



2021
Athelas Therapeutic Riding, Inc.
1179 County Highway 5, Otego, NY 13825
(607) 783-2321
www.athelastherapeuticridinginc.org



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 _____
Are you a returning rider? () yes () no

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. Please note there is no credit given or make-up given for an absence ***without proper notification as described above***. This is considered a No-Show as horses are tacked and waiting and volunteers and staff are in place to carry out the lesson. Remember, there is no credit given in this case. _____ **Initial**
4. 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**
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, call /text Anneliese's cell (607) 287-2468 or call/text Cheryl's cell (607) 287-0946. **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 _____



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Name: _____

I/We are (Please circle one):

Participant/Rider

Volunteer

Student Intern

Release and Hold Harmless Agreement – 2021

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. (Must initial 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.



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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: _____
 Received full COVID-19 Vaccine: _____

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.



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Personal Information and Goals – 2021



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.



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Payment Form - 2021



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: _____



2021 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 (circle all that apply): White/European American African American Hispanic/Latino
 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: 2021 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 \$29,974 in the column for "3 Persons", because \$23,000 is equal to or less than \$29,974. Or if there are 5 people in your household and your income is \$40,200, then you would circle the \$42,338 in the column for "5 Persons", because \$40,200 is equal to or less than \$42,338.

| 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 | \$12,880 | \$17,420 | \$21,960 | \$26,500 | \$31,040 | \$35,580 | \$40,120 | \$44,660 |
| Income Equal to or Less Than | \$17,60 | \$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 |