



Cowichan Therapeutic Riding Association

at Providence Farm 1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

CTRA REGISTRATION PACKAGE

*This package contains intake materials for CTRA Programs. Completion of this package does not guarantee acceptance or placement into any program. **Acceptance into CTRA programs is at the discretion of the CTRA staff.** CTRA takes the registration process seriously to ensure the best outcome for our participants and we ask for your patience as we collect and review all the necessary information.*

REQUIRED Fillable Forms (must be filled out and/or signed/initialled for consideration of any/all of CTRA's programs):

Registration Form including Registration Policies

Physician's Referral Form (Includes Contraindications & Precautions information)

AND Physical Therapy Evaluation (Includes Contraindications & Precautions information) if possible

OR Secondary Referral Form (Includes Contraindications & Precautions information)

Service Agreement

Helmet Use Waiver

Participants Acknowledgement of Risk and Release of Liability Form

OR Parents/Guardians Acknowledgement of Risk and Release of Liability Form

Photo Release Form

Rider Weight Policy

Facility Rules

***We thank you for taking the time to fill out these forms and review this information.
It helps us to create a safe and successful program for our participants.
Forms can be returned in person, via email to info@ctra.ca or via fax to 250-746-1033***

Phone: (250)746-1028 Fax: (250)746-1033

info@ctra.ca www.ctra.ca

Charity Number: 891723843RR0001



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REGISTRATION

*(All items with a * must be filled in)*

*Participant Name: _____ * Primary Email: _____

*Date of Birth: _____ * Age: _____

*Address: _____

*City: _____ *Postal Code: _____

*Primary Phone Number: _____

Secondary Phone Number: _____

Primary Contact Information (if other than the participant themselves):

*Name: _____ * Relationship to participant? _____

* Is this person the parent and/or legal guardian of this participant? Yes No

* Email: _____ * Primary Phone Number: _____

* Secondary Phone Number: _____

*Address: _____

*City: _____ *Postal Code: _____

Parent and or Legal Guardian Information (if applicable and different than the primary contact):

*Name: _____ * Relationship to participant? _____

* Email: _____ * Primary Phone Number: _____

* Secondary Phone Number: _____

*Address: _____

*City: _____ *Postal Code: _____

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Emergency Contacts (please include at least one person who is NOT also the primary contact):

#1

*Name: _____ * Relationship to participant? _____

* Email: _____ * Primary Phone Number: _____

* Secondary Phone Number: _____

#2

*Name: _____ * Relationship to participant? _____

* Email: _____ * Primary Phone Number: _____

* Secondary Phone Number: _____

School Information (if applicable):

Is this participant homeschooled? Yes No

Will this participant be coming to CTRA through a school program? Yes No

(if **YES**, please provide school info) Name of School: _____

Contacts @ School:

Primary Contact @ School:

Name: _____ Email _____

Primary phone number: _____ Secondary phone number: _____

Alternative Contact @ School:

Name: _____ Email _____

Primary phone number: _____ Secondary phone number: _____

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Participant Information:

Language: English _____ Other _____ Sign Language _____

Information to support positive outcomes (tips to promote success, learning styles, etc.): _____

Participant Goals: _____

What days of the week is this participant available? (Please select day and indicate hours of availability):

Example: Monday

Hours:

9am – 12pm

1pm – 3pm

Monday

Hours:

Tuesday

Hours:

Wednesday

Hours:

Thursday

Hours:

Friday

Hours:

Saturday

Hours:

Any final comments or notes that you feel CTRA should consider?: _____

Where did you hear about this organization: _____

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REGISTRATION POLICY

Registration and intake for the CTRA program occurs a minimum of 3 weeks in advance of the coming session, unless previous arrangements have been made.

Lessons are payable in advance of the session unless otherwise arranged with the office. There is a once yearly registration fee to help cover administration, membership, insurance costs and CanTRA affiliation.

There may be outside funding available to cover some or all of the lesson costs. Please be sure to check our website at ctra.ca for a current list of funders and to investigate other funders on your own. We are happy to help you with forms if needed, but it is your responsibility to pursue outside funding prior to the start of lessons. *If funding is not in place by the session start, you will be required to pay up front and be reimbursed when funding is received, or withdraw for the session.

Cancellations of registration in the period 5 business days prior to the first day of session may be subject to a cancellation fee of 25% of the session cost.

CTRA prioritizes participants who are referred to the program from a medical professional. Integrated (participants without a referral) participants will be considered for enrollment only if space is available within an already existing lesson/schedule. Currently enrolled integrated riders may be bumped from their next session to allow space to be given to a referred rider.

Priority for future session space is given to riders enrolled in the current session. New spaces will be filled on a first registered, first scheduled basis.

Riders who are not eligible for the current session may be wait-listed or referred to another program stream.

Registration is subject to the restrictions of the program resources and schedule. While CTRA will make reasonable efforts to ensure that interested participants are included in program activities, continued or future registration in the program is not guaranteed. CTRA reserves the right to deny or discontinue future or current services in the interest of safety, best practice, and the limits of program resources.

I have reviewed and understand the information on this form.

Participant/Parent/Guardian Initial: _____

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PHYSICIAN'S REFERRAL (4 pages)

Note: It is important that this form be filled out in detail (e.g. height, weight, etc.) in order for the instructor and medical team to match the rider with the mount. A list of contraindications and precautions to therapeutic riding is enclosed for your information—please initial that you have reviewed these pages.

*Name of Participant: _____ Date: _____

*Date of Birth: _____ Occupation/Student: _____

*Next of Kin/Guardian: _____

*Participant or Parent/Guardian Phone Number: _____

Living at Home: _____ Other: _____

Medical Information

Primary Diagnosis: _____

Secondary Diagnosis: _____

Height: _____ Weight: _____ Sex: M F

Diabetic: _____ Insulin: _____ Epileptic: _____

If epileptic, frequency of seizures: _____ Date of last seizure: _____

Medications: _____

For: _____

Communicable disease: Yes _____ No _____ if yes, explain: _____

Surgery: _____ **Date:** _____

Ambulatory: Yes _____ No _____ If yes, specify: _____

Muscle Tone: (spasticity, flaccidity, etc.):

Tone in upper extremities: _____

Tone in lower extremities: _____

Tone in trunk: _____

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Balance sitting: _____ Standing: _____ Walking: _____

Language: English: _____ Sign Language: _____ Other: _____

Speech: Good: _____ Fair: _____ Poor: _____

Ability to understand: Good: _____ Fair: _____ Poor: _____

Sensory Function: Sight: _____ Hearing: _____ Tactile: _____

Continence: _____

Allergies: _____

*****IMPORTANT*** When do you recommend this patient to reassessed?** _____

I hereby give my permission for the above individual to participate in the Cowichan Therapeutic Riding program at Providence Farm.

Physician's Signature: _____ Date: _____

Physician's Name: _____ Date: _____
(please print clearly)

Physician's Address: _____ Date: _____
(please print clearly)

Telephone: _____ Fax: _____

EXTENDED PHYSICIAN'S REFERRAL

To: Cowichan Therapeutic Riding Association Re: Patient Name _____

The last medical referral submitted on _____ is still valid.

There have been no significant changes to the condition of the client other than as noted below.

Physician's Signature: _____ Date: _____

Physician's Name: _____

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CONTRAINDICATIONS AND PRECAUTIONS TO THERAPEUTIC RIDING

If an individual has any of the following medical conditions, riding is very unlikely to be a beneficial activity for him/her, and is even likely to be harmful. Before an individual is accepted into the Cowichan Therapeutic Riding Association program, both physician and medical committee (CTRA) should be consulted concerning the suitability of therapeutic riding for that person. CTRA may require further medical documentation from any individual at any time in order for that person to continue to participate in mounted therapies. CTRA reserves the right to deny riding opportunities in the best interest of safety.

Contraindications

- Moderate to severe **agitation** (confusion, excitement) and/or very disruptive behaviour.
- **Seizures** which are not controlled by medication
- **Spinal instability**, including subluxation (partial dislocation) of cervical (neck) vertebrae.
- **Severe osteoporosis**, which is most common in senior citizens, involves brittleness of the bones – hence increasing the possibility of fractures.
- Pathological fractures arising from a condition, such as osteogenesis imperfecta (**brittle bones**).
- Acute stages of **arthritis**.
- Periods of exacerbation of **multiple sclerosis**.
- **Open pressure sores or wounds**.
- The individual is taking **medication** in a type/dosage that induces a physical state that makes riding risky or inappropriate.
- **Hemophilia**, a congenital condition of the blood characterized by hemorrhages (bleeding).
- The individual is taking **anticoagulant medications** (blood thinners).
- **Atlanto-axial instability** (found in individuals with Down Syndrome) – Individuals with Down Syndrome require a Atlanto-axial x-ray prior to participation.
- **Spondylothesis** (subluxation of the lower lumbar vertebra on the sacrum).
- **Coxarthrosis** (degeneration of the hip joint) – riding is too stressful on this joint.
- **Detached retina** (condition of the eye).
- **Acute herniated intervertebral disk**, which may press on spinal nerve roots.
- **Complete quadriplegia**, occurring as a result of a spinal injury.
- **Structural scoliosis greater than 30 degrees, excessive kyphosis** (rearward increase of the curvature of the thoracic spine), **lordosis** (increased forward curvature in the lumbar spine), or **hemivertebra** (a congenital defect in which one side of a vertebra is incomplete).
- **Dislocation, subluxation, or dysplasia** (abnormal development) of the hip(s) with significant restriction or asymmetry.
- Any condition that therapist, physician, or program instructor, medical committee, or manager do not feel comfortable treating through ridden therapy.
- Riders should wait for at least 6 months after a **rhizotomy** (a neurosurgical procedure) before participating in any riding program.

I have reviewed the information on this form.

Physician Initial: _____

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Precautions and Possible Contraindications

- Prolonged use of Dilantin.
- Incontinence.
- Hydrocephalus, presence of shunt(s).
- Sensory deficits (unable to feel certain parts of the body).
- Heterotopic ossification.
- Significant allergies to horse hair, dust, hay, etc.
- Recent surgery.
- Serious cardiac (heart) condition.
- Craniotomy (any surgical procedures on the skull).
- Diabetes.
- Peripheral vascular disease, resulting in poor circulation in the extremities.
- Obesity (refer to Rider Weight Policy).
- Extreme fatigue.
- Arnold Chiari malformation, a congenital defect in which the cerebellum and medulla oblongata protrude through the skull, down into the spinal canal, and which is most often associated with other disabilities such as spina bifida.
- Any spinal fusion, whether natural or due to surgical intervention (eg Harrington rod).
- History of skin breakdown and/or skin grafts over the areas of the body that bear weight in riding (seat and legs).
- Tethered cord.
- History of substance abuse which has resulted in fragile blood vessels.
- Rhizotomy (a surgical procedure in which the roots of the spinal nerves along the spinal canal are cut).
- Communicable diseases such as acquired immunodeficiency syndrome (AIDS) or hepatitis B, which can place the persons affected and/or others at risk.

I have reviewed the information on this form.

Physician Initial: _____

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SECONDARY REFERRAL FORM (3 pages)

*Use for referrals other than those from a medical doctor, physiotherapist or occupational therapist.
CTRA reserves the right to require a physician referral in addition to this form.

Participant Name: _____ Date of Birth: _____

Participant Phone Number: _____ Height: _____ Weight: _____ Sex: M F

Diagnosis: _____ Evaluation Date: _____

Referring Professional Name: _____ Phone: _____

Referring Professional Type:

Psychologist

Chiropractor

Teacher or Teacher Aide

Aid Worker

Support/Social Worker

Sports Coach/Instructor

School Counsellor

Other _____

Reasons for Referral: _____

or select any/all that apply:

withdrawal

anxiety

agitation

verbal aggression

depression

anger

self-esteem

relationship skills

bullying

trust issues

communication issues

concentration issues

social avoidance

attention issues

fitness needs

behavioural issues

other: _____

Are there specific triggers that may cause the participant to exhibit any of the above?

Does the participant experience any difficulties with transitions or changes? Often Sometimes Rarely

Please describe the types of transitions or changes the participant may find challenging (eg location, schedule, personnel, horse, activity, etc) _____

How does the participant currently indicate that they want or need a break from a difficult activity or when they are tired?

Are you aware of any medical reasons this participant may need a medical physician's referral in addition to this one?

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Contraindications

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- Pathological fractures arising from a condition, such as osteogenesis imperfecta (**brittle bones**).
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- **Detached retina** (condition of the eye).
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- **Complete quadriplegia**, occurring as a result of a spinal injury.
- **Structural scoliosis greater than 30 degrees, excessive kyphosis** (rearward increase of the curvature of the thoracic spine), **lordosis** (increased forward curvature in the lumbar spine), or **hemivertebra** (a congenital defect in which one side of a vertebra is incomplete).
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- Riders should wait for at least 6 months after a **rhizotomy** (a neurosurgical procedure) before participating in any riding program.

I have reviewed the information on this form.

Parent/Guardian or Referring Professional Initial: _____

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- Sensory deficits (unable to feel certain parts of the body).
- Heterotopic ossification.
- Significant allergies to horse hair, dust, hay, etc.
- Recent surgery.
- Serious cardiac (heart) condition.
- Craniotomy (any surgical procedures on the skull).
- Diabetes.
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PHYSICAL THERAPY EVALUATION (4 pages)

Please complete this evaluation as fully as possible to enable us to plan a therapy program which will benefit the individual client. A list of contraindications and precautions to Therapeutic Riding is enclosed.

Participant Name: _____ Date of Birth: _____

Participant Phone Number: _____

Diagnosis: _____ Evaluation Date: _____

Surgeries Performed (with dates): _____

Other Pertinent Medical History: _____

Muscle Strength: Gross _____

Specific Weakness _____

Joint ROM: Gross _____

Specific Weakness _____

Muscle Tone: _____

Balance: Sitting _____ Standing _____

Coordination: Gross Motor _____ Fine Motor _____

Reflex Activity: Developmental _____

Tendon Reflexes _____

Pain: Character _____ Location _____

Caused by _____ Relieved by _____

Sensory Impairments: _____

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Perceptual Problems: _____

Communications Difficulties: _____

Skin Condition: _____

Functional Abilities: Mobility _____

Transfers _____

ADL Skills _____

Problem List

Plans & Goals

1. _____

2. _____

3. _____

4. _____

Additional Comments: _____

RPT Name: _____

RPT Signature: _____

RPT Address: _____

RPT Phone: _____

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Therapist Initial: _____

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SERVICE AGREEMENT

Participant Name: _____ Date of Birth: _____

This agreement is to outline what families can expect from the Cowichan Therapeutic Riding Association and the Association's expectations of the family.

Please read carefully and initial:

Service Guidelines

- ___ 1. **Lesson fees are payable in advance of the session unless otherwise arranged with the office.** There is a once yearly registration fee of \$25 to help cover administration, membership, insurance costs and CanTRA affiliation. Participants with outstanding fees may not be allowed to participate in future sessions until the account is settled.
- ___ 2. Lesson times will be scheduled with consideration of the participants preferred day and time, WHERE POSSIBLE. If a lesson is cancelled we will do our best to make it up at session end but this may not always be possible.
- ___ 3. **Please give as much notice as possible if you need to cancel.** Many volunteers are involved in each lesson and need to be given notice if they are not required. If a participant is unwell a medical document is needed for a credit or a make-up lesson.
- ___ 4. **On occasion lessons may need to be cancelled due to the weather.** This decision is never made lightly and is always done with the participant's health, comfort & safety in mind. Whenever possible Stable Management lessons will be offered. Declining Stable Management lessons will not result in refund or rescheduling of the lesson.
- ___ 5. **Make up lessons will be offered at the end of a session when CTRA cancels lessons entirely. If a medical document is provided in case of rider illness, a credit will usually be issued.**
- ___ 6. Lessons will not run on Statutory Holidays and a makeup lesson will be scheduled at the end of the session.
- ___ 7. The length of the lesson is scheduled to the participant's needs and abilities. If a rider is having difficulty participating, the lesson may be shortened to meet the participant's needs. Services are based on normal boundaries of respect, safety and trust. If the Instructor feels a client's physical, emotional and medical state or behaviour may create a safety concern, the lesson may be reconstructed, rescheduled, or terminated at the discretion of the staff.
- ___ 8. Group lessons for 3 or more riders run for 1 hour, semi-private lessons run for 45 minutes and private lessons run for 30 minutes. Vaulting classes run 1.5-2 hours depending on number of participants. The lesson time may have to be restructured according to number of participants.
Exception: Stable Management Vocational Development Program participants are billed at an hourly rate.
- ___ 9. Parent, guardian and/or caregiver must remain at the facility unless previous permission to leave the participant unattended has been granted.

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- 10. To ensure an effective lesson parents and/or guardians are not permitted to participate in the lesson as a volunteer, and are in fact encourages to stay “removed” from the lesson if possible so as to reduce distractions.
- 11. If the regular caregiver acts as a sidewalker and is to be changed please notify the office and where possible have regular caregiver orient new caregiver to the program routine. Failure to provide notice may result in lesson cancellation.
- 12. If a rider falls from their horse, the rider will not be remounted until the following lesson. It is recommended that any rider who has fallen have a medical check up. CTRA may require a medical document prior to allowing a student to resume participation.
- 13. It is the responsibility of the parent, guardian and/or caregiver to ensure that participants are appropriately attired for their activities and the weather conditions. Sturdy, closed-toe boots or shoes are mandatory for all activities *except vaulting. Boots with a heel and long pants are mandatory for riding activities. All riders and participants interacting in close proximity to horses must wear an ASTM approved helmet. Helmets and boots are available on a first come first served basis. For those participants borrowing a CTRA helmet – the appropriate helmet waiver must be signed. As using individual helmets is hygienically preferable and usually more comfortable, riders are encouraged to purchase their own ASTM approved helmet.
- 14. All forms must be properly filled out and returned to CTRA at least three weeks prior to the start of the session to allow all applications to be forwarded to the Medical Committee for approval. For participants involved in riding activities - please read “Contraindications and Precautions” before forwarding referral to physician. Certain conditions, states or physical constitutions may preclude a client from participating in mounted therapies. The decision of the Medical Committee will be final.
- 15. It is the responsibility of the client, parent, guardian and/or caregiver to inform CTRA of any changes to state or condition of client (e.g. medication changes, surgery, grand mal seizures or major incidents). In some circumstances a medical note may be needed before returning to the program.
- 16. It is recommended that every participant familiarize themselves with the facility prior to the start of the session or following a break from the program. In particular, emergency exits and procedures should be reviewed regularly.
- 17. A consultation visit may be recommended for new riders to assess their suitability for a particular program. The charge for this assessment is \$20.
- 18. To facilitate service, relevant information will be shared within the program team, including consultation with outside professionals who are members of our Medical Committee. Otherwise all information regarding your participant is kept confidential.

Signature of Rider, Parent or Guardian: _____

Printed Name: _____ **Date:** _____

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Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

HELMET USE RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

WARNING: READ BEFORE SIGNING! THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

I, THE UNDERSIGNED, AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS AND ENTER INTO THIS LEGAL CONTRACT ON MY OWN FREE WILL. THIS CONTRACT SHALL BE LEGALLY BINDING UPON ME, MY HEIRS, MY ESTATE, ASSIGNS, LEGAL GUARDIANS AND MY PERSONAL REPRESENTATIVES AND IN THE EVENT THAT I AM SIGNING ON BEHALF OF ANY MINORS, THAT I HAVE FULL AUTHORITY TO DO SO, REALIZING ITS BINDING EFFECT ON THEM AS WELL AS MYSELF. I AGREE UNCONDITIONALLY TO ALL TERMS AS OUTLINED BELOW:

I understand that equestrian activities and using equestrian facilities involve inherent and other risks of INJURY and DEATH. I agree to expressly assume all risks of injury or death that may result from my participation in any program or event at the Cowichan Therapeutic Riding Association, or which relate in any way to the use of this equipment.

I understand that a helmet designed for equestrian sport use will help reduce the risk of some types of injuries to the user. I recognize that serious injury or death can result from both low and high energy impacts, even when a helmet is worn. I understand that no helmet can protect the user against every foreseeable impact to the head, and that equestrian sports present situations which surpass the limits of protection offered by this helmet.

I understand that this helmet does not protect against trauma to any other part of my body, including my neck and spine, and that these limitations are INHERENT RISKS of any activity in which this helmet will be used.

I RELEASE, HOLD HARMLESS, DEFEND, AND INDEMNIFY The Cowichan Therapeutic Riding Association, its employees, owners, affiliates, volunteers, agents, lessors, lessees, shareholders, officers, directors, their distributors and successors in interest (collectively Providers), from all liability for injury, death, property loss and damage which results from the equipment user's participation in the equestrian sport for which the equipment is provided, or which is related in any way to the use of this equipment, including all liability which results from the NEGLIGENCE of Providers or any other person or cause. In the event that I am signing on behalf of any minors, I agree to indemnify, defend and hold harmless The Cowichan Therapeutic Riding Association, and all of its owners, officers, members, agents and employees, its lessors and lessees for any claim, suit, expense or loss which arises out of the participation or presence of minor at the Cowichan Therapeutic Riding Association. I further agree to defend and indemnify providers for any loss or damage, including any that results from claims or lawsuits for personal injury or death, and property loss and damage related in any way to the use of this equipment.

I ACCEPT FOR USE "AS IS" THE HELMET BORROWED AND UNDERSTAND THAT IN ORDER TO FUNCTION AT ITS FULL CAPACITY, THIS HELMET MUST FIT CORRECTLY, AND I AGREE THAT THE PROVIDER HAS SUPPLIED A HELMET THAT PROPERLY FITS ME. When I fasten the chinstrap and shake my head there is no significant movement of the helmet, and at rest it feels comfortably snug. I fully understand all instructions on the correct use and function of the helmet. I agree not to transfer the helmet for use by any other person during the course of my lesson/session. In the event the undersigned does transfer the helmet in violation of this agreement, he/she agrees to indemnify Providers against any claim, demand, losses, or damages arising out of the injury of property damage through use of said equipment. This Agreement shall be binding and may be plead as a complete bar and defense against any claim, demand, action or causes of action by or on behalf of the undersigned or any user.

In the event of any incident while wearing the helmet or damage otherwise inflicted upon the helmet, I agree to immediately cease use, and return the helmet to the staff of the Cowichan Therapeutic Riding Association as soon as possible. I will disclose any incident involving the helmet or any damage otherwise inflicted upon the helmet to the staff of the Cowichan Therapeutic Riding Association.

I agree to return this helmet to the staff of the Cowichan Therapeutic Riding Association in clean condition, and understand that I am responsible and will be held accountable for the full retail value of the helmet if I fail to return it. I recognize that I may be responsible to pay for any repairs if the helmet is damaged beyond normal wear and tear during my rental period.

This document is a legally binding contract which is intended to provide a comprehensive release of liability, but it is not intended to assert any claims or defenses which are prohibited by law. Any provision of this agreement and release which shall prove to be invalid, void or illegal in no way affects, impairs or invalidates any other provision hereof, and such other provisions shall remain in full force and effect. I further agree that any claim I may bring against the Cowichan Therapeutic Riding Association shall be filed in the Province of British Columbia and I further agree that only the laws of the Province of British Columbia shall apply in the construction or application of this agreement.

User Name: _____ Email: _____ Phone: _____
City: _____ Province: _____ Postal Code: _____ Age: _____
Signature: _____ Printed Name: _____
Date: _____

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Cowichan Therapeutic Riding Association

at Providence Farm

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Cowichan Therapeutic Riding Association

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ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

For **Participants over the age of majority** in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Participant Must Read and Understand this Waiver Prior to Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of The Cowichan Therapeutic Riding Association and The Vancouver Island Providence Community Association of 1843 Tzouhalem Road, Duncan, BC, Canada, its directors, committee officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, stable management activities, horse handling, and riding instructions provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

_____1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:

- (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
- (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
- (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.

_____2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".

_____3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".

_____4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:

- (a) to waive all claims that I have or may have in the future against the "Host";
- (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
- (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".

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Cowichan Therapeutic Riding Association

at Providence Farm

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_____. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".

_____. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".

_____. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Please Print Clearly

Participant Name _____

Date of Birth _____

Address _____ City _____

Province _____ Postal _____

(Signature of Participant): _____

Signed this _____ day of _____, 20____

(Print Name Witness to Signing and Initialing): _____

(Signature of Witness): _____

Signed this _____ day of _____, 20____



Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

For **Parents/Guardians of Participants under the age of majority** in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this Waiver Prior to Child/Ward Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Participant named below with and for the benefit of The Cowichan Therapeutic Riding Association and The Vancouver Island Providence Community Association of 1843 Tzouhalem Road, Duncan, BC, Canada, its directors, committee officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, stable management activities, horse handling, and riding instruction provided by the "Host" to the Participant.

Initial each item below after reading and understanding each item:

_____ 1. I am the Parent/Guardian of the Participant and am executing this waiver on behalf of the Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Participant for all legal purposes.

_____ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:

- (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
- (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
- (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.

_____ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Participant's participation in "Equine Activities".

_____ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Participant in the Participant's participation in "Equine Activities".

_____ 5. In addition to consideration given to the "Host" for the Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:

- (a) to waive all claims that the Participant has or may have in the future against the "Host";
- (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Participant, or our "Legal Representatives" might suffer as a result of the Participant's participation in

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"Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
(c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Participant's participation in "Equine Activities".

____ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".

____ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Participant, and it is binding on myself, the Participant and our "Legal Representatives".

Please Print Clearly

Participant's Name _____

Date of Birth _____

Address _____ City _____

Province _____ Postal _____

Parent/Guardian's Name _____

Date of Birth _____

Address _____ City _____

Province _____ Postal _____

(Signature of Parent/Guardian of Participant): _____

Signed this _____ day of _____, 20____

(Print Name of Witness to Signing and Initialing): _____

(Signature of Witness): _____

Signed this _____ day of _____, 20____



Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

PHOTO/VIDEO RELEASE

I hereby consent to, and authorize the use and reproduction by, Cowichan Therapeutic Riding Association (CTRA) of any and all photographs and/or other audio visual materials taken of me/my son/daughter/ward for promotional printed material, social media, educational activities, exhibitions, or for any other use for the benefit of the CTRA program. I will make no monetary or other claim against the Cowichan Therapeutic Riding Association for the use of these materials.

Participant Name: _____

Participant Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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RIDER WEIGHT POLICY

Acceptance into CTRA programs is at the discretion of the CTRA staff. The rider's weight, size, tone and level of body control are all taken into consideration.

Therapeutic riding activities are contraindicated if:

1. the staff is unable to safely manage the participant in any situation, including an emergency dismount.
2. safety or comfort of the horse is compromised during mounted activities.

Weight Limit:

- In order to participate in riding at CTRA, riders must have their current weight on file.
- Current weight is that of the participant, fully outfitted to ride – including boots and helmets.
- Updated rider weights are required at least 1 x per year and may be required at the outset of each session.
- Each rider/horse combination is subject to a weight limit. Each individual weight limit is calculated according to accepted industry standards on rider weight limits (generally 20% of a horse's weight including all equipment), an individual's tone and balance, the nature of the disability, the constitution of the horse, and includes any required equipment. **Participation in riding at CTRA is subject to the availability of a suitable horse and is at the discretion of the CTRA staff.**
- CTRA reserves the right to weigh all riders at any time during their participation in the program. Riders who surpass the weight limit for their assigned horse during the session will not be permitted to continue riding and will be offered Therapeutic Horsemanship for the remainder of the session.

I have reviewed and understand the information on this form.

Participant/Parent/Guardian Initial: _____

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FACILITY RULES

These rules are for the safety of everyone--humans and horses

- There is no smoking permitted anywhere on the CTRA facility property except in the designated area between the alternate school workshop and the “Discovery Shed”.
- All children are to be supervised while on the CTRA property, at all times.
- No running, yelling, or “horseplay” is permitted around horses or in the areas of the arena, the barn, or the lounge.
- Proper closed-toe footwear is to be worn at all times in the barn & ring.
- Tools and equipment should be kept away from the alleyways and entrances of the facility unless in active use.
- All snacks for the horses must be approved by a stable staff member prior to feeding. Under no circumstances may the CTRA horses be hand fed. Approved snacks may be placed in the feed room. If no staff are available to approve a treat, please leave the food in the feed room with a note if possible.
- **NO PHOTOGRAPHS** of riders/clients are permitted, under any circumstances, unless the participant has a signed a photo release on file with the CTRA.
- Do not handle or enter the enclosures of any horses without permission. Riding and horse handling is to be confined to the areas approved for such activities. If you are unsure please ask a CTRA staff member.
- The authority of the Instructor must be respected at all times during riding/horse handling sessions. No unauthorized persons in the arena at any time during lessons. Seek permission from the Instructor or staff before interacting with the participants or horses involved in a session.
- Avoid creating hazards. Remember that loud/unfamiliar noises and sights; sudden movements; loose or flapping materials; flashes or bright lights; and environmental changes can easily “spook” horses. Dogs are not permitted on the property except with permission from the staff. Dogs must be leashed. **No dogs in barn, ring or bleachers at any time!**
- Avoid parking/driving/making movements and noise around the arena while riders are in the arena.
- Any individual, lunging, long reining, or riding a horse on the CTRA property must wear an approved ASTM helmet and appropriate footwear. This equipment is recommended while handling a horse.
- Horse handling while alone is strongly discouraged. Riding without an active witness is not permitted.
- No jumping is permitted except during lessons or training conducted by an Equine Canada Certified Jumping Coach.
- All program participants of the CTRA must submit all applicable program-specific documents, appropriately completed and signed as required, prior to engaging in any activities on the property.
- All volunteers must submit all applicable volunteer documents, appropriately completed and signed as required, prior to working with the program or at the facility of the CTRA.
- All user groups of the CTRA facility must comply with all of the outlined policies regarding insurance and facility use. All requested documents, appropriately completed and signed as required, must be submitted prior to any use of the CTRA facility.
- Any concerns or incidents must be reported at the nearest possible convenience to the CTRA staff.
- All clients of, and participants in, any CTRA program or event must be active members of the CTRA. Any Association, Corporation, or group renting the CTRA facility must also be a members of the CTRA.
- No unauthorized persons are permitted on the CTRA property outside of normal operational hours.

I have reviewed and understand the information on this form.

Participant/Parent/Guardian Initial: _____

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