



# Pegasus Therapeutic Riding Academy, Inc.

www.pegasusridingacademy.com

8297 Bustleton Avenue, Philadelphia, PA 19152

(215) 742-1500 - FAX: (215) 742-1515

## PEGASUS THERAPEUTIC RIDING ACADEMY SENIOR SADDLES PROGRAM PARTICIPANT REGISTRATION FORM

DATE: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Race/Ethnicity:  Caucasian  Black/African American  Hispanic  Asian Mixed: \_\_\_\_\_ Other: \_\_\_\_\_

HORSE EXPERIENCE? YES NO Please Describe: \_\_\_\_\_

Prior lessons YES NO Please Describe: \_\_\_\_\_

Where: \_\_\_\_\_

How Long: \_\_\_\_\_

What would you like to get out of these lessons? \_\_\_\_\_

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

I am interested in registering for the following sessions:

\_\_\_ **FALL Session:**

\_\_\_ **SPRING Session:**

**The only way to secure your space in a session is to give a deposit of \$100.00**

\_\_\_ **Enclosed is my check in the amount of \$\_\_\_\_\_ as a deposit for Session \_\_\_\_\_.**

\_\_\_ **If the session I selected is full, please put me on the waiting list.**

# **Pegasus Therapeutic Riding Academy, Inc.**

*Therapeutic Riding Program*

8297 Bustleton Avenue, Philadelphia, PA 19152

www.pegasusridingacademy.com

(215) 742-1500 - FAX: (215) 742-1515

## **WAIVERS**

Date \_\_\_\_\_

### **Liability Waiver for Participants/Riders**

I, \_\_\_\_\_ in consideration of the efforts of Pegasus Therapeutic Riding Academy, Inc.  
(Name of rider)

(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 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 \_\_\_\_\_ as a consequence of

(Name of rider)

said horseback riding sessions.

I 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 and my heirs and legal representatives.

I have read this waiver and understand all its terms. I am 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 \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Adult Rider)

**No participant can be accepted for riding therapy until this form has been completed by the individual. Therapeutic Riding 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.**

# Pegasus Therapeutic Riding Academy, Inc.

Therapeutic Riding Program  
8297 Bustleton Avenue, Philadelphia, PA 19152

www.pegasusridingacademy.com  
(215) 742-1500 - FAX: (215) 742-1515

## Photo Release Form for Participants/Riders

I,  DO  DO NOT

consent to and authorize the use and reproduction by Pegasus Therapeutic Riding Academy of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Participant

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Parent/Guardian if participant is under 18 years of age

## Authorization for Emergency Medical Treatment Form

Participant  Volunteer  Staff

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAMES OF PARENT/GUARDIAN (IF UNDER 18) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Allergies/Allergies to medication \_\_\_\_\_

Current medications \_\_\_\_\_

In the event of an emergency, contact:

Name \_\_\_\_\_ Cell phone \_\_\_\_\_ Relationship \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Pegasus Therapeutic Riding Academy,

I authorize Pegasus Therapeutic Riding Academy, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date \_\_\_\_\_

Consent Signature \_\_\_\_\_

Participant, Volunteer, Staff Member, Parent or Legal Guardian

# Pegasus Therapeutic Riding Academy, Inc.

Therapeutic Riding Program

8297 Bustleton Avenue, Philadelphia, PA 19152

[www.pegasusridingacademy.com](http://www.pegasusridingacademy.com)

(215) 742-1500 - FAX: (215) 742-1515

## SENIOR SADDLES RIDING CONTRACT

Pegasus Therapeutic Riding Academy, Inc. (hereinafter referred to as "Pegasus"), a non-profit corporation formed under the laws of the Commonwealth of Pennsylvania. Participants in the Senior Saddles program agree to the following rules and regulations:

### Safety Rules

- U Your safety and well-being is our most important concern.
- U For safety reasons all children and/or guests who come with you, **MUST STAY IN THE WAITING ROOM WITH AN ADULT AT ALL TIMES**. They are not permitted in the barn area. We ask you to be responsible for your guests and children.
- U Please do not hand feed the horses. All treats will be given to the horses at the end of the day by staff.
- U For the safety of everyone involved in Pegasus including the horses, you may **not** bring your pets to Pegasus.

### Clothing

Clients/Riders must wear long pants such as riding breeches, jeans or leggings to prevent chafing of legs. riders may not ride in shorts or skirts. Please also avoid slick athletic pants and swishy snow pants. Riders may not ride in sandals, Tevas, crocks, clogs, or slip-ons. No dangling jewelry. Shoes or boots with a rounded toe and small heel are the safest form of footwear. Safety helmets that meet ASTM-SEI requirements are required to be worn by all riders and are available at Pegasus.

**Riders that come inappropriately or unsafely dressed will not be able to ride.**

### Cancellation Policy

If you know in advance that you have prior commitments and will be unable to attend a class, please advise us as soon as possible so we may notify staff. Riders who arrive more than 10 minutes late for their lesson will not be able to ride. It is the rider's responsibility to attend the lesson at the assigned time. **Riders will be allowed to have one credit for one missed lesson per session. In order to qualify for the credit, Pegasus must receive notice of the absence by Tuesday morning no later than 9:00 am. The credit can only be applied to the next Senior Saddles session. Credits cannot be accumulated.**

### Inclement Weather

Please do not assume that classes will be cancelled due to bad weather. If classes are cancelled by Pegasus you will receive a credit for the missed lesson. Decisions regarding cancellation of classes will not be made until one hour prior to the start of lessons. A message regarding cancellation of lessons will be left on 215-742-1501.

### Medical Forms:

All riders must have the attached medical form completed by their doctor. No rider will be permitted to participate in the Senior Saddles program unless the medical form has been properly completed and submitted.

### Riding Level:

Riding level will be at the discretion of the instructor. Two riding levels are offered:

Level I: Beginner—This class will focus on building basics including proper position on the horse, steering, use of legs and balance through walk and trot.

Level II: Advanced Beginner—This class will focus on progressing beyond basics including smooth transitions, basic dressage skills, and moving in tandem with your horse.

### **Senior Saddle Fees**

11 WEEK SESSION OF 1/2 HOUR GROUP LESSONS (2 PARTICIPANTS MAXIMUM)  
\$42/ LESSON - \$462.00 per session of 11 lessons (Spring 2016 & Fall 2016)

Includes grooming, tacking, instruction (warm up & cool down)

### **Payment Policy**

Payment is due **one week before** the beginning of each session; we accept payment by check **only**.

Please do **not** give your payments directly to the instructor. Please put all payments in the drop box to the left of the first office door.

### **Registration Waiting List**

A waiting list will be created if registration requests exceed the number of available spaces. Riders who wish to register for a specific future session should complete the first page of the registration forms, indicate the session desired and submit the form with the \$100.00 deposit.

By signing below I agree that I have read and understand the above written policies and procedures. I assume financial responsibility for the services I will receive at Pegasus Therapeutic Riding Academy, Inc.

Rider Name: \_\_\_\_\_  
Please print

Signature: \_\_\_\_\_ 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.**

# Pegasus Therapeutic Riding Academy Participant's Medical History & Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_

For those with Down Syndrome: AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + —

Neurologic Symptoms of Atlanto Axial Instability: \_\_\_\_\_

**Please indicate current or past special needs in the following systems/areas, including surgeries:**

	YES	NO	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic/Scoliosis degree			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that Pegasus Therapeutic Riding Academy will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Pegasus Therapeutic Riding Academy for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO NP PA Other

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

**THIS FORM IS VALID FOR A PERIOD OF ONE YEAR FROM DATE SIGNED. IT MUST HAVE ORIGINAL SIGNATURE.**

PLEASE HAND DELIVER OR RETURN BY MAIL TO PEGASUS THERAPEUTIC RIDING ACADEMY, 8297 BUSTLETON AVENUE, PHILADELPHIA 19152