



## REGISTRATION PACKET

### Welcome to Lothlorien Therapeutic Riding Center!

Thank you for your interest in participating in therapeutic/adaptive riding lessons at Lothlorien Therapeutic Riding Center, Inc. (LTRC). A 501(c)(3) non-profit organization, LTRC has been providing therapeutic riding and other equine assisted activities to Western New Yorkers since 1983. Therapeutic/adapted lessons are planned around the needs of the individual participant, including their educational, physical, social and/or recreational goals.

#### REGISTRATION PROCESS:

1. Call 716-655-1335 to register for lesson(s). Reservation prior to each session is required. Participants may register for multiple sessions. A \$50 deposit for each session is requested as soon as possible after registering. Cash, money order, check (payable to Lothlorien TRC) preferred. Send to Lothlorien TRC, 15 Reiter Road, East Aurora, NY 14052.
2. Please complete and sign the six (6) enclosed forms and return to LTRC two weeks prior to the first lesson. These forms are valid for the current year only and must be updated each calendar year. **Participation is not possible until complete and necessary forms are on file.**
3. **Lessons are reserved on a first come, first serve basis.** Placement in a session does not carry over to the next session. Please note the beginning and end of the session(s) you are participating in.
4. Payments are non-refundable except in a circumstance when LTRC cancels a lesson or session OR determines that the participant is not suited for horseback riding lessons due to safety concerns, behavior, change in health status, riding contraindication, etc.
5. If necessary, new participants may be asked to attend a screening to facilitate our staff in determining a suitable mount, volunteers or adaptive equipment. This process is free of charge.
6. **Lesson days, times, instructors and horses are subject to change.** The acceptance and/or continuation of a participant depends on the availability of instructors, volunteers, and suitable horses. LTRC reserves the right to cancel a rider's registration if unable to accommodate.

Please notify LTRC at least 24 hours in advance if a rider will be unable to attend a lesson.  
Refunds/makeups are not offered for lessons missed by participant.

#### RIDER CANCELLATION HOTLINE:

**PHONE: Katie - 716-949-3551 (call or text)**

Lothlorien Therapeutic Riding Center, Inc.

15 Reiter Road, East Aurora, NY 14052

Ph: 716-655-1335 • Fax: 716-655-2972

Email: [program.ltrc@gmail.com](mailto:program.ltrc@gmail.com) • [www.lothlorientrc.org](http://www.lothlorientrc.org)

# ***Lothlorien Therapeutic Riding Center, Inc.***

**OVERVIEW OF POLICIES:** In an effort to provide safe conditions and quality service, we ask that all participants and parents/legal guardians/authorized caregivers adhere to our policies. Please refer to the Participant Handbook available at [www.lothlorientrc.org](http://www.lothlorientrc.org) for additional policies and procedures.

## **I. Payment and Attendance**

Please arrive on time for your scheduled lesson. If you are unable to attend your lesson, please call/text Katie at 716-949-3551 so we can make the appropriate arrangements with our horses and staff/volunteers.

- Each session consists of one (1) one-hour lesson per week for 6 weeks. No lessons are held on Fridays or Sundays.
- Cost per participant:           Group Lesson Rate Per Rider, Per Session: \$225
- A \$50 deposit is requested to hold your reservation(s). Full payment is due on or before first lesson.
- LTRC does NOT give refunds or make ups for lessons missed by a rider
- Makeup lesson, refund or credit is provided for lessons cancelled by LTRC
- Weather cancellations are at the discretion of LTRC. Participants are notified of cancellations as soon as that decision is made.
- Lessons are held in the outdoor or indoor arena. Lessons are held when it's raining, but not if there is thunder/lightning as it could spook the horses.
- After 15 minutes and no notification of absence from rider, a lesson is forfeited.
- LTRC will hold lessons as scheduled on March 31 (Easter Weekend), May 28 (Memorial Day), July 4, (Independence Day), October 8 (Columbus Day), November 12 (Veteran's Day)

## **II. Safety Guidelines**

- No smoking ANYWHERE on the premises
- Parents/legal guardians/authorized caregivers are responsible for the supervision of participants and non-participants while at LTRC and must remain on the premises
- To ensure the health and comfort of our horses, all mounted activities are limited to a 200 pound weight limit and is dependent on availability of appropriate horses.
- A physician must sign and date the Medical Clearance form and include participant's current height and weight. We are unable to allow participation without annual clearance from a physician.

## **III. Attire**

- Dress appropriately for weather conditions and riding
- Please wear riding boots, sneakers, or hiking boots. No open toed shoes/sandals.
- Wear long pants. Shorts, skirts, dresses are not comfortable while riding.
- ASTM-SEI (American Society for Testing and Materials - Safety Equipment Institute) helmets are required for each participants. Helmets are available at LTRC or you can wear your own (approved) helmet. Helmets must be worn in the arena, while riding and interacting with the horses.
- Safety stirrups are used on all saddles

# Form 1: Participant Application & Contact Information

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

## PARTICIPANT CONTACT INFORMATION:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Age: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ (REQUIRED)

Address: \_\_\_\_\_ City/ST/ZIP: \_\_\_\_\_

Best number to reach you (circle one): Home Cell Work \_\_\_\_\_

If cell, OK to text you? YES NO

E-mail: \_\_\_\_\_ No email \_\_\_\_\_

School/Organization Attending: \_\_\_\_\_ Grade level: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN/AUTHORIZED CAREGIVER CONTACT INFORMATION:

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

Address: \_\_\_\_\_ City/ST/ZIP: \_\_\_\_\_

Best number to reach you (circle one): Home Cell Work \_\_\_\_\_

If cell, OK to text you? YES NO

Email: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

### For LTRC correspondence, it is best to: (check one)

\_\_\_ Contact **PARTICIPANT** at # listed above \_\_\_ Contact **PARENT/GUARDIAN** at # listed above

\_\_\_ Contact the following person \_\_\_\_\_ at this phone number \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Form 2: Participant Health History & Goals

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_ **Date of Onset:** \_\_\_\_\_

**PHYSICAL FUNCTION:** Describe participant's abilities/difficulties, including assistance required or equipment used (i.e. mobility skills - transfers, walking, range of motion, wheelchair use, etc), sensory issues, cognitive/processing or behavioral concerns, problem solving, following directions, attention span, etc.

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Describe general balance: \_\_\_\_\_

**SOCIAL FUNCTION:** Daily routines at work/school, favorite music, colors, activities, etc, family structure, support systems, companion animals, fear/concerns, likes/dislikes, etc.

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### **PERSONALITY PROFILE:**

Personality/strengths: \_\_\_\_\_

Favorite activities/topics: \_\_\_\_\_

Fears/dislikes: \_\_\_\_\_

Behavioral/social issues: \_\_\_\_\_

Signs participant is becoming frustrated: \_\_\_\_\_

Successful intervention strategies at home/school (reward system, behavior reminders, sensory modalities, etc.):

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**GOALS:** Describe what personal goals or skills you would like to achieve. How can LTRC help you? Socialization, recreation, improve sensory awareness, increase core strength, have fun, etc.

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**PAST RIDING EXPERIENCE:** If new rider, please describe your previous riding experience:

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# Form 3: Emergency Medical Treatment Authorization

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Address: \_\_\_\_\_ City/ST/ZIP: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_  
Allergies (medications, latex, bee stings, etc): \_\_\_\_\_  
Current medications: \_\_\_\_\_

***Parent/legal guardian/authorized caregiver must remain on site at all times  
during equine-assisted activities.***

## CHOOSE ONE:

### CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of working with and around horses, volunteering or while on the property of the agency, I authorize Lothlorien Therapeutic Riding Center, Inc to secure and retain medical treatment and transportation if needed and release my records upon request to the authorized individual or agency involved in the emergency medical treatment. This authorization includes X-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contact(s) above cannot be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant or Parent/Guardian (if under 18)*

### NON-CONSENT PLAN

I DO NOT give my permission for emergency medical aid/treatment if required due to illness or injury during the process of working with and around horses, volunteering or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant or Parent/Guardian (if under 18)*

# Form 4: Liability & Media Release

## RELEASES:

There are 2 separate releases on this page. Please sign and date each separately.

## LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT

I \_\_\_\_\_ (participant's name), would like to participate in riding lessons and horse related activities at Lothlorien Therapeutic Riding Center, Inc. (LTRC). I acknowledge the risks and potential for risks in riding, horse-related activities and/or being around horses, but I feel that the possible benefits to me/my child/my ward are greater than the risks assumed. These risks include, but are not limited to bodily injury, permanent disability, physical harm to rider, horse and spectator, and even death. I further understand that the horse is a prey animal and regardless of its calm nature and training, the horse will revert to its natural instinct to fight or flee when frightened. These actions may include, but are not limited to changing speed or direction at will, shifting its weight, bucking, rearing, kicking, biting or running from danger. I further understand that LTRC and its representatives are not responsible for acts, occurrences, or elements of nature which include, but are not limited to thunder, lightning, rain, snow, wind, and irregular footing which is subject to constant change in condition according to weather, temperature, usage, and natural and man-made changes in landscape. However, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against LTRC, its Board of Directors, Advisory Board, Instructors, Therapists, Aides, volunteers, employees, agents and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, lawsuits and/or losses I/my child/my ward may sustain while participating in LTRC's program.

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

*Participant or Parent/Guardian (if under 18)*

## MEDIA RELEASE:

I \_\_\_\_\_ (print name) **Check one: DO**  **DO NOT**  consent to and authorize the use and reproduction by LTRC of any and all audio/visual materials taken of me/my child/my ward for all promotional materials, including, but not limited to, the reproduction of photographs, audio, video, testimonials and any other materials for our use in print, LTRC website, FaceBook page, educational activities, for grant purposes, or for any other use for the benefit of the program.

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

*Participant or Parent/Guardian (if under 18)*

# Form 5: Participant Medical Clearance

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

(To be completed by Physician)

Participant: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ (REQUIRED)

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

Current Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: **Y N** Date of Last Seizure: \_\_\_\_\_

Shunt Present: **Y N** Date of last revision: \_\_\_\_\_

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

Mobility: Independent Ambulation? **Y N** Assisted Ambulation? **Y N** Wheelchair? **Y N**

Braces/Assistive Devices: \_\_\_\_\_

<i>Please indicate current or past deficits in the following systems/areas, including surgeries:</i>	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Skills			
Cognitive			
Emotional/Psychological			
Pain Tolerance			
Other			

**Applicants with Down Syndrome:** Atlanto Dens Interval X-rays taken on (date): \_\_\_\_\_

**Result: Positive Negative (circle one)**

# Form 6: Physician Statement

(To be completed and signed by Physician)

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The following conditions, if present, may represent precautions and contraindications to therapeutic horseback riding. **Please circle below any of the following conditions present:**

### **Orthopedic**

Spinal Fusion  
Spinal Instabilities/Abnormalities  
Atlantoaxial Instabilities  
Scoliosis  
Kyphosis  
Lordosis  
Hip Subluxation & Dislocation  
Osteoporosis  
Pathologic Fractures  
Coxas Arthrosis  
Heterotopic Ossification  
Osteogenesis Imperfecta  
Cranial Deficits  
Spinal Orthoses  
Internal Spinal Stabilization Devices

### **Medical/Surgical**

Allergies  
Cancer  
Poor Endurance  
Recent Surgery  
Diabetes  
Peripheral Vascular Disease  
Varicose Veins  
Hemophilia  
Hypertension  
Serious Heart Condition  
Stroke (CVA)

### **Secondary Concerns**

Behavior Problems  
Age less than two years  
Age two-four years  
Acute exacerbation of chronic disorder  
Indwelling catheter  
Seizure Disorders

### **Neurologic**

Hydrocephalus/shunt  
Spina Bifida  
Tethered Cord  
Chiari II Malformation  
Hydromyelia  
Paralysis due to Spinal Cord Injury

### **Physician's Statement**

To my knowledge there is no reason why the above named patient cannot participate in supervised equestrian activities. However, I understand that Lothlorien Therapeutic Riding Center Inc. will weigh the medical information above against any existing precautions and/or contraindications before accepting this person for therapeutic horseback riding lessons. I concur with a review if needed of this person's abilities/limitations by a licensed/credentialed health professional (e.g. physical therapist, occupational therapist, speech therapist, psychologist etc.) in the implementation of a safe and effective equestrian program.

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/ZIP: \_\_\_\_\_