



RETURNING PARTICIPANT APPLICATION

Welcome back! This application may be filled out if you/your child rode with us in our 2020 riding season and you/your child's diagnosis or medical condition has not changed.

Returning Participant Process:

1. Upon receipt of this completed application, the applicant will be contacted for enrollment in the appropriate program or placed on the waiting list if there is not an available riding lesson slot.
2. After being enrolled, the participant must submit the session fee before the first lesson date.
3. 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.	\$280	\$440	\$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

Returning Participant Checklist:

☐ **Page 2** Program preference

☐ **Pages 3** General Information

☐ **Page 4** Emergency Medical Treatment Release

☐ **Page 5** Media Release (optional)

☐ **Page 6-7** Release of Liability

☐ **Page 8-9** COVID- 19 Infection Control Policy

☐ **Pages 10** 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: _____

Participant's Legal Guardian (*if applicable*):

Name: _____
first last

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

EMERGENCY MEDICAL TREATMENT RELEASE

Participant's Legal Name: _____ DOB: ____/____/____

first *last*

Address: _____

Street *City* *State* *Zip*

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

Physician: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

In the event of an emergency, please contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan:

In the event of a medical emergency, I authorize Strides Therapeutic Horsemanship Center and / or its designated agent to authorize medical assistance as it deems necessary. I further authorize any licensed physician and / or medical facility to provide any medical or surgical care and / or hospitalization for the participant deemed necessary or advisable until I am available or able to provide more specific authorization.

Signature (*Participant or Legal Guardian*)

Date

Non-Consent Plan:

I do not give my consent for emergency medical treatment / aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. **NOTE: The participant's legal guardian MUST remain on site at all times during equine-assisted activities.**

In the event emergency treatment / aid is required, I wish the following procedures to take place:

Signature (*Participant or Legal Guardian*)

Dat

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: _____
first last

DOB: ____/____/____

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

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 (*Participant or Legal Guardian*)

Date

Participant's Name: _____
first last

DOB: ____/____/____

***If you do not have your copy of the Participants Handbook, and would like another,
please check here: ☐***