



PEGASUS RIDING ACADEMY, INC.

Therapeutic Riding Program

www.pegasusridingacademy.com

8297 Bustleton Avenue, Philadelphia, PA 19152 - (215) 742-1500 - FAX: (215) 742-1515

PARTICIPANT MEDICAL REGISTRATION FORM

(This page to be filled out by client's doctor)

DATE: _____

Name _____ Date of Birth _____ Ht. _____ Wt. _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

E-mail address _____

PHYSICIAN PRESCRIPTION

Physician (print) _____ Phone _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

MEDICAL HISTORY

Diagnosis _____ Cause _____

Date of Onset _____ Limb(s) Affected _____

Physically Disabled Yes { } No { }

Can Participant Ambulate Yes { } No { } Assistance ___ Independent ___ Min ___ Mod ___ Max ___

Assistive Devices _____ Cane ___ Crutches ___ Walker ___ Braces ___ Wheelchair ___

Can client hold head up independently? Yes { } No { }

Can client sit up unsupported independently? Yes { } No { }

Mentally Handicapped Yes { } No { }

Emotionally Disturbed Yes { } No { }

Learning Disabled Yes { } No { }

Non-verbal { } Verbal { } Sounds ___ Words ___ Sentences ___

Is client able to follow commands or directions? Yes { } No { }

Spinal Cord Injury _____

Down Syndrome _____ Atlanto-Axial instability or Neurological Disorder Yes { } No { }

Full Flexion _____ Positive { } Negative { } Date _____

Extension _____ Positive { } Negative { } Date _____

Prescription for Treatment:

Proprioceptive Training _____ Head/Trunk Control _____ Balance _____

Range of Motion _____ Strengthening _____ Motor Planning _____

Neuromuscular Re-education _____ Sensory Motor Integration _____

Precautions _____



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WAIVERS

Date _____

Emergency Release Treatment Form

NAME OF RIDER _____

NAMES OF PARENT/GUARDIAN _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

Physician's Name _____ Phone _____

Name of person authorized to give temporary assistance or care in absence of parent or guardian:

Name _____ Cell phone _____ Relationship _____

In case of Medical Emergency, the undersigned does { } does not { } authorize medical assistance in case of an accident.

Liability Release

I (We) as parent/guardian of _____ in consideration of the efforts of _____

(Name of child or adult rider)

Pegasus Riding Academy, Inc. (hereinafter referred to as "Pegasus") do release and forever discharge Pegasus, the Board of Directors of Pegasus, the employees of Pegasus, the volunteers working for Pegasus, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia from all manner of actions, cause and causes of action, and suits, at law and or in equity which may arise in any manner whatsoever from said horseback riding sessions.

I (We) further promise not to institute any action at law or in equity against Pegasus or any of the individuals serving on the Board of Directors of Pegasus, the Advisory Board of Pegasus the employees of Pegasus, the volunteers working for Pegasus, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia on account of any injury or other loss or damage that may be sustained by me (us) or my _____ as a consequence of said horseback riding sessions.

(child or adult name)

I (We) understand that being on horseback is an inherently dangerous activity that can result in serious bodily injury and/or death of the participants. This waiver shall bind me (us) and my (our) heirs and legal representatives.

I (We) have read this waiver and understand all its terms. I (We) am (are) executing it voluntarily and with knowledge that this waiver will act as a complete bar to any claim resulting from said horseback riding sessions.

Intending to be legally bound, I (we) have signed this liability release on _____, 2008

SIGNATURE _____ DATE _____
(Adult Rider)

SIGNATURE _____ DATE _____
(Parent/Guardian if rider is under 18 years of age)



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Emergency Release Form

Name of person authorized to give temporary assistance or care in absence of parent or guardian:

Name: _____ Phone: _____ Relationship: _____

In case of Medical Emergency, the undersigned does { } does not { } authorize Pegasus Riding Academy, Inc. to provide such medical assistance as they determine to be necessary including medical/surgical care and/or hospitalization for the student, including anesthetic.

(Signature of Parent/Guardian if rider is under 18 years of age)

No participant can be accepted for riding therapy until this form has been completed by the individual or parent(s)/guardian. If the participant is of legal age (18), he/she may complete this form, if he/she is competent to do so. Equine Assisted Therapy will be under strict supervision and although every effort will be made to avoid any accident, it must be recognized that being on horseback is an inherently dangerous activity which could result in SERIOUS INJURY or DEATH, AND NO LIABILITY can be accepted by any of the individuals or organizations concerned.

Photo Release Form

I (We) hereby grant permission to take or have taken still photographs, videotape or television film of our/my child, _____, and consent(s) and authorize the Pegasus Riding

(Name of volunteer)

Academy, Inc., its advertising agencies, news media, and any other persons interested in the Pegasus Riding Academy, Inc., and its work, to use and reproduce the photographs, videotape and television film to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, internet, brochures, pamphlets, instructional material, books and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of the Pegasus Riding Academy, Inc., to use or cause to be used such photographs, films and pictures of Pegasus Riding Academy, Inc and its work.

SIGNATURE _____ DATE _____
(Adult Rider)

SIGNATURE _____ DATE _____
(Parent/Guardian if rider is under 18 years of age)



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RIDING CONTRACT

Pegasus Riding Academy, Inc. (hereinafter referred to as "Pegasus"), a non-profit corporation formed under the laws of the Commonwealth of Pennsylvania, provides equine assisted therapy sessions. Participants agree to the following rules and regulations:

1. All therapy payments must be paid on a monthly basis in advance.
2. Absences due to illness must be reported 24 hours in advance. The client/family will then be advised of make-up times available. It is the client/families' responsibility to utilize a make up session within 2 weeks or forfeit the session and fee. Cancellations received on the day of the scheduled therapy session are considered to be a NON EXCUSED FORFEITED absence and the cost for the therapy session is still due and owing.

*Note: Clients requiring surgery or experiencing a serious illness (more than two weeks; duration) will not be required to pay for or make up the lost sessions, but a valid doctor's note may be needed to restart therapy. During this time, the client's therapy slot will be held until the patient is able to return.

3. All clients will be given three vacation/sick days a year that need not be paid for made up; the client's slot will be held. Two weeks advance notice is needed for vacation.
4. School or religious activities will be excused with one week's notice and client/family will be advised of the make-up slots available. Less than one week's notice will cause forfeiture of fee and session.
5. IF A CLIENT CHOOSES TO LEAVE FOR AN EXTENDED PERIOD, PEGASUS CANNOT HOLD THE TIME SLOT UNLESS THE CLIENT ELECTS TO PAY TO RESERVE THEIR REGULARLY SCHEDULED SESSION.
6. If a client chooses to leave the program, thirty (30) days notice is required. In the interim, the client is responsible for the cost of all lessons during that thirty day period.
7. Fees will be collected as follows:
 - a. Paid in person – money will be collected on the last Tuesday, Wednesday and Thursday evenings and the last Saturday of each month for the coming month.
 - b. Paid by mail – payment can be paid my mail and must be received by the 7th of each month.
Mail payment to:
Pegasus Riding Academy, Inc.
8297 Bustleton Ave
Philadelphia, PA 19152
 - c. Fees paid after the 7th of the month are subject to a "late fee" of \$25.00 per month.
 - d. All bank fees charged for returned checks are the responsibility of the participant.

NOTE: Fees paid in person are to be hand delivered to Ami Ledesma ONLY.

8. Exceptions to the attendance and fee rules can be made in extenuating circumstances. Any client/family with such a situation can submit all pertinent information in writing and the Board of Directors will then determine the matter.
9. Excused absences are as follows:
 - a. Illness – make up session required.
 - b. School function – make up session required, plus one-week notice.
 - c. Religious activity – make up session required, plus one-week notice.
 - d. Vacation – three sessions a year – no fee or make up session required.
 - e. Extended Illness or surgery – no fee or make up required, but a doctor's note is required to resume therapy. An extended illness is considered to be an illness which is in excess of two weeks.
 - f. Family emergency – session may be made up or excused completely as determined by the Board of Directors.

Fee Schedule:

Group Fee: \$40.00 per session (Billed monthly)
Private Fee: \$50.00 per session (Billed monthly)

Upon receiving a slot in the program, clients will need to complete a one time evaluation. Each client will be evaluated by our Staff Therapist and our Program Director. Together these two evaluations will determine the appropriate lesson plan and will be performed at the same time. The one time fees are as follows:

Therapist Evaluation Fee: \$50.00
Pegasus Evaluation Fee: \$50.00

- 10. Punctuality is required. Lateness after 10 minutes will forfeit a session.
- 11. UNDER NO CIRCUMSTANCES can a rider be dismounted from a horse by anyone other than an instructor unless previously authorized.
- 12. Progression of recreational riding and activities are at the sole discretion of the head therapeutic riding instructor.
- 13. All minor participants must be accompanied by a parent or adult guardian. An adult must remain on the premises who will be responsible for any dependence needs and must accompany participants with medical or function dependency.
- 14. **Pegasus has no responsibility for claims or paperwork, other than to provide receipts or acknowledgement of services provided.**
- 15. Executive Staff may make exceptions to above rules in extenuating circumstances.

Yes, I would like _____ to participate in the therapy program at Pegasus Riding Academy, Inc. and have read and agree to the above provisions. I have also discussed this with the participant's Physician. I understand that horseback riding is an inherently dangerous activity that can result in SERIOUS INJURY and even DEATH, and that no liability can be accepted by any organization concerned with this program, including Pegasus, the Board of Directors of Pegasus, the employees of Pegasus, the volunteers, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia in the event of any accident, which may occur.

Signature of Parent or Guardian _____

Signature of Participant over age 18 _____

Date: _____

**PLEASE SIGN, DATE AND RETURN ONE COPY.
PLEASE KEEP A COPY FOR YOUR REFERENCE.**

PHONE NUMBER USED TO CALL FOR CANCELLATION: 215-742-1501.

**VERBAL CANCELLATIONS MUST BE DIRECTED TO THE PEGASUS OFFICE ONLY
OTHERWISE THE STANDARD FEE WILL BE CHARGED.**