



EQUI-ED

SANTA ROSA, CALIFORNIA
SUPPORTING SONOMA & NAPA SINCE 1993

Thank you for your interest in Equi-Ed Therapeutic Equestrian Program! We're excited to welcome you to our community. At Equi-Ed, we're committed to providing a supportive and enriching environment where students can grow, learn, and build lasting relationships with horses, staff, and volunteers.

This packet includes essential information about our safety guidelines, rules, and enrollment procedures, all aimed at ensuring a safe and enjoyable experience for you or your child.

Process

- The first step in enrolling is to complete the Application, Health History Form, Liability Release, Attendance & Cancellation Policy, and have the Physician's Packet filled out by a healthcare provider.
- Once all forms are completed, please call or email to set up a time to meet with us, tour the barn, and observe the program. This must occur before being considered for participation in the program.
- Final determination of a student's participation is made by the Lead Instructor, who will assess the student and review their paperwork to determine the appropriate activity—groundwork (unmounted), riding, or a combination. This decision considers the student's needs, ability of the program to meet the needs of the client, volunteer availability, and guidelines set by PATH (Professional Association for Therapeutic Horsemanship) International.
- If space is not currently available in the program, the student will be placed on a waiting list and will be contacted once a space becomes available.

Riding Attire

- Students are required to wear an ASTM-SEI approved riding helmet. Equi-Ed does have some helmets available for students. Purchasing your own is also an option.
- Students need to wear shoes that are fully enclosed and preferably are smooth soled with a square 1 inch heel. Shoes with large rubber tread are not acceptable.
- Clothing should be fitted (not baggy) and shirts need to be tucked in. Jackets should be zipped or buttoned when riding. Riders are to wear full-length pants. Earrings, barrettes, necklaces and bracelets (unless medical I.D.) are not to be worn.
- The instructor reserves the right to have a student change, or remove apparel or other items, if it constitutes a safety issue.

Lesson Schedule

- Lessons are offered in sessions of 8 weeks. Shorter or longer sessions may be offered based on the overall schedule for the year.
- Lessons are typically 30 minutes in duration and may be private, semi-private or in a group.
- Payment is due at the beginning of each session or by arrangement. Our Cancellation/Attendance policy covers in detail student and parent responsibilities.

If you are interested in setting up an appointment or have additional questions, please contact us!

Sincerely,
Equi-Ed Therapeutic Equestrian Program



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Participant Application & Health History

Participant Full Name:

DOB:

Age:

Height:

Weight:

Diagnosis:

Gender: Female, Male, prefer not to answer

Verbal or Non-Verbal/Signs:

Toileting needs (If applicable):

Parent/Legal Guardian Full Name:

Address:

Phone Number:

Email:

Employer or School of Participant:

Why are you interested in an Equestrian Therapeutic Program?

What would you like to accomplish?

Medications (include prescription, over-the-counter; name, dose and frequency)

Describe student's abilities or difficulties in the following areas (include assistance required or equipment needed):

- Physical Function - i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding
- Psycho/Social Function - i.e. work/school (including current grade if enrolled in school), personal interests, companion animals, fears/concerns, etc.

Discuss Social Relationships/Support Systems:

- Family members (please include names and ages)
- With peers:

Health History, continued

Any specific behavioral issues or concerns:

If yes to above, is there a behavioral management plan in place?

Please indicate current or past special needs in the following areas:

	✓ Yes	✓ No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

Anything else you'd like to share with us?:



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Attendance and Cancellation Policy

Session fees must be paid in full before a student can begin lessons. Accounts must be in good standing for participation, and late fees may apply for overdue payments.

Cancellations

- Student must withdraw from an entire session: If Equi-Ed is able to fill the time slot with another student, the lesson fees will be refunded minus a \$20 processing fee. If the lesson slot cannot be filled, Equi-Ed will refund 50% of the lesson fees.
- Student who must withdraw mid-session: If Equi-Ed is able to fill the time slot with another student, the lesson fees for the remaining lessons will be refunded minus a \$20 processing fee. If the lesson slot cannot be filled, Equi-Ed will refund 50% of the fee paid for the remaining lessons only.
- Individual lesson cancellations: **Must be made by 9am on the day of lessons. Riders cancelling with insufficient time will be responsible for the full lesson fee and not eligible for makeup lessons or credits, if offered.**
- Riders with two or more last-minute cancellations, "No Shows," or excessive cancellations per session may be removed from the program. Equi-Ed maintains a waiting list for future students, and failure to communicate in a timely manner or frequent cancellations may result in your spot being offered to another student.

Equi-Ed reserves the right to cancel a lesson, at any time, for reasons including weather conditions, air quality, inappropriate clothing, behavioral issues, power outages, excessive smoke, health concerns, or insufficient volunteer availability to meet the needs of the students.

Make Up Lessons: Riders may be offered either: ONE make-up lesson at the end of each session, based on scheduling and availability of Equi-Ed instructors, staff, and volunteers. Make-up times and days may vary from the regular schedule. Any additional missed lessons will not be refunded or credited in any way.

Weather: Lessons will be held as scheduled, regardless of weather conditions, unless you are notified otherwise. On "bad weather" days, lesson activities will focus on groundwork and horsemanship (unmounted).

Arrival Time: Please arrive a minimum of 5 minutes prior to your scheduled riding time to provide time to find out the plan for the day, put on your helmet, and prepare for your lesson.. Students arriving late to the lesson may not be able to ride, but may still participate in the arena, if the instructor deems it suitable.

I have read and understood Equi-Ed's Attendance & Cancellation Policy and agree to all its terms and conditions.

Signature of Student or Parent /Guardian, if student is under 18

Date

Relationship to student (if not signed by student): _____



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Emergency Health Information - Participant

In the event that emergency medical aid or treatment is required due to illness or injury during participation in services or activities, or while on the agency's property, I authorize Equi-Ed to: 1) Secure and provide medical treatment and transportation if necessary. 2) Release staff, volunteer, client, or participant records to the authorized individual or agency involved in the medical emergency treatment.

Participant Full Name:

Phone:

Email:

Address:

Allergies:

Medications:

Please describe any medical conditions or physical limitations that we or medical personnel should be aware of, such as seizures, hearing loss, diabetes, etc.:

Emergency Contacts:

Emergency Contact (parent/guardian/spouse/other) Specify Relationship:

Emergency Contact Phone:

Physician:

Physician Phone:

Preferred medical facility:

Insurance Company:

Insurance Company Phone:

Group #:

Policy #:

Medi-Care #:

Medi-Cal #:

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

OR

Non-Emergency Medical Consent. I do not give my consent for emergency medical treatment or aid in the event of illness or injury during participation in services or while on the agency's property. If emergency treatment is required, I request the following procedures be followed:

Signature(self/parent/guardian):

Date:

Print Name:



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Liability Release Form

Name: _____ Today's Date _____

Circle One:

Student | Parent/Guardian | Volunteer | Staff | Guest | Other: (specify) _____

Address: _____ City: _____ State ____ Zip _____

Birthdate: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact #: _____

LIABILITY RELEASE:

Whereas, the undersigned acknowledges the inherent risks involved in working with and riding horses, which risks could include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider or the volunteer assisting them can be injured in normal use or in competition or schooling (horses are unpredictable by nature, when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; horses are extremely powerful; and if a rider falls to the ground, the fall distance will be generally from 3 to 5 feet).

I understand these risks, and I voluntarily assume these risks and dangers with the feeling that the potential benefits to myself/my son/daughter/my ward are greater than the risk assumed.

In consideration, therefore, for the privilege and personal desire to take riding lessons and/or be with horses in the Equi-Ed Therapeutic Equestrian Program, whose instruction or related activities are held at: County of Sonoma Mark West Regional Park 3000 Porter Creek Road, Santa Rosa, CA, Napa Valley Farm and Ranch 1310 Bennett Lane, Calistoga, CA, 1218 Bennett Lane, Calistoga, CA, 1310 Bennett Lane, Calistoga, CA, Sonoma County Community College District, SRJC Shone Farm, Forestville, CA the undersigned does hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, agrees to hold harmless and indemnify Equi-Ed Therapeutic Equestrian Program, Equi-Ed Board of Directors, Santa Rosa Junior College, Sonoma County Regional Parks, staff, instructors, therapists, students, volunteers, and the owners, principals, and heirs of 1218 and 1310 Bennett Lane, Calistoga, CA and further release any of them from any liability or responsibility for accident, damage, injury, illness or death to the Undersigned or to any horse owned by the Undersigned while under the direction, instruction or participation in any aspect of the Equi-Ed Therapeutic Equestrian Program.

PHOTO RELEASE: yes | no

I hereby consent to and authorize the use and reproduction, by Equi-Ed, of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Print Name: _____

Signature: _____ Date: _____

Parent/Guardian, if under 18 | Print Name: _____

Signature: _____ Date: _____