



SPIRIT STRIDES, Inc.

7833 STATE ROAD Y

DITTMER, MO 63023

PHONE (636) 524-5656

RIDER APPLICATION

2021 SEASON

PLEASE PRINT LEGIBLY:

Name _____

Street _____

City_____County_____State_____Zip_____

Disability_____Home Phone _____

Birthdate_____Gender_____Height_____in. Weight_____lbs.

Email Address_____

If the rider is less than 18 years of age, the parent or legal guardian should fill in below:

Father_____ Phone # (home) _____

Employer_____ (work) _____

Mother_____ Phone # (home) _____

Employer_____ (work) _____

Mother _____ Father - -address if different from above

(Street) (City) (State) (Zip)

Name and address of **LEGAL GUARDIAN** (if different from above parent)

_____ (home) _____

_____ (work) _____

Rider Name: _____
Spirit Strides – Rider Application (continued)

Name and address of Caregiver (if different from parent)

_____ (home) _____
_____ (work) _____

Name of Service Coordinator

_____ (work w/ extension) _____

Rider Profile

Rider has previously ridden with Spirit Strides, INC? _____ Yes _____ No

If yes, how many sessions? _____

Rider has previously ridden with another therapeutic riding program. _____ Yes _____ No

If yes, how many sessions? _____

CIRCLE all that apply below:

Rider is: Ambulatory Non-ambulatory Verbal Non-verbal

Rider uses: Wheelchair Crutches Braces Walker Cane

Rider is able to sit independently: _____ Yes

_____ No

Signature—adult rider or parent/guardian of minor rider

Date

RIDER ATTENDANCE GUIDELINES

- 1) Non-emergency cancellations MUST be made AT LEAST TWO (2) HOURS before the scheduled start time. Non-emergency cancellations made less than two hours before their scheduled start time will be considered unexcused and require full payment of the lesson fee and will not be rescheduled.
- 2) With the exception of a verified emergency, riders who are no-show, no-call will be charged the full amount of their missed session and the session will not be rescheduled.

- 3) All emergency cancellations must be verified.
- 4) Because volunteers are already scheduled for certain hours and we often have several riders throughout the day, riders who arrive within 15 minutes of the beginning of their lesson, will have their scheduled lesson shortened to last until the scheduled end time, but still incur the full fee. If the Rider is more than 15 minutes late, that lesson will be considered an absence and incur full charges and will not be rescheduled.
- 5) Riders will be limited to one (1) cancellation (excused or unexcused) within a 5-week session. Any second and subsequent cancellations will require payment for the missed lesson and will not be rescheduled, with exceptions being given at the discretion of Spirit Strides.
- 6) Upon a second cancellation or tardy, excused or unexcused, riders will be required to prepay for the remaining sessions, at the discretion of Spirit Strides, future absences will incur the full fee for the missed lesson and may result in the cancellation of any remaining sessions.

By signing below, I acknowledge receipt and agreement with all articles of the Rider Attendance Guidelines.

Signature—adult rider or parent/guardian of minor rider

Date

PLEASE RETURN COMPLETED FORM TO:

**Spirit Strides, Inc.
7833 State Road Y
Dittmer, MO 63023
(636) 524-5656**



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand that no rider can be accepted for therapeutic riding instruction until this form has been completed by the parent(s) or guardian. If the rider is of legal age (18), he/she may complete the form, if he/she is legally competent to do so.

Name of rider _____ Date of birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of mother/guardian _____ Phone _____

Name of father/guardian _____ Phone _____

GUARDIAN

Address _____ City _____ State _____ Zip _____

Name of Physician _____ Phone _____

Physician address _____ City _____ State _____ Zip _____

Preferred Medical

Facility _____ Phone _____

Facility address _____ City _____ State _____ Zip _____

Health Insurance Co. _____ Policy no. _____

CONSENT PLAN:

Consent

signature _____ Date _____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid for the rider in case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

(Please note the non-consent provisions are subject to review by the Spirit Strides, INC., Board of Directors and may result in rider non-acceptance to the program).

Non-consent

signature _____ **Date** _____

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____ (facility, individual, physician, etc.) to release information from the records of _____ (rider’s name) to Spirit Strides, INC., for the purposes of developing a Therapeutic Riding Program for the above-named rider. The information to be released is marked below. (Please make as many copies of this form as necessary for any additional releases needed.)

- _____ Medical History
- _____ Physical Therapy
- _____ Occupational Therapy evaluation, assessment and program plan
- _____ Speech Therapy evaluation, assessment and program plan
- _____ Classroom Individual Education Plan (IEP)
- _____ Other _____

Signature _____ Date _____



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STUDENT CONSENT, RELEASE AND INDEMNIFICATION AGREEMENT

I/we, the parent(s) / guardian(s)** of _____ (rider's name), do hereby consent to and assume the unavoidable risks inherent in all horse related activities of said rider's participation in the therapeutic horsemanship program sponsored by SPIRIT STRIDES, Inc., located at 7833 State Road Y, Dittmer, MO and / or other locations. I acknowledge and I understand that despite reasonable safety precautions, horsemanship experiences can result in injury and death. I also acknowledge my understanding that there are no assurances that said rider will receive physical or psychological benefits from participation in said program and I understand that the ordinary risk associated with horseback riding are increased by virtue of said rider's disability.

I understand the **UNDER MISSOURI LAW AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI.** I also understand that, in the event of any accident which might occur, **NO LIABILITY** can be accepted by any organization concerned, including Spirit Strides, Inc., its agents or assigns. In consideration, therefore, for the privilege of riding and / or working around horses at Spirit Strides, Inc., the Undersigned does hereby agree to hold harmless and indemnify Spirit Strides, Inc., and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

For and in consideration of the agreement of Spirit Strides, Inc., to provide riding instructions to the aforesaid rider, I do hereby forever release, acquit, discharge and hold harmless Spirit Strides, Inc., their officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program and the successors and assigns of each of them from all manner of claims, demands, and damages of every kind and nature whatsoever which I or the aforesaid rider may now or in the future have against Spirit Strides, Inc., their officers, directors, agents, employees, instructors, representatives and any therapists, volunteers

and other persons associated with said program and the successors and assigns of each of them on account of any personal injuries, physical or mental condition, known or unknown, to the person of the aforesaid rider, and the treatment thereof, as a result of, or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

Signature _____ Date _____

RESEARCH DATA RELEASE

The undersigned hereby grants permission to use all test results and scores obtained from evaluation, both formal and informal of the above-named rider while said rider was in attendance at programs associated with Spirit Strides, Inc.

With regard to the foregoing statements, no use of the name of said rider will be included in published material. No promises have been made to me to secure my signature to this release other than the intention of Spirit Strides, Inc., or associated programs or consultants to use the test results and scores obtained from evaluations for the purpose of educational work and research.

Signature _____ Date _____

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Spirit Strides, Inc., permission to take or have taken, still and moving photographs and films including television pictures of myself /son/daughter/ward and / or pictures of parents /guardians / siblings and I consent and authorize Spirit Strides, Inc., its advertising agencies, news media and any other persons interested in Spirit Strides, Inc., or the Professional Association of Therapeutic Horsemanship, INTL and their work, to use and reproduce the photographs, films, and pictures to circulate and publicize the same by all means including without limitation the generality of the foregoing: newspapers, television media, brochures, pamphlets, instructional materials, books, websites, social networking sites and clinical material.

With regard to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of Spirit Strides, Inc., to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding Spirit Strides, Inc., and its work.

Signature for Consent _____ Date _____

Signature for Non-Consent _____ Date _____

PHYSICIAN RELEASE AND INDEMNIFICATION AGREEMENT

I/We, the parent(s) / guardian(s)* of _____ (name of rider),
acknowledge that I understand the medical authorization of _____
(name of physician) does not constitute any assurance that the above named rider will receive
physical or psychological benefits from the program conducted by Spirit Strides, Inc., nor does it
constitute an assessment of the risk of possible injury to said rider in relation to the possible
physical or psychological benefits to said rider from participation in the program.

In consideration of the services and the medical authorization of aforesaid physician, I hereby
waive, release and relinquish any and all claims against him/her for any and all liability arising from
his/her authorization for said rider to participate in the program offered by Spirit Strides, Inc., and I
hereby agree to hold harmless and indemnify said physician against any and all claims arising from
said authorization.

Signature _____ Date _____

>Please note that registration is limited and filing paperwork does not necessarily guarantee a
place in the Spirit Strides, Inc., program schedule.

>In the event that you have sole legal custody of or are the sole living parent of the above-named
child / ward, only one signature is required otherwise BOTH PARENTS OR GUARDIANS MUST SIGN
prior to the child participating in the therapeutic riding program, Spirit Strides, Inc.

**Please sign and date each section of this document to verify that you have read that section.

**Your signature below indicates that you have read and understand and give consent to all
segments of this document.**

Rider Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____



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RIDER MEDICAL HISTORY FORM

*****MUST BE COMPLETED AND SIGNED BY A PHYSICIAN*****

Name of Rider: _____ Date of Birth: _____ Phone: _____

Address: _____

Name of Parent/Guardian: _____

Diagnosis: _____ Date of Onset: _____

***For persons with Down's Syndrome:

_____ Negative Cervical X-Ray for Atlanto-Axial Instability X-Ray Date: _____

_____ Negative for Clinical Symptoms of Atlanto-Axial Instability

***If Seizures

Seizure type: _____ Controlled? _____ Date of last seizure: _____

Tetanus shot: Date: _____ (current tetanus required) Height _____ Weight _____

Medications: _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment

Area	Yes	No	Comments
Allergies			
Auditory			
Visual			
Cardiac			
Circulatory			
Pulmonary/Respiratory			
Neurological			
Muscular			

Rider Name: _____

Spirit Strides – Rider Application (continued)

Orthopedic			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			
Other			
Other			

Mobility: Independent Ambulation: Y___N___ Crutches: Y___N___ Braces: Y___N___ Wheelchair Y___N___

Precautions: _____

Physician Authorization: I hereby give medical authorization for the above-named rider to participate in SPIRIT STRIDES Inc., riding program which includes an evaluation by a licensed therapist and/or a certified therapeutic riding instructor to assess functional levels and recommend riding exercises. To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person’s abilities/limitations by a licensed/credentialed health professional (e.g., PT, OT, Speech Pathologist, Psychologist, etc.) in the implementing of an effective equestrian program. This authorization does not constitute any medical assurance that the person above named will receive physical or psychological benefits from the program conducted by SPIRIT STRIDES Inc., nor does it constitute an assessment of the risk of possible injury to said person in relation to the possible psychological or physical benefits from participation in the program.

Physician Name (Please Print) _____ Phone: _____

Address: _____

Physician Signature: _____ Date: _____



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RELEASE OF LIABILITY

SPIRIT STRIDES, Inc., its officers, members, employees, and agents will not be responsible for any damages to person, animal, property at the SPIRIT STRIDES, Inc., riding center of its grounds, nor will they be responsible for any property lost, stolen or destroyed. The undersigned rider/parent/guardian/clinic participant hereby releases SPIRIT STRIDES, Inc., its officers, members, employees and agents from any and all liability, claims, and damages whatsoever (including costs, expenses, and attorney's fees) that might result from damages, injuries, or losses to their person or property during or in connection with, arising out of any show, clinic, event or function, whether or not such damages, injuries, or losses result directly or indirectly from the negligent act or omission of such related parties.

WARNING: UNDER MISSOURI LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

In exchange for the use of property leased/owned by Spirit Strides, Inc., and other valuable consideration, I agree that my use of the premises and any animals, facilities, or equipment leased/owned by Spirit Strides, Inc., is at my own risk. I further agree to indemnify and hold harmless Spirit Strides, Inc., their respective offices, members, employees, and agents from any and all suits, actions, or claims of any type arising from my use of the premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise.

I acknowledge that riding and involvement with horses is a high-risk activity. I have read this agreement and fully understand its content.

PLEASE SIGN HERE: _____

DATE: _____



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RIDER'S BILL OF RIGHTS

CHOICE/PARTICIPATION – You have the right to choose and be included in any Spirit Strides, Inc., program for which you are deemed eligible by our Executive Director.

PROGRAM PLAN – You and/or your Legal Guardian have the right to participate in the development of your program plan which approximates your desired goals.

DIGNITY – You have the right to be treated humanely and with dignity at all times.

COMPLAINTS – If you are dissatisfied with anything at Spirit Strides, Inc., please discuss the matter with the Executive Director.

GRIEVANCE POLICY/PROCEDURES FOR RIDERS

GRIEVANCE POLICY: It is the policy of this agency to ensure maintenance of quality treatment, standards, and uniform compliance with established rules and regulations. All decisions involving involuntary or denial of admission will be subject to review on request of the client involved. The purpose of the Grievance Policy is to allow clients and applicants for services the opportunity to appeal treatment decisions regarding involuntary termination, denial or admission, or other dissatisfaction with the agency's decisions affecting the individual clients. The appeal will be resolved within 60 days.

RIDER'S NAME _____

I acknowledge receipt of the above.

Rider/Legal Guardian

Date