2457 Saucier Road
Kelowna, BC V1W 4B8
www.ArionTherapeutic.farm

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 Therapeutic Clients & 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, ECT. MUST REPORT TO THE WELCOME WAGON TO SIGN IN.

- 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)
- Any persons not covered by family membership must pay the farm drop in fee
- 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.

Arion
Therapeutic farm community

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Information Needed:

Therapeutic Client'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: _____

***Therapeutic Clients 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? _____

Cancellation Policy:

Prepayment is required for all students, there will be a full charge for any missed sessions or short-notice cancellations.

Signature: _____

Start Date: _____Renewal Date: _____

How would you like to be reminded about your renewal? ☐Phone ☐ Email ☐ in person

By signing you acknowledge you have read our 'RULES, TERMS, CONDITIONS & GENERAL WAIVER"

***Therapeutic Clients 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): _____

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Name (Printed):_____

*For Therapeutic Clients Only:

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 Therapeutic Client have a disability? Y/ N

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:_____

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BEHAVIOUR SUPPORT INFORMATION:

Does your child have a behavior support person at home or school ❑ Yes ❑ No

School Attending: _____

Any Learning / Physical concerns: _____

Any emotional / behavior concerns: _____

Please list any other information you think the staff need to be aware of in order to help your child succeed at Arion _____

_____

MEDICAL INFORMATION:

Primary Diagnosis: _____ Secondary Diagnosis: _____

Any medical concerns: _____

Any known allergies/dietary concerns: _____

Diabetic (Type 1 or 2): _____ Insulin: _____ Epileptic: _____

If epileptic, frequency of seizures: _____Date of last seizure: _____ Types seizures:_____

Assistive devices or technologies used:
(wheelchairs, walkers, braces, cochlear implant, etc):_____

Does your child require toileting: ❑ Yes ❑ No If yes please explain _____

Is your child on medications ❑ Yes ❑ No If yes please list: _____

(If our staff will need to administer medication, please be sure to complete one of our consent forms.)