



Welcome New Students!

Dear Prospective PoVa Participant,

Thank you for your interest in PoVa Therapeutic Riding Center, Inc. Enclosed you will find general information about our program, the application process and the required paperwork. If you haven't already done so, please visit our website at www.PoVaTRC.org to learn more about PoVa and to view videos which give an excellent overview of PoVa and therapeutic riding.

To enroll, please complete the attached forms. Once all of the completed forms* are received by our office, we will contact you regarding lesson availability. Currently, our program is at capacity and we have a waitlist. Lesson availability is determined based on current openings, position on the waitlist, requirements of the prospective student and the availability of resources (instructor, horse & volunteers). Due to the varying needs of our students, we must evaluate all factors before assigning a student to a given time slot.

Should you have any questions regarding the application process and/or our program, please contact me.

Thank you for the opportunity to work with you and/or your child. We appreciate every student's incredible gifts and the joy they bring to our lives.

Sincerely,

Ingrid Mourey

Executive Director

ingrid@povatrc.org

Cell: 858-231-7889

Fax: 858-486-7889

Site: 11319 Creek Road/Beeler Canyon Road, Poway

(Mail: 13943 Poway Valley Rd. Poway, CA 92064)

**Students can be placed on the waitlist without the completion of the Physician's Forms and Authorization; however no student will be enrolled nor allowed to ride without physician authorization.*



PoVa Application Process & Participation Policies

Application Process: Available on-line or via email, PoVa provides the required forms for participation, which must be fully completed prior to enrollment.

These include:

- Participant Questionnaire
- Authorization for Emergency Medical Treatment
- PoVa Statement of Participant Eligibility or Dismissal
- Participant Contact Information
- Photo/Video Release
- Information for Physician/Participant's Medical History and Physician's Authorization
- PoVa Therapeutic Riding Center Release & Hold Harmless Agreement
- Creek Road Ranch Waiver Agreement and Release of Liability

Scheduling & Fees: PoVa enrolls students on a session basis. We offer 4 sessions per year (Fall, Winter, Spring and Summer). As our program nears capacity, there is a waitlist for most lesson times. A complete enrollment package (except Physician's Authorization Form) is required to be placed on the waitlist. Current students have enrollment priority for each session.

Session payment (either full or partial) is due at the student's first lesson and session fees are prorated if a rider enrolls mid-session. While we do not charge on a per lesson basis, fees are approximately \$60 per lesson. All lessons are heavily subsidized and fees cover approximately of our 40% projected costs.

Scholarships: At this time we are unable to offer full scholarships. All students receive partial scholarships through our subsidized rates.

Attendance: All students have set lesson times and our instructors and volunteers have committed to be there at the designated time. Should you need to cancel, with a minimum 24-hour cancellation notice and the cancellation is confirmed by PoVa, we will attempt to offer a make-up lesson during the following week. Unfortunately, we cannot guarantee make-up lessons due to limited instructor, volunteer, and horse availability and there are no refunds for missed lessons (whether cancelled by you or PoVa) as our operating expenses remain the same. PoVa will only cancel lessons under extreme conditions. We appreciate your understanding.

Attire: It is recommended that all riders wear long pants (even during summer months) to prevent chaffing. Boots with at least a ¼" heel are preferred but not required. Securely fitting, closed toe shoes are mandatory.

Helmets: All riders are required to wear helmets. We have a selection of helmets available. Riders are welcome to bring their own ASTM certified riding helmets as long as they fit properly.



Participant Questionnaire

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<u>PARTICIPANT'S INFORMATION</u>		
Name:	Date of Birth:	
Gender:	Height:	Weight:
Occupation/Education Level:		
Primary Diagnosis:		
Secondary Diagnosis:		

Has the student had previous experience with therapeutic riding and/or hippotherapy? ___yes ___ no
 If yes, please explain:

<u>PARENT/CAREGIVER'S INFORMATION</u>	
Name:	
Phone Number:	E-Mail:

GOALS FOR PARTICIPANT
<u>Cognitive</u>
<u>Physical</u>
<u>Social/Behavioral</u>
<u>Life Skills</u>
<u>Other</u>

LESSON AVAILABILITY							
Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
	PM <input type="checkbox"/>		PM <input type="checkbox"/>		PM <input type="checkbox"/>	AM <input type="checkbox"/>	

Desired Start Date: _____

PARTICIPANT'S DIAGNOSIS-RELATED STATUSES AND SKILL LEVEL INFORMATION
<u>Mobility Status (walks independently, walks with assistance, uses wheelchair, etc.)</u>
<u>Balance Challenges (sitting and/or standing)</u>
<u>Communication Type (verbal, signs, non-verbal, etc.)</u>
<u>Fine Motor Skills</u>
<u>Gross Motor Skills</u>
<u>Medications Taken</u>
<u>Seizures (if applicable, please describe)</u>
<u>Allergies (if applicable, please describe)</u>
<u>Skin Sensitivity (if applicable, please describe)</u>
<u>Heat Intolerance and/or similar sensitivities (if applicable, please describe)</u>
<u>Participant's Occupation/Education Level (please include current grade level/ or completed level if applicable)</u>

Are there any behaviors that we should be aware of (timid, fearful, impulsive, etc.)? If yes, please explain:

Please provide us with any additional information you feel will be helpful in working with student and/or lesson planning:

How did you hear about our program? _____

The participant must give their signature and the date below if they are 18 years or older.
If the participant is underage or unable to sign, their parent, guardian, or caregiver may sign below.

Signature:	Date:
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PARTICIPANT'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency treatment/medical aid is required due to illness/injury during the process of receiving services from Poway Valley Therapeutic Riding Center (**PoVa**), or while being on the property of Carol Funk and Creek Road Ranch, I authorize **PoVa** to:

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

Participant's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Allergies: _____

Current Medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by a physician. This provision will be invoked if the emergency contacts are unable to be reached.

Date: _____ Consent Signature: _____

Participant's Parent or Guardian (if under 18): _____

Print name: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services from Poway Valley Therapeutic Riding Center (**PoVa**), or while being on the property of Carol Funk and Creek Road Ranch.

Parent or legal guardian will remain on site at all times during equine assisted activities.

In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

Participant's Parent or Guardian (if under 18): _____

Print name: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____ City: _____ Zip: _____



PoVa Statement of Participant Eligibility or Dismissal

PoVa Therapeutic Riding Center offers services to individuals with special needs. Eligibility for participation in PoVa's programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, horse, volunteers and class availability which meets the individual's needs. Financial consideration is not taken into account in determining the eligibility for participation.

As a PATH International Member Center, PoVa Therapeutic Riding Center ascribes to the Precautions and Contraindications as recommended by the Medical Committee of PATH International as well as the Professional Standards. Therefore, our staff provides initial and ongoing evaluations for all prospective and active participants. Please be aware that PoVa staff does not have medical background or medical training. Their evaluations are solely based on how a client presents and how they feel it corresponds to the participant's ability to safely participate in the program. It is the participants/parents/care givers sole responsibility to understand and evaluate all medical conditions and/or changes and to discuss such with the participant's physician and as applicable PoVa's staff.

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom PoVa's programs are deemed inappropriate either during the initial assessment or during ongoing lessons. This determination is made on the basis of physical, behavioral or other limitations.

Individuals accepted into PoVa's programs are required to take part in periodic progress reviews and follow PoVa's rules and procedures. During these reviews, or as a result of unusual occurrences during participation, PoVa's staff may find that continuance in the program for a given individual is inappropriate. For this reason, PoVa reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of PoVa and/or the individual concerned.

PoVa reserves the right to decide we are unable to serve an applicant due to unavailable resource(s) and/or safety concerns including PATH International guidelines relating to contraindications for participation.

I have read and understand PoVa's Statement of Participant Eligibility or Dismissal

Participant/Parent/Guardian

Date



Participant Contact Information

PARTICIPANT		
Name:	Date of Birth:	
Gender:	Current Diagnosis:	
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	E-mail:
Mailing Address (if different than above):		
City:	State:	Zip:

PARENTS/GUARDIANS/CAREGIVER		
Name:	Relationship:	
Preferred Phone (please circle one) HOME CELL WORK		Person responsible for payment? (Y/N)
Home Phone:	Cell Phone:	E-mail:
Occupation/Employer:		Work Phone:
Name:	Relationship:	
Preferred Phone (please circle one) HOME CELL WORK		Person responsible for payment? (Y/N)
Home Phone:	Cell Phone:	E-mail:
Occupation/Employer:		Work Phone:

Person(s) responsible for payment (if other than above): Name: _____

Email: _____ Phone: _____

EMERGENCY CONTACT		
Name:		
Home Phone:	Cell Phone:	Work Phone:
Name:		
Home Phone:	Cell Phone:	Work Phone:

Other relevant/important contact information: _____

The participant must give their signature and the date below if they are 18 years or older.
 If the participant is underage or unable to sign, their parent, guardian, or caregiver may sign below.

Signature:	Date:
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PHOTOGRAPHY/VIDEO RELEASE

I hereby consent to and irrevocably authorize the use and reproduction by **Poway Valley Therapeutic Riding Center, Inc. ("PoVa")** in all forms and media and in all manners, including any and all printed and electronic photographs or audiovisual materials or recordings ("**Materials**") taken of myself/ my son/ my daughter/ my ward for any and all purposes including without limitation publicity, illustration, advertising, promotion, instructional materials, books, and Web content, fundraising, or for any other use to promote or benefit **PoVa** or its programs. I authorize **PoVa**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I further agree that **PoVa** may use **Materials** of me/my son/my daughter/my ward with or without my name or biographical data and for any lawful purpose, with no compensation (present or future). I release **PoVa** and its subsidiaries, officers, directors, employees, representatives, agents, licensees, successors and assigns from all liability in connection with any use of those **Materials**. I represent that neither I nor my son/my daughter/my ward are professional models, nor will signing this release violate any other agreements that I have made for me or on their behalf. I understand that I may withdraw my consent to use **Materials**, but that my withdrawal shall apply only to Materials taken after the date of such withdrawal, and shall not apply to any **Materials** previously covered by this Release, which consent is irrevocable.

I have read, agree to and understand the above:

Program Participant: (signature) _____ Date: _____

Guardian's Consent

I am the parent or guardian of the minor named below, and have the legal authority to execute the above consent and release. I approve the foregoing and waive all rights.

Date: _____ Name of Minor: _____

Signature of Guardian: _____ Printed Name: _____

NON – CONSENT:

I do not consent to PoVa Therapeutic Riding Center using any photographs and or audio/visual materials of me/my son/my daughter/my ward.

Date: _____ Name of Minor: _____

Signature of Guardian: _____ Printed Name: _____



Information to be completed by Physician

Date: _____

Dear Physician:

Your patient _____ (participant's name) is interested in participating in supervised equestrian activities including therapeutic horseback riding. In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note the following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these and/or other conditions are present that may represent precautions or contraindications, and to what degree.

NEUROLOGIC

Chiari II Malformation
Hydrocephalus/shunt
Hydromyelia
Neuromuscular Disorders (if there is an increase in fatigue or pain with activity)
Paralysis due to Spinal Cord Injury
Seizure Disorders
Spina Bifida
Tethered Cord

MEDICAL/SURGICAL

Allergies
Cancer
Diabetes
Heart Conditions
Hemophilia
Hypertension
Peripheral Vascular Disease
Poor Endurance
Recent Surgery
Respiratory Compromise
Serious Heart Condition
Stroke/Cerebrovascular Accident
Varicose Veins

ORTHOPEDIC

Atlantoaxial Instabilities
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Internal Spinal Stabilization Devices
Joint/Hip Subluxation & Dislocation
Kyphosis or Lordosis
Osteogenesis Imperfecta
Osteoporosis
Pathologic Fractures
Scoliosis
Spinal Fusion/Fixation
Spinal Instabilities/Abnormalities
Spinal Orthoses

SECONDARY CONCERNS

Acute Exacerbation of Chronic Disorder
Animal Abuse
Behavioral Problems (including Fire Setting)
Dangerous to self or others
Indwelling Catheter
Medications (including photosensitivity)
Skin Breakdown
Under 4 years of age (*with physician approval will accept at 2 years of age.*)

ADDITIONAL REQUIREMENTS FOR DOWN'S SYNDROME

- 1) A medical exam with special reference to neurological function.
- 2) Lateral or side view x-rays (within the last 5 years) of the upper cervical region in full flexion and full extension.
- 3) Certification from a physician that an exam did not reveal atlantoaxial instability or focal neurological disorder.

Thank you for our assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact me.

Sincerely,

Ingrid Mourey

Executive Director
858-231-7889
ingrid@povatrc.org



Ingrid Mourey

Executive Director

ingrid@povratrc.org

Cell: 858-231-7889

Fax: 858-486-7889

Site: Creek Road Ranch, Poway

Mail: 13943 Poway Valley Rd.

Poway, CA 92064

PARTICIPANT’S MEDICAL HISTORY AND PHYSICIAN’S STATEMENT/AUTHORIZATION

Please give to your doctor to complete. Please complete all sections.

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Participant’s Name:	Date of Birth:
Diagnosis:	Date of Onset:
Primary Disability:	Date of Onset:
Height:	Weight:
Date of Last Tetanus Shot:	
Name of Parent/Guardian:	
Signature of Parent/Guardian or Participant if over 18:	

Please indicate current or past difficulties in the following areas including surgeries:

Areas	Yes	No	Comments
Allergies			
Auditory			
Behavior			
Bowel/Bladder			
Cardiac			
Circulatory			
Learning Disability			
Mental Impairment			
Muscular			
Neurological			
Orthopedic			
Pain			
Psychological			
Pulmonary			
Speech			
Visual			
Other			

Participant: _____

(3rd page to be completed by physician)

Additional Information:

Current Medications: _____

Shunt: yes / no Date of last revision: _____

Seizure Type: _____ Controlled: yes / no Date of last seizure: _____

During seizure, is there uncontrollable motor activity? yes / no

Do/Could seizure be Atonic or involve drop activity? yes / no

Please describe symptoms of seizure (both before and during), typical aura, typical motor activity during seizures, post-seizure behavior and duration, average duration of seizures, what to do should a seizure occur:

For participants with Down Syndrome:

____ Negative Cervical X-ray for Atlantoaxial Instability. X-Ray Date: _____

____ Negative for Clinical Symptoms of Atlantoaxial Instability. Date: _____

Mobility:	Independent Ambulation	Yes / No	
	Crutches	Yes / No	
	Braces	Yes / No	
	Orthotics	Yes / No	To remain on / off / use optional during riding
	Wheelchair	Yes / No	
	Walker	Yes / No	

Please indicate any special precautions/contraindications/concerns: _____

In my opinion this person can participate in supervised equestrian activities including therapeutic horseback riding.

Physician Name (Please Print) _____ MD DO NP PA Other _____

Physician Signature _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Phone: () _____ License/UPIN Number: _____



RELEASE AND HOLD HARMLESS AGREEMENT

POWAY VALLEY THERAPEUTIC RIDING CENTER, INC. (PoVa) provides therapeutic horseback riding for people with disabilities. No student will be accepted for riding instruction and no volunteer participants accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the Participant and/or the parent(s) or guardian(s) of a minor or by the student or volunteer if of legal age and sound mind. The undersigned acknowledges the inherent risks involved in riding and working around horses, including possible bodily injury from riding or being in close proximity to horses, among other risks, and further understands that both horse and rider can be injured in training, competition or schooling. In order to provide this valuable service, **NO LIABILITY** can be accepted by the **PoVa** program or any of the organizations or persons connected with the above-named facility.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND COULD RESULT IN SERIOUS INJURY OR DEATH. I AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

IN CONSIDERATION, for the privilege of riding and/or working around horses at **PoVa**, the undersigned, as the Participant and/or as parent or guardian of a minor participating in the program, jointly and severally do hereby release PoVa, Carol Funk (dba Creek Road Ranch), and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, demands or causes of actions that I, the Participant or any of our respective assignees, heirs, distributees, guardians, next of kin, spouse or legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) any participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that the undersigned and the Participant, and our respective assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release. I further agree to hold harmless, defend and indemnify the Releasees and each of them from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including, but not limited to reasonable attorneys' fees and court costs, which may be asserted against or suffered by any of the Releasees, on account any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to, acts, omissions or incidents occurring at or relating to **PoVa** or any of the Releasees, including but not limited to their negligence in rendering services described above or in any way incidental thereto.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them, to the best of his or her ability.

The undersigned further agrees to use only those facilities of **Creek Road Ranch** set aside for the user by **PoVa**, and to stay away from the **Creek Road Ranch** horses and other property, unless accompanied by authorized **PoVa** personnel.

PARTICIPANT NAME (PLEASE PRINT)

PARENT/GUARDIAN NAME (PLEASE PRINT)

RELATIONSHIP TO PARTICIPANT

SIGNER'S ADDRESS

CITY

STATE

ZIP

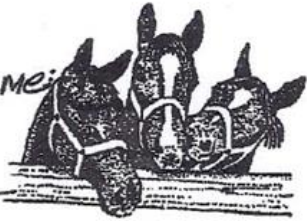
SIGNATURE: PARENT OR LEGAL GUARDIAN

DATE

SIGNATURE: PARTICIPANT (If applicable)

DATE

Horse's NAME: _____



Creek Road Ranch

WAIVER AGREEMENT AND RELEASE OF LIABILITY

PLEASE PRINT → I _____ (i.e. Jane Doe or if under 18 "John Doe for daughter Jane Doe") hereby acknowledge that I have voluntarily applied to participate in Equestrian Activities, on the premises of Carol Funk dba Creek Road Ranch.

I AM AWARE THAT PARTICIPATION IN SUCH EQUESTRIAN ACTIVITIES IS HAZARDOUS. I AM VOLUNTARILY PARTICIPATING OR CONSENTING FOR MY CHILD TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. PLEASE INITIAL _____ ← *

AS LAWFUL CONSIDERATION for being permitted by Carol Funk dba Creek Road Ranch to participate in these activities and use their facilities, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute Carol Funk dba Creek Road Ranch for injury or damage resulting from the negligence or other acts, however caused, by and employee, agent, contractor or guest of Carol Funk dba Creek Road Ranch as a result of my participating in the aforesaid equestrian activities. In addition, I hereby release and discharge Carol Funk dba Creek Road Ranch from all actions, claims, or demands I, my heirs, distributees, guardians, legal representatives and assigns I may now have or may hereafter have for any injury or damage resulting from my participation in the aforesaid equestrian activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND Carol Funk dba Creek Road Ranch, AND SIGN IT OF MY OWN FREE WILL. PLEASE INITIAL _____ ← *

Name _____ Signature _____

Address/City/Zip _____ Phone _____

Dated _____ Witness _____

Must be signed by parent or legal guardian of child under the age of 18