on fences or gates.
13. No running around horses, riding areas, or anywhere on the property.
14. No yelling or raised voices; this may spook the horses and distract the volunteers and participant.
15. Smoking, e-cigarettes/vaping, alcohol, and drugs are strictly prohibited on any part of Strides property.
16. No personal dogs or other animals are allowed on Strides property. Service animals are the only exception, call Strides for particulars.
17. All trash to be disposed of in trash barrels.
18. No horses to be handled in or out of the pens without program staff's permission and / or supervision.
19. Always respect others when speaking or socializing.