



PARTICIPANT APPLICATION

Welcome! Strides Therapeutic Horsemanship Center is a 501(c)(3) non-profit organization that specializes in providing quine-assisted activities and therapies to individuals with physical, cognitive, and / or emotional impairments. Our programs are conducted by certified instructors, licensed medical professionals, and highly trained volunteers.

PARTICIPANT PROCESS

1. Complete and submit Participant Application via mail or email.
2. **New Participants:** call to schedule your evaluation.
3. You will be enrolled in the most appropriate class based on the results of your evaluation.
4. Tuition must be submitted to reserve your time on the schedule.
5. **Note:** if more financial assistance is needed, the **K.M. Scholarship** is available.

Mail or Email Applications:

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

Email: Hello@StridesTC.org

Which program(s) are you applying for: _____

IMPORTANT:

1. Refer to **“Session Dates & Due Dates”** at StridesTC.org to submit applications, scholarship requests, and tuition payments on time.
2. **Tuition** rates are listed at StridesTC.org.
3. We encourage **all parents / guardians** to take volunteer training to be involved during participant’s session. Call 509-492-8000 or email Volunteer@StridesTC.org to schedule training.
4. **Property / Neighborhood Rules:** Honeysuckle Rd is MAX speed 15mph & Strides property is MAX 5mph. No exceptions.
5. **Review the Participant Handbook** for a complete list of policies & procedures while at Strides.

If you have any questions or concerns during the application process, please contact our office at:

Email: Hello@StridesTC.org

Phone: 509-492-8000

We can’t wait to meet you!

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

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 (Strides) in Pasco, WA. To safely provide this service, Strides requests that you complete the attached **Medical History** and **Physician's Release**.

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 regarding this patient's participation in equine-assisted activities, please contact Strides.

Sincerely,

Strides Executive Director

Email: Strides@StridesTC.org

Phone: 509-492-8000, ext 0

GENERAL INFORMATION

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

Participant's Legal Guardian (if applicable):

Name: _____
first last

Address: _____
Street City State Zip

Cell Phone: _____

Email: _____ I'd like to receive newsletters / updates about Strides.

How did you hear about Strides?

- friend doctor school Google other:
- family therapist IG / Fbk radio / tv _____

HOW WOULD YOU DESCRIBE THE PARTICIPANT'S:

Physical Function (For example: sitting balance, standing balance, mobility, transfers, etc.):

List any assistive devices used and / or orthotics: _____

Psycho/social Function (For example: daily activities, school / work, interests, family / friend support system, companion animals, fears/concerns, etc.):

Goals: what would you like to accomplish during your time at Strides?

Please indicate medical history and other current / past considerations below:

	Example	Yes	No	Comments
Vision	<i>Glasses/contacts</i>			
Hearing	<i>Hearing aids, implants</i>			
Sensory	<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, ptsd</i>			
Behavioral	<i>Aggression</i>			
Pain	<i>Headaches, joint pain</i>			
Orthopedic	<i>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, bees, wasps</i>			

EMERGENCY MEDICAL TREATMENT RELEASE

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

Address: _____
Street *City* *State* *Zip*

Cell Phone: _____

Primary 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 may be of participant or legal guardian.*

Signature: _____ 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 on the property of the agency. **NOTE: The participant’s legal guardian MUST always remain on site during equine-assisted activities.**

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

Signature: _____ Date: _____
Signature may be of participant or legal guardian.

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: _____
Signature may be of participant or legal guardian.

Date: _____

Participant’s Legal Name: _____
first last

DOB: ___/___/___