



## RIDER APPLICATION

Welcome to Creative Therapy Ranch! We are an affiliate of Creative Living Lifestyles operated by Creative Living Unlimited (formerly Medina Creative Housing). We are excited to be sending you our therapeutic riding application packet. Each riding session is 10-12 weeks. Each class is a 45-minute lesson. The cost of each lesson is \$40.00. For new riders there will be an additional \$25.00 assessment fee for their initial riding evaluation.

- Applications are accepted on a first-come, first-serve basis. Complete the enclosed application and return it to 224 North Court St. Medina, Ohio 44256. Please check the dates(s) of the session(s) you are registering to attend on the application.
- Outside Agency Funding. If you have utilized other agency funding sources in the past, it is your responsibility to contact that agency to obtain funding. The agency must forward an award letter or purchase order to Creative Therapy Ranch stating the amount of funding available and session date(s). Without proof of funding, the rider/family will be financially responsible for the therapeutic riding costs.
- Creative Living Unlimited Ridership's are awarded on a per session basis. It is the rider's responsibility to contact the instructor to request a new scholarship for the next session. Prior receipt of a ridership does not guarantee further funding.

### THERAPEUTIC RIDING SESSIONS

Session	Session Cost	Session Selection	Confirmed/Initials
Spring	\$480.00 (12 weeks)		
Summer	\$400.00 (10 weeks)		
Fall	\$480.00 (12 weeks)		
Winter	\$400.00 (10 weeks)		

Intake Process must be completed prior to the applicant's acceptance into the program. Upon acceptance into the program, the Therapy Ranch Manager will provide you with class dates and times. Every effort will be made to accommodate a rider's first preference.

### FUNDING RESOURCES

Please check the box for billing information. All participants are responsible for contacting their funding source to ensure funding is in place for each riding session.

<input type="checkbox"/>	Family Resources
<input type="checkbox"/>	Supported Living
<input type="checkbox"/>	Extended School Year (ESY)
<input type="checkbox"/>	Private Pay
<input type="checkbox"/>	Other
<input type="checkbox"/>	CTR Ridership Requested

**PARTICIPANT'S CONSENT FOR RELEASE OF INFORMATION**

I hereby authorize: Creative Thereapy Ranch to release information from the record of:

\_\_\_\_\_  
Participant's name

\_\_\_\_\_  
Date of birth

The information is to be released to Creative Therapy Ranch for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- \_\_\_\_\_ Medical History
- \_\_\_\_\_ Physical Therapy evaluation, assessment and program plan
- \_\_\_\_\_ Speech Therapy evaluation, assessment and program plan
- \_\_\_\_\_ Mental health diagnosis and treatment plan
- \_\_\_\_\_ Individual Service Plan (ISP)
- \_\_\_\_\_ Individualized Education Plan (IEP)
- \_\_\_\_\_ Psychosocial evalutation, assessment and program plan
- \_\_\_\_\_ Behavior Management Plan
- \_\_\_\_\_ Other

This release is valid for one year of signature date and can be revoked in writing at my request.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

## THERAPEUTIC RIDING POLICIES

Welcome to therapeutic riding year-round! Our professional Association of Therapeutic Horsemanship (PATH) International instructors provide safe, quality, and fun riding lessons. Below are Creative Therapy Ranch's guidelines for all participants.

### **Therapeutic Riding Weight and Physical Ability Guidelines**

Creative Therapy Ranch has established guidelines for the maximum weight and physical ability guidelines for riding to ensure the safety of the rider, the safety of the volunteers, and welfare of the horses. The Creative Therapy Ranch will evaluate all riders in accordance with these guidelines.

### **Dress Code**

All participants **must wear long pants for all mounted activities, closed toe shoes, and an ASTM-SEI riding helmet (will be provided)**. All saddles are equipped with safety stirrups. We do ride during the winter months so please dress accordingly.

### **Cancellations**

Please contact Current Instructor or Chrissi Stohman at 330-243-5883 as soon as the rider/parent is aware that he/she will not be attending class. This will allow time to cancel your volunteers as necessary.

### **Make-Up Class**

Only two make-up class per session will be granted to riders per instructor availability. Contact Current Instructor to schedule make-up class.

### **On Time Arrival**

Please arrive to your riding lesson 5-10 minutes prior to your scheduled time.

### **Weather**

Creative Therapy Ranch reserves the right to cancel lessons due to severe weather.

### **Client Agreement**

I understand and agree to the above Riding Policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RIDER INFORMATION AND REGISTRATION**

Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**First Contact Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**Second Contact Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

## **PROGRAM RELEASE AUTHORIZATION**

Please check the box below to grant/deny permission and authorization of use to Creative Therapy Ranch of all photographs or audio/visual material taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

\_\_\_\_\_ I **DO** Consent

\_\_\_\_\_ I **DO NOT** Consent

### **WARNING OF LIABILITY**

Under Ohio law, an equine activity sponsor, equine activity participant, equine professional, veterinarian, farrier, or other person is not liable in damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during an equine activity and that result from an inherent risk of an equine activity, pursuant to Ohio Revised Code Annotated 2305.321 (2001).

### **CONFIDENTIALITY AGREEMENT**

I understand that all the information (written and verbal) about participants at this PATH International center is confidential and not to be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

I affirm that the information provided above is accurate to the best of my knowledge. I know of no reason(s) why should not participate in this center's program.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participation in equestrian activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence of Creative Living Unlimited and its affiliated organizations, owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

I acknowledge that equestrian activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death, paralysis, or serious injury because of falls while riding horses: broken bones, bruises and other bodily injuries caused by contact with horses, such as being bitten by, kicked by or stepped on by horses; medical considerations resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential quality of the activity. I expressly accept and assume all the risks inherent in this activity or that might have been caused by negligence of the Releasees. My participation in this activity is purely voluntary, and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from all claims, demands, or causes of action which are in any way connected with my participation in this activity or my use of their equipment or facilities arising from negligence. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage to myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created directly, or indirectly, by any such condition. If I file a lawsuit, I agree to do so solely in the state where Releasees facility is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released based on my claim of negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release and agree that the opportunity to participate at the stated cost in return for execution of this release is a reasonable bargain. I have read and understood this document, and I agree to be bound by its terms.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**  
(Must be completed for participation under the age of 18)

In consideration of (print Minor's name) \_\_\_\_\_ being permitted to participate in this activity. I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent / Legal Guardian – Printed Name: \_\_\_\_\_

Parent / Legal Guardian – Signature: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event of an emergency or if medical aid or treatment is required due to an illness or injury during the process of volunteering, receiving services, or while being on the property of the agency, I authorize Creative Therapy Ranch to:

- Secure and retain medical treatment and transportation if needed.
- Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-rays, medication, hospitalization, surgery, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

I **DO** Consent

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I **DO NOT** give my consent for emergency medical treatment or aid in the case of an illness or injury during the process of volunteering, receiving services, or while being on the property of the agency. The Parent or Legal Guardian **will always remain on site** during the equine assisted activity. In the event emergency treatment or aid is required, I wish the following procedures to take place:

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I **DO NOT** Consent

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PHYSICAL EXAM – EVALUATION

Return completed form to: Creative Therapy Ranch  
224 N. Court St. Medina, OH 44256

To be filled out by the rider’s physician or primary health care provider at least once every 3 years. An annual physical exam is required, to be on site, for all riders served by Creative Therapy Ranch.

#### PHYSICAL FINDINGS

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past / Prospective Surgeries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Seizure Type: \_\_\_\_\_

Controlled:      Yes      No      Date of Last Seizure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Shunt Present:    Yes      No      Date of Last Revision: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Special Precautions / Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Mobility:

Independent Ambulation:    Yes      No      Assisted Ambulation:    Yes      No

Wheelchair:                      Yes      No

Tetanus Shot Current (Within last 10 years):    Yes      No      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PHYSICAL EXAM – EVALUATION

Please indicate if the rider has a problem or previous injury in any of the following areas by checking YES or NO. If yes, please comment.

	Yes	No	Comments
Allergies			
Auditory			
Balance			
Cardiac			
Circulatory			
Cognitive			
Emotional/Psychological			
Immunity			
Integumentary/Skin			
Learning Disability			
Muscular			
Orthopedic			
Pain			
Pulmonary			
Speech			
Tactile Sensation			
Visual			
Atlantoaxial Instability			X-Ray date required within 1 year of riding
Other			

I certify, to my knowledge, that there is no reason why this individual cannot participate in supervised equestrian activities. However, I understand Creative Therapy Ranch will weigh the information above against the existing precautions and contraindications.

Date (Required): \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Phone Number: \_\_\_\_\_

Physician Name (Please Print): \_\_\_\_\_

Physician Signature (Required): \_\_\_\_\_

Address: \_\_\_\_\_

## **FINANCIAL RESPONSIBILITY**

### Therapeutic Riding Program

Outside Agency Funding – If you have utilized other agency funding in the past, such as Family Resources, MCCD, SHC, it is your responsibility to contact that agency to obtain funding. The agency must forward an award letter or purchase order to Creative Therapy Ranch, at the email address: [cstohlman@medinacreativeaccessibility.com](mailto:cstohlman@medinacreativeaccessibility.com) and they will clear the rider for lessons. The letter should include the amount of funding available and session date(s).

Private Pay – This is available for all riders without the above funding sources. Total payment for session will be required at the time of application and for a rider to take lessons. Please make all checks payable to: Creative Living Lifestyles

Ridership's – Request for scholarship due to financial hardship or other need are accepted and will be awarded where applicable and when funding is available. It is the rider's responsibility to contact the instructor to request a new scholarship for the next session. Prior receipt of a ridership does not guarantee further funding.

Without proof of any of the above funding, the rider will not be given clearance to ride.

Cancellations – The rider and their families are responsible for payment of all sessions. Two make-up lessons are available in each session. There are no refunds for missed lessons. Please do not give your instructor payments. Please send all payments to:

Creative Living Lifestyles  
224 N. Court St.  
Medina, OH 44256