



## 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 tuition one month prior to lesson start date.
3. We strive to keep tuition as low as possible, however, if more financial assistance is needed, please fill out and submit the **K.M. Scholarship**.

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](mailto:Strides@StridesTC.org).

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

### IMPORTANT 2023 TIMELINE DATES

Session	Scholarships & Applications Due (6 weeks prior)	Scholarship Acceptance Letter emailed out (5 weeks prior)	Tuition Due (4 weeks prior)
Spring 2023	Feb 27, 2023	Mar 6, 2023	Mar 13, 2023
Summer 2023	May 8, 2023	May 15, 2023	May 22, 2023
Fall 2023	Jul 24, 2023	Jul 31, 2023	Aug 7, 2023

2023 TUITION FEES		
Adaptive Riding	Group Lessons	Private Lessons
	\$280	\$440
	(40-minutes, 1 time per week x 8 weeks)	(30-minutes, 1 time per week x 8 weeks)
The Complete Horse *	\$480 Semi-private	n/a
	(60-minutes, 1 time per week x 8 weeks) 8yo and up	

\* “**THE COMPLETE HORSE**” is a class that focuses on Horsemanship skills along with traditional therapeutic riding and is an option for some riders. Contact us to see if it is a viable option for you.

**Please mark the program you are interested in:**

- |   |  |
|---|--|
| <input type="checkbox"/> traditional adaptive riding lessons            | <input type="checkbox"/> Horses & Heroes (for veterans & first responders) |
| <input type="checkbox"/> The Complete Horse                             | <input type="checkbox"/> Camp Ruby (respite care)                          |
| <input type="checkbox"/> hippotherapy (contact Kadlec Therapy Services) | <input type="checkbox"/> Camp Rowdy (summer camp)                          |

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

1st choice: \_\_\_\_\_  
 2nd choice: \_\_\_\_\_  
 3rd choice: \_\_\_\_\_

<b>Spring Session:</b>	Apr 10 - Jun 2
<b>Summer Session:</b>	Jun 19 - Aug 11
<b>Fall Session:</b>	Sep 4 - Oct 27

☐ *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 Policy Update

03.23.2022

## Masks

Masks are not required on Strides property until participating in a therapy lesson as horse-leader, side-walker, or client. Clients may be paired with volunteers with similar mask preferences during adaptive riding lessons. Hippotherapy clients, volunteers, and staff will follow Kadlec's standard of practice.

## Sanitization

Volunteers, clients and staff need to sanitize their hands when arriving and leaving Strides. Germ-ex is provided in both the tack room and the feed station for use as needed. Gloves are provided in the feed station.

---

---

## Keeping Up-to-date

*Strides will always comply with CDC Guidelines as they change.*

*Clients, volunteers, and staff must stay at home if they have any symptoms of contagious disease.*

*Please notify Strides if you have a possible exposure to Covid.*

If infected, please quarantine according to CDC Guidelines.

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

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: ☐***