# **Rider & Membership Application ForM**

**RULES, TERMS, and CONDITIONS**

All members, riders and clients consent and authorize the use and reproduction by Arion Therapeutic Farm of any of all photographs and any other audiovisual materials taken, for use, for promotional materials, educational activities, exhibitions or for any other use that benefits the farm. Persons who do not wish to be photographed may fill out a form with a staff member of Arion Therapeutic Farm

# **Rules for Riders & volunteers**

**What to wear:**

* Closed toe shoes with a heel (please no runners or sandals)
* Form fitting shirt/jacket (not too bulky)
* Long pants (not too tight or short- track pants or jeans are fine)
* Gloves are needed for cooler weather
* Long hair must be tied back
* Please do not have hanging jewelry (i.e Dangling earrings or bracelets)
* Contact Lenses are not recommended

# **FARM RULES & GENERAL SAFETY**

**All visitors, members, volunteers, Etc. MUST SIGN IN BEFORE GOING DOWN TO THE BARN.**

* Children under the age of 15 must be accompanied by a parent and parents are responsible for the actions of their children.
* NO **dogs** are allowed on the premises.  (except for therapy or service dogs, this is a strict insurance requirement)
* Anyone who is not immediate family must pay the farm drop in fee of $5
* No running/shouting, sudden movements such as door slamming or umbrellas in the riding area.
* No photographs are permitted without permission from the instructor as some horses may be afraid of the flash.
* Always approach a horse from the side, never from behind.
* DO NOT ENTER an animal paddock without staff or Arion volunteer
* DO NOT FEED ANY FARM ANIMALS, without staff permission and supervision.
* Closed toe shoes must be worn in the horse and animal paddocks. Loaner boots are available at the barn.

**By becoming a member of Arion Therapeutic Farm, you are giving us permission to add you to our email list. All lists are kept confidential for Arion Therapeutic Farm communications only.**

Information Needed:

Rider’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If under 18 a Parent or Guardian must fill out form Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_Province:\_\_\_\_\_\_Postal Code: \_\_\_\_-\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Type: Seasonal Riding Family Individual Student

In case of emergency please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Horse Riders Only:**

Male/ Female? Age: \_\_\_\_\_\_\_\_ Present Grade: \_\_\_\_\_\_\_\_Language: English Other Sign Language

Height (ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight (lbs):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days attending Arion- Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have Horse Experience: Y/N if yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any custody agreement, restraining order? Please Give Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (and include copies of legal documents with registration information)

What are your goals for this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment and Cancelation Policy:**

On November 1, 2019 therapeutic riding rates will be $75 per hour or $65 for semi private/non-peak times. Therapeutic riding rates for half-hour lessons will increase by $5 from $45 to $50. One-hour rates will increase from $65-$75 for funded students. A 5% Discount is available to those who prepay for the entire season of rides (12-13 lessons) before the last calendar day of the previous season. There will be a cancellation charge of $25 for all pre-booked lessons that are cancelled. Families are encouraged to send a replacement rider so as not to incur the cancellation fee. No show or short notice cancels (less than 24 hours) will result in a full charge.

1. Private pay students:

Payment for the next month’s rides is **due the last riding lesson of the month prior or on the last calendar day of the month at the latest.** We accept credit cards over the phone, E-transfers, cheques and cash.

2. Funded students:

All funding paperwork must be completed and submitted by Arion. A deposit may be required in order to commence services prior to funding agency approval.

By signing you acknowledge you have read our ‘RULES, TERMS, CONDITIONS & GENERAL WAIVER”

**\*Horse Riders Only:** By signing you acknowledge you have signed the Acknowledgement and Release Form, and if needed a Physicians’ referral form, Medical Information & Behaviour Support information form, and X-ray verification form.

Signature (Guardian Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **\*For Horse Riders Only:**

**Lesson Format:** Each of the lessons will be tailored to each student of which the basic format will be as follows: groom, tack-up, pre-ride warm up, mounting, warm up/stretching, lesson, games, dismount, cool down, farewells/treats

**NO RIDER WILL MOUNT OR DISMOUNT UNLESS THE INSTRUCTOR IS PRESENT AND ASKS THEM TO DO SO**

MEDICAL TREATMENT RELEASE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the parent or guardian under circumstances as stated below, hereby authorized Arion Therapeutic Farm Community Contribution Company LTD to secure such medical advice and treatment as may be deemed necessary for the health and safety of my child or ward (name) \_\_\_\_\_\_\_\_\_\_\_\_, and I agree to accept complete financial responsibility in excess of the benefit allowed by the Provincial Health Plan:

1. Where the health and well being of my child/ward is involved
2. Where medical advice has been such that further services are required – services which require the consent of the parent or guardian.
3. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there is insufficient time to contact such guardian, it will be at the discretion of the person in charge of the program as to what steps must be taken for the welfare and safety of my child/ward.

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentists Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Health Care Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Hospital Insurance: \_\_\_\_\_\_\_\_\_\_

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature of parent/legal guardian in under the age of 19)

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Does the Rider have a disability?**

If yes please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and fill out Medical Information and Behaviour Support information form below

By Signing this you are acknowledging that you have properly read and filled out the medical/disability section of this form accurately.

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

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



