Athelas Therapeutic Riding, Inc
1179 County Highway 5 • Otego NY 13825 • 607-783-2321
www.athelastherapeuticridinginc.org

January 31, 2020

Dear Participant,

Welcome to the 2020 Athelas season! We at Athelas are excited for another year of equine fun! Athelas is offering 7 five week sessions running from April 2020 through December 2020. We added another session to our schedule last year and by doing so, we were able to accommodate more riders and increase our number of lessons for the year. The cost of a five week session is $210. Riders must pay before the start of the session.

A reminder to all riders is that you must notify Athelas if you must miss a lesson because of weather, illness or appointments. Athelas relies on volunteers to assist with lessons. Their time is important. We ask our riders to please respect our volunteers and their time by calling your advanced notice when you cannot make it to your lesson.

The winter riding (January through March) are billed per lesson, at the end of the month. Payment is due when riders receive their bill. If a rider misses a lesson without notifying Athelas in advance, Athelas reserves the right to bill the rider for the missed lesson.

Athelas offers scholarship opportunities through the Jo Ann Currie Scholarship Foundation. Scholarship applications may be picked up at the Athelas office at Northfield Farm, 1179 County Highway 5, Otego NY 13825, or printed from our website: www.athelastherapeuticridinginc.org. Please call Athelas at 607-783-2321 for more information.

We have attached the Participant Agreement packet. Riders must complete, sign and return all forms in the packet, before we can schedule them to ride. All packets must have a current physical. We reserve the right to weight check any rider for the safety of both rider and horse.

Please make a copy of your completed packet and keep it in your files. After Athelas has reviewed and approved the completed Participant Agreement packet, our Instructors will contact the rider to set a schedule and start date.

Thank you for choosing Athelas Therapeutic Riding and for your support. We are looking forward to another great year with all of our riders!

Sincerely,

Allison Mosher
Board President

Anneliese Gilchrest
Lead Instructor and Program Manager

Athelas Therapeutic Riding, Inc. is a not-for-profit organization registered with the New York State Attorney General's Charities Bureau pursuant to both Article 8 of the Estates, Powers and Trusts Law and Article 7-A of the Executive Law. Athelas Therapeutic Riding, Inc.'s Charities Registration Annual Report can be obtained from the State of New York Office of the Attorney General Charities Bureau 120 Broadway, New York, New York 10271.

Board of Directors: Adrienne Raville, Grace Larkin, Elaine Poulin, Tiffany Perillo, and Stacey Frazier
Officers: Allison M Mosher, President; Tish Roach, Vice President; Shannon Hyzer, Secretary & Treasurer

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2020 New Rider Screening

All new clientele to Athelas Therapeutic Riding Inc. must undergo a new rider screening which will allow for appropriate placement in our Therapeutic Riding Program. This screening gives Athelas the opportunity to assess you/or your child for placement as well as providing you time to meet with our Instructors, obtain all necessary information needed, and to receive answers to any questions that you may have. Screening time slots are limited and offered throughout our weekly schedule. The screening costs $42.00 per individual. During the screening our Instructors will evaluate the individual's behavior towards the horseback riding process including the individual's reaction to wearing a helmet, their interaction with the horses and the environment.

We have helmets that are available to borrow for the duration of the lesson; we ask that all riders wear long pants, socks, and closed toed shoes. If you choose to use your own horseback riding helmets, all helmets must be horseback riding helmets that are ASTM/SEI approved. Our Instructors can answer questions regarding other horseback riding equipment. All participant paperwork must be submitted to Athelas prior to setting up your screening time. Please fill out the enclosed forms and mail them back to Athelas. Our Instructors will be in contact regarding available dates and times for screenings. Once the screening appointment has been completed the instructor will determine appropriateness for the program. An Athelas Therapeutic Riding Instructor will then follow up with the Therapeutic Riding Program's scheduling availability and confirm a weekly lesson day and time.

2020
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Participant's Name _____ Organization _____
Best telephone number to contact for schedule changes, etc. _____
Can we text you with schedule changes, etc.? ( ) yes, ( ) no-If yes, telephone number_____
Mailing address for billing _____
E-mail address _____

Dear Participant, Parent or Guardian,

Thank you for your interest in our programming. We do offer scholarships through our Jo-Ann Currie Scholarship Foundation. We would encourage participants to consider applying for these funds. Applications for the scholarship can be found in the office at Northfield Farm where you come to have your riding lesson or you can apply at our website: www.athelastherapeuticridinginc.org.

Please review the following terms and policies for Athelas Therapeutic Riding, Inc. In order to maintain our excellence in programming and the safety of our riders, we ask that all participants and their families adhere to our policies. Failure to commit to these policies will result in loss of riding and/or barn time at the participant's cost. **Please initial next to each term and policy to indicate that you have read and understand it, as well as signing and dating at the bottom of this agreement.**

The following are the terms for enrollment in a Session(s):

1. The cost of a 5-week Session is $210.00. _____ **Initial**

2. If a rider is ill or cannot attend their lesson for any reason Athelas should be notified at least 2 hours in advance of the lesson. _____ **Initial**

3. Weather conditions or instances of illness which affect the presence of the Instructor or proper coverage by volunteers will result in the cancellation of lessons by Athelas. _____ **Initial**

4. Please note there is no credit given or make-up given for an absence. This is considered a No-Show, with horses tacked and waiting and volunteers and staff in place to carry out the lesson. **Remember, there is no credit given in this case. _____Initial**

5. If Athelas cancels a lesson there will be no monetary refund. Athelas will give credit toward the next session._____ **initial**

6. If a rider is not going to ride in the next Session, Athelas needs to be notified 2 weeks prior to the end of the current Session. _____ **Initial**

7. **Bad Weather Policy:** Lessons will only be cancelled in the event of dangerous or threatening weather (e.g. thunder storms, snow storms, very low temperatures). To determine cancellations, you can call the Athelas barn directly at (607) 783-2321, or call or text Anneliese's cell (607) 287-2468. **No credit will be given for spontaneous weather events**. _____ **Initial**

8. **Clothing Requirements Policy:** Long pants and closed-toes shoes (with heels if possible) are required for riders. For safety reasons, we highly recommend that any parents, guardians or staff who will be standing near the horses also wear closed-toes shoes. **No sandals or flip-flops**. During the winter months, we require riders to have warm coats, gloves/mittens and socks that come above the ankles.**_____ Initial**

9. **Helmet Policy:** When near or on a horse, participants must wear an ASTM-SEI approved riding helmet. Athelas provides these helmets to those who need them. Please note that bike helmets, motorcycle helmets, or ski helmets are not acceptable. **_____ Initial**

10. **Late Rider Policy:** It is important for riders to arrive **5 minutes** prior to their scheduled lesson time. If a rider is more than 15 minutes late to a lesson, the rider will not be able to ride. Horses will be un-tacked and volunteers will be released 15 minutes after the scheduled start time of the lesson. In addition, the participant (rider) will be charged the full lesson fee. If however, lateness occurs due to Athelas the full lesson time will be granted._____ **Initial**

11. **Safety Policy:** Athelas reserves the right, at any time, to refuse any participants who we cannot accommodate safely.**_____Initial**

12. **Upon Arrival:** Participants, parents, guardians or staff must remain in the viewing room. An Athelas staff person will escort the participant, parent, guardian or staff person to the mounting block for the lesson**. _____Initial**

13. **Non-client visitors accompanying the Athelas participant:** Any individuals arriving with the Athelas participant, other than the participant's parent, guardian or staff, must remain in the viewing room during the lesson. We do not allow individuals to enter the barn area or walk about on the property unattended by Athelas or Northfield Farms staff. _____**Initial**

14. **Weight Limit Policy:** Rider weight limit is 215 pounds. Those who wish to participate in activities with horses, but are above this limit may be involved in other equine assisted programs. Talk with staff about those opportunities. **_____ Initial**

Your signature below indicates that you have read, understand and will abide by the aforementioned terms and policies of this agreement.

_____ Printed name of Signee

Signature _____ Date _____

Athelas Therapeutic Riding, Inc.

1179 County Highway 5, Otego, NY 13825
(607) 783-2321

Name: _____

I/We are: **Participant/Rider** **Volunteer** **Student Intern**
Please circle one

Release and Hold Harmless Agreement – 2020

Please initial each statement below to indicate your acceptance

_____ I/We acknowledge the inherent risks which are involved in riding and working around horses. The risks may include, but are not limited to, damage to personal property, illness, bodily harm, trauma, or death resulting from a fall while riding or being in close proximity to horses.

_____ I/We further understand that both horse and rider can be injured in the normal course of events while riding, riding in a cart, or grooming, interacting with or feeding horses, and therefore agree to indemnify and hold harmless Athelas Therapeutic Riding, Inc. (Athelas), its Board of Directors, Northfield Farms, LLC, its employees, staff and volunteers and further release them from any liability or responsibility for any accident, injury, damage, or death to the Participant and any person accompanying the participant while on the premises of Athelas' contractor Northfield Farm, LLC located at 1179 County Highway 5, Otego, NY 13825.

_____ I/We understand that Athelas will provide protective headgear (equestrian helmet) and it must be worn by all participants when they are *on* or *near* horses.

Permission for Medical Treatment Agreement

In the event that the Participant or any person accompanying the Participant, volunteer or student intern needs emergency medical attention while at Athelas: (must initial one option below)

_____ I/We **give permission** for the instructors and staff of Athelas to give emergency first aid if needed.

_____ I/We **do not give permission** for emergency first aid to be given and understand in choosing this option I/We will hold Athelas harmless. I/We do understand that Athelas will call 911 if they feel the injury warrants it.

Permission for Photo Release Agreement

Athelas occasionally takes photos or videos during therapy lessons or special events and they may be used for educational or promotional purposes. (Mustinitial one option below)

____ I /We **give permission** for photos or videos to be taken.

May we use your name with photos and videos? ( ) yes, ( ) no

____ I/We **do not give permission** for photos or videos to be taken.

I/We have read, had the opportunity to ask questions, understand, and agree to the above agreements

Printed name: _____

Contact information: Mailing address: _____

_____ Email address: _____

Telephone: Home: _____ Cell: _____

Signature: _____ Date of signature: _____

Please immediately notify Athelas in the event of any changes in contact information. Thank you.

(revised 2/2020)

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Annual Medical History and Physician's Statement for Participants

This must be completed by a physician

Participant: _____DOB: _____ Height: _____ Weight: _____
Address: _____Home Phone: _____
Diagnosis: _____Date of Onset: _____
Surgeries in the past 12 months: _____

Circle Y for "yes" and N for "no"
Non-verbal: Y N
Seizures: Y N Type of seizure: _____ Controlled? Y N Date of last seizure: _____
Photosensitivity: Y N Precautions: _____
Allergies: Y N Precautions: _____
Shunt Present: Y N Precautions: _____
Any other special precautions needed: Y N Please list precautions: _____
_____
Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair use: Y N
List any other mobility assistive devices: _____
Those with Down syndrome: AtlantoDens Interval X-rays: Date of last one: _____
Results: **+ -**

Please indicate current or past special needs in the following systems/areas:

Area	Yes	No	Comments
Auditory			
Visual			
Cardiac			
Pulmonary			
Neurologic			
Orthopedic			
Psychological			
Other			

To my knowledge, there is no reason this person cannot participate in a supervised therapeutic riding program.

Provider Name: _____ MD DO Other _____
Signature: _____ Date: _____
License/UPIN Number: _____

Please add any addition information you feel we should be aware of on the back.

Athelas Therapeutic Riding, Inc.

Payment Form - 2020

Participant Name:_____

Please complete either the "Self-pay" section and/or the "Pay through Agency" section below to indicate how your therapy lesson fees will be paid.

( ) Self-pay

Are you using any vouchers or scholarships to assist with your payment? Check appropriate type.

( ) Springbrook vouchers ( ) JCS

*Contact: _____ *Phone: _____

*Billing Address: _____

City: _____ State: _____ *Zip: _____

Email Address (if we can send your bill via email): _____

* Denotes required field

( ) Pay through Agency (By checking this box, the information below must be completed in full or the application will be returned as incomplete.)

Is this OPWDD funding? ( ) yes or ( ) no

Primary Agency

Agency Name: _____

Service Coordinator: _____ Phone: _____

Email: _____ Fax: _____

Broker (if applicable): _____ Fax: _____

Email: _____ Fax: _____

Signature: _____ Date: _____

Is there a Secondary Agency? ( ) yes, ( ) no If yes, complete below information.

Agency Name: _____

Service Coordinator: _____ Phone: _____

Email: _____ Fax: _____

Broker (if applicable): _____ Fax: _____

Email: _____ Fax: _____

Signature: _____ Date: _____

2020 Participant Background Sheet

(This demographic information is necessary for funding source purposes)

Agency/Family name: _____ **County of Residence**_____

Gender: male _____ female _____

Age or Date of Birth: _____ **Returning Participant?** ____ YES _____ NO

Race/Ethnicity: White/European American African American Hispanic/Latino

(Circle all that apply) Asian/Pacific Islander American Indian

Additional _____

Benefits Received by the Participant: SSI SSD Medicaid

Rider Diagnosis:

ADHD Nonverbal Paralysis Mental Retardation/Intellectually Impaired Autism Depression Mood Disorder

Down Syndrome Cerebral Palsy Muscular Dystrophy Multiple Sclerosis Learning Disabilities Brain Injury

Additional: _____

Family Size and Income: 2020 Federal Poverty Guidelines

Circle the number of people in your household (first row). Looking in the column below the number(s) of people in your household, determine where your income falls and circle that number. For example, if there are 3 people in your household and your income is $23,000, then you would circle $28,180 in the column for "3 Persons", because $23,000 is equal to or less than $28,180. Or if there are 5 people in your household and your income is $40,200, then you would circle the $43,170 in the column for "5 Persons", because $40,200 is equal to or less than $43,170.

Number in Family	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Income Equal to or Less Than	$12,760	$17,240	$21,720	$26,200	$30,680	$35,160	$39,640	$44,120
Income Equal to or Less Than	$17,609	$23,791	$29,974	$36,156	$42,338	$48,521	$54,703	$60,886
Income Equal to or Less Than	$19,140	$25,860	$32,580	$39,300	$46,020	$52,740	$59,460	$66,180
Income Equal to or Less Than	$25,520	$34,480	$43,440	$52,400	$61,360	$70,320	$79,280	$88,240
Income Equal to or Less Than	$31,900	$43.100	$54,300	$65,500	$76,700	$87,900	$99,100	$110,300
Income Greater Than	$38,280	$51,720	$65,160	$78,600	$92,040	$105,480	$118,920	$132,360

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Personal Information and Goals – 2020

Participant name: _____

Please tell us a little more about the participant so we can personalize the lesson to meet the needs and interests of this individual.

Social: tell us about fears or concerns, etc.

Interests: tell us about favorite games, hobbies, TV shows, songs, etc.

Goals for Riding:

Sensory: tell us about difficulty with touch, eye contact, wearing hat/helmets, etc.

Additional: tell us any other information that would be helpful for staff to meet the needs of this rider.