

Adult Riding Program Registration Packet

Mailing/ Program Location: 1811 Mill Road, Perkasie, PA 18944 Phone: 215-822-2515

Name:	Date of Birth:	
Complete Address:		
	cell:	
Email Address:		
	In Case of Emergency Please Contact:	
1. Name:	Relationship:	
2. Name:	Relationship:	
Physician Name and Office:		
Phone:	Hospital:	
Allouging on Madical Condition	a you faal wa should be aways of	
Allergies or Medical Condition	<u>s you feel we should be aware of:</u>	



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information					
Card Type: D MasterCard					
□ Other					
Cardholder Name (as shown	on card):				
Card Number:					
Expiration Date (mm/yy):		CVV:			
Cardholder ZIP Code (from credit card Billing Address):					
Email Receipt to:					
I,, authorize Ivy Hill Therapeutic Equestrian Center to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.					
				Rider's Name	
Signature	D	Date			
Ivy Hill Lesson Account Credit Card Authorization					
Ivy Hill Participant Name					
Run one-time \$		Run Mo	nthly based on lesson		
Convenience Fees of 3.5%** of the total, to assist with the fees charged by the credit card companies.					
(**Minimum of \$3.00 added to the invoice)					
Signature:		Da	te:		

Ivy Hill Therapeutic Equestrian Center 1811 Mill Road, Perkasie, PA 18944 (215) 822-2515 info@ivyhillequestrian.org

Authorization for Emergency Medical Treatment Form

□ Staff

🗆 Participant

Volunteer

Name:	DOB:	Phone:		
Address:				
	Preferred Medical Facility:			
	Policy #:			
Allergies to medications:				
Current medications:				
In the event of an emergency, contact:				
Name:	Relati	ion:Phone:		
Name:		ion:Phone:		

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property, I authorize **Ivy Hill Therapeutic Equestrian Center** to:

1. Secure and retain medical treatment and transportation, if needed.

2. Release rider's records upon request to the authorized individual or agency involved in the medical emergency treatment.

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

Date:_____Consent Signature:_____

<u>OR</u>

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process ofreceiving services or while being on the property of **Ivy Hill Therapeutic Equestrian Center**.

- Parent or legal guardian will always remain on site during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date:______Signature:______

Release and Hold Harmless Agreement

"You assume the risk of equine activities pursuant to Pennsylvania Law."

The program at **IVY HILL FOUNDATION, INC.** (dba. Ivy Hill Therapeutic Equestrian Center) provides equine assisted services for children and adults with special needs. Volunteers and horses are carefully selected and trained, and safety equipment is required for all clients/riders since horseback riding is a risky exercise. No client/rider will be accepted for riding services and no volunteer will be accepted for service until this form has been **READ**, **UNDERSTOOD**, **COMPLETED AND SIGNED** by the parent(s) or guardian(s) of a minor, or if the student or volunteer is of legal age and sound mind, by the rider or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being near horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling.

I acknowledge the risks and potential for injury that may occur with equine assisted activities and working around horses, and, I have discussed these risks with my rider/and a physician. However, I feel that the possible benefits to myself/child/ward are greater than the risk assumed. Therefore, I agree to be legally bound for myself (or for my rider/ward) heirs, executors or administrators and do hereby agree to defend, release, hold harmless and indemnify **IVY HILL THERAPEUTIC EQUESTRIAN CENTER**, its Board of Directors, Instructors, Therapists, Aids, Volunteers, Employees, and Supervisors harmless of any claim for loss, injury or damages of every kind and nature whatsoever while at the **IVY HILL THERAPEUTIC EQUESTRIAN CENTER** facility located at 1811 Mill Rd, Perkasie PA, 18944 or while off the property in conjunction with an **IVY HILL THERAPEUTIC EQUESTRIAN CENTER** event or show.

Date	_Rider's Name (Print)	
Rider Signature		
Address		
City	State	Zip

Liability Release Form

(rider's name) would like to participate in the equine assisted services offered by Ivy Hill Foundation, Inc. (dba Ivy Hill Therapeutic Equestrian Center). By signing this form, I acknowledge the potential risks of injury or death from interacting with and riding horses. I hereby, intending to be legally bound, for myself, my heirs, executor, or administrators, waive and release all claims for damages I may have against Ivy Hill Foundation, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, Supervisors and/or Associates for all injuries, and/or losses I/child/ward may sustain while participating at Ivy Hill Therapeutic Equestrian Center.

Print name of Rider:_____

Signature of Rider:

Date:_____

Photo and Media Release

I hereby

<mark>consent</mark>

do not consent

to and authorize the use and reproduction by Ivy Hill Therapeutic Equestrian Center of all photographs and any other audiovisual and printed materials of me (or my child/ward if participant is under 18 years of age) for the promotional and educational activities or other uses for the benefit of the programs.

Print name of Rider:

Signature of Rider:_____

Date:

Rider Policies and Guidelines

The safety, satisfaction and delivery of services that reflect our mission is based on the ability to schedule lessons within sessions and accommodate, as much as possible, the needs of our riders, families, and employees. The following policies are in place to ensure efficient and effective use of time and resources.

LESSON CANCELLATION

Please call 215-822-2515 or email <u>program.mgr@ivyhillequestrian.org</u> in the event you need to cancel. We appreciate advanced notice if possible to contact all staff and volunteers scheduled for your lesson. Please be courteous about cancelling lessons as your instructors' and volunteers time is valuable. ** Because we bill on a monthly tuition basis, and payment is due at the beginning of the month, any cancellations will not receive any type of makeup or monetary credit.

No Shows

A "no show" is not showing up for lesson or calling after a scheduled lesson to explain why you missed the lesson. In these instances, you will be charged the full amount for the lesson.

Late Arrivals

If you are running late, we will hold the lesson for 15 minutes. After 15 minutes of the start time of the lesson, the staff is not obligated to hold the lesson. Whether the lesson is held or not, the lesson will be charged the full amount even if you show up late. If you know you will be late, please call the barn or let staff know so we can plan and use the time accordingly.

Additional Information

Excessive or repetitive cancellations or late arrivals will jeopardize your lesson appointment slot. If you have an extended sickness or surgery, your time slot will be held during your absence for up to 4 weeks. For the rider's safety, a doctor's note may be required to resume their lessons. Riders may discontinue lessons at any time but are required to give 2 weeks' notice. If you wish to take a break from lessons for longer than one month you will not be guaranteed your same day or time upon your return.

In the case of a closure due to a horse show or a special event, you will not be charged for the scheduled lesson.

Inclement Weather

Ivy Hill Therapeutic Equestrian Center may close or cancel lessons due to inclement weather or uncomfortable temperatures. Weather cancellation notifications will be made by text message, email and/or phone call. When Ivy Hill cancels lessons for weather, a lesson credit will be applied to your next tuition statement. If you decide to not come for your lesson because of the weather when Ivy Hill is open, this will count as an improper cancellation, and you will be charged the full amount of the lesson. With the addition of the large fans in the indoor, we plan to run lessons in most instances unless the weather creates a hazard getting to the facility.

Payment for Lessons

- Price for adult riding lessons: \$60: 50 minute group session •
- Payment is based on monthly tuition where payment is due at the beginning of the month. Payment must be received upon receipt of monthly invoice but no later than the 10th of the month.
- Non-payment for sessions will result in loss of appointment slot. •
- Paid invoices can be generated and are available upon request.
- Payments can be made by cash, check, Venmo or credit card (Visa, Master Card, Discover, or American Express)

Appropriate Clothing

- Long riding pants, sweatpants or yoga pants can be worn, but riding pants are preferred. No shorts or skirts.
- Riding boots or shoes with a hard sole and low heel preferred. Ivy Hill ensures that all saddles are fitted with safety stirrups; sturdy sneakers are permitted. No open-toed shoes permitted. Closed-toed shoes must be sturdy (no Crocs or Ugg's).
- A safety-approved horseback-riding helmet (no bicycle helmets). Must be an ASTM-SEI certified ٠ helmet. Ivy Hill has a selection of helmets of all sizes available for borrowing for lessons.
- Riders should not wear large necklaces, bracelets, or earrings that dangle, or excessively loose-fitting shirts or pants.
- Please note that riders who are not dressed appropriately will not be able to ride.

Rider Limitations

• Weight limit is 230 lbs. for ambulatory persons. Weight limitations may differ for persons requiring full transfers and will be at the decision of our staff.

Barn and Safety Rules

- Should the physical/medical condition of the rider change at any time, Ivy Hill should be notified immediately.
- Riders should arrive at the barn 5-10 minutes prior to the start of their lesson to allow the maximum use • of the scheduled session time and will be brought into the barn by a staff member when they are permitted to come into the barn area.
- No dogs allowed near or in the riding rings unless it is a service dog. •
- Please allow our staff to conduct the lesson without interruption.
- Ivy Hill Therapeutic Equestrian Center is a smoke free facility. •
- For the safety of our riders, no parents or family members may be in the arena during the session unless • explicit permission given by instructor. All ring gates are to remain closed during the session.

Please sign here that you have read and will comply with these policies:

Signature_____ Date_____