



THUNDER BAY THERAPEUTIC RIDING ASSOCIATION

P.O BOX 10583, Thunder Bay, ON. P7G 6T9

807-476-5650

www.thunderbaytherapeuticriding.org

Charitable reg. # 140614504 RR0001

2021 Registration Package

**Important information for completion of registration
package.**

Riders will not be placed until all 14 pages are completed, initialed, and submitted with the required post-dated cheques. In the event we are unable to accommodate all requests, reimbursements will be made once the scheduling has been completed.

**Please mail completed application with cheques
to:**

Thunder Bay Therapeutic Riding Association
c/o 327 Calvert Road
Murillo, ON P0T 2G0

Registration / Riding Information

Please read carefully

REGISTRATION FORMS – All registration forms included in this package are to be filled out in full and initialed; incomplete forms will not receive consideration for riding until fully completed. Witness sections must be signed by someone over the age of 19 years. Payment **MUST** accompany the completed package. **Please have all forms submitted by Friday, April 30, 2021.**

1. **MEDICAL FORMS** – **'PART A'** of the Medical Form must be filled out by the parent, caregiver or rider (**Even If You Have Ridden With Us For Years**).
'Part B' must be completed by the rider's main medical practitioner (IE Physician, nurse practitioner, physio or occupational therapist etc.).
2. **SCHEDULE** – The season runs monthly from June through to September with rides being Monday and Thursday evenings. **Rides start at 6:30-7:30 and 7:30pm-8:30pm.** We ask that the riders be on-site, geared up and ready to ride at these specific times. **The rider should then have 45 minutes in the saddle.**

The scheduling of riders will be based on the order of registration which fits the appropriate riding schedule with respect to the availability of the horse to the rider and time. We will be contacting you to confirm your placement on the schedule. Please note that you may be asked to adjust part of your schedule to accommodate a brand new rider so that they may also benefit from our program. You would be reimbursed for that portion of your ride.

Our 2021 Ride Schedule is as follows:

June 3 to 28
July 5 to 29
August 5 to 30
September 2 to 30 (no ride Sept. 6)

3. **FEES** – Are payable by cash or cheque made out to Thunder Bay Therapeutic Riding Association. Post-dated cheques must be submitted with your application for each month. In the event we are unable to accommodate all requests, reimbursements will be made once the scheduling has been completed.

Cost is \$20.00 per ride night

4. **CANCELLATIONS** – All rides are weather permitting. If canceled due to severe weather (IE storms, lightening, strong winds, excessive heat, etc.) rides **WILL NOT** be rescheduled or reimbursed. We are sorry for any inconvenience, however the safety of our riders and volunteers is our first priority.

2021 Initial Here_____

PLEASE PHONE AHEAD

Call 472-5650 After 4pm On Your Ride Nights To Confirm Whether Or Not Riding Will Be Taking Place.

5. **WEIGHT LIMIT** – We do have a rider weight limit of **160lbs** for the safety of the rider, the horse & the volunteers. Those over the weight limit will not be allowed to ride.

6. **WHAT TO WEAR** – We need the riders and their parents/guardians/support workers/family and or friends to be dressed appropriately because you may be required to sidewalk.
 - a. Long pants are to be worn for the comfort of the rider; please make sure they are not too tight, or made of slippery material. Footwear with a heel is recommended, but runners are acceptable as well. Please dress for the weather (IE hats, sweaters, sunglasses, etc.), as the majority of the ride will be outside.

 - b. Our insurance requires that each rider have two side walkers. We expect all parents/guardians/support workers/family and or friends to be prepared to fill in as a side-walker, or your ride may be canceled. This means that **everyone must wear closed-toed shoes** on the ranch.

TBTRA will provide safety-approved helmets, and safety belts for each rider. If you are planning on bringing your own equipment, it must be approved by T.B.T.R.A.

7. **WHEN DO YOU RIDE?** You will be informed of your day and time by phone or mail before the end of April.

8. **GUESTS AT THE FARM** – Visitors and/or spectators are not permitted in the barn area. Again, as mentioned above (under “What to Wear”), all guests at the ranch must wear close-toed shoes, or they will be asked to leave the property. Smoking is not permitted anywhere on the ranch and we ask that you do not bring any animals to the property. Riders are to park on the property, any extra vehicles must park on the ranch side of Calvert Road.

9. **TEA ROOM** – We have complementary coffee, tea and bottled water available in our tea room, and always appreciate any nut-free snacks or treats you may wish to donate. Any snacks supplied are intended for riders and volunteers only. **Pop is available for \$1.00 per can.** Thank you!

Rider Requirements

Registration may be denied, or riders may be asked to leave the program for any of the following reasons:

BEHAVIOUR

- The rider cannot follow simple directions given by the Instructor, Side Walker, or Leader (to the best of their ability), and therefore create an unsafe situation.
- The Rider engages in any behaviour that causes harm to the Volunteers or the horses.
- The Rider does not respect the volunteers working with them, and/or uses inappropriate language.
- The Rider causes physical harm to a volunteer, horse, or another rider.

PHYSICAL

- The Rider cannot remain seated on the horse for at least 15 – 20 minutes, and does not show improvement over time.
- The Rider is not able to sit unassisted on a moving horse in a happy and relaxed manner (this may be done with help for children 6 years and under).
- The Rider has a Harrington rod.
- The Rider has Scoliosis of 30 degrees or more.
- The Rider has severe osteoporosis.
- The Rider has Down Syndrome (the spine must be evaluated and found to have an atlantoaxial instability).
- The Rider has a prolapsed intervertebral disc.
- The rider has spondylolithesis (vertebra dislocation with acute pain).
- The Rider has Spinal Cord paralysis above the mid thoracic level.
- The Rider has subluxation or dislocation of the hip.
- The Rider has had a seizure in the last 6 months (from the time of the Doctor's appointment).

WEIGHT LIMIT

The weight limit for riders is 160 lbs. However, a rider who is less than 160 lbs. may be denied entry to the program if:

- It is felt that they do not have the strength or balance to hold themselves on the horse while it is walking and/or it is felt that it would be dangerous to have a side-walker catch the rider if they were to fall off.
- Or we do not have a suitable horse available to carry the rider.

SUPPORT

A parent, guardian or caregiver is required to remain onsite at the farm for the duration of the scheduled ride. If you have any questions or concerns regarding the registration forms or process please contact us via email at thatbarn@aol.com or call Maureen at 472-5650.

2021 Registration Form

Please fill out, initial and return, along with registration monies to the address indicated on the front of this package.

Please print information clearly.

Rider Information

Riders Name: _____

Home Phone: _____

Email Address: _____

Mailing Address: _____

Date of Birth: _____ Age: _____

Contact Information

Primary Contact:

Name: _____

Relationship to Rider: _____

Phone: Home: _____

Work: _____

Cell phone # _____ Email: _____

Secondary Contact:

Name: _____

Relationship to Rider: _____

Phone: Home: _____

Work: _____

Cell: _____ Email: _____

Have you ridden with us before?: Yes () No ()

2021 Initial Here _____

Wheelchair: Yes () No () Verbalizes: Yes () No ()
 Visually impaired: Yes () No () Hearing impaired: Yes () No ()
 Understands Simple Instructions: Yes () No () _____
 Responds to Others: Totally () Somewhat () Not at all () _____
 Mounting procedures: Assisted from ramp () Lift Device () Not sure ()

You may choose to ride for as many months as you would like, however availability (times and/or horses) may be limited.

Please check off your preference and make post dated cheques accordingly:

JUNE: MONDAYS 7, 14, 21 & 28 = \$80.00
 THURSDAYS 3, 10, 17 & 24 = \$80.00
 All of the above for JUNE = \$160.00

JULY: MONDAYS 5, 12, 19 & 26 = \$80.00
 THURSDAYS 8, 15, 22 & 29 = \$80.00
 All of the above for JULY = \$160.00

AUGUST: MONDAYS 9, 16, 23 & 30 = \$80.00
 THURSDAYS 5, 12, 19, 26 = \$80.00
 All of the above for AUGUST = \$160.00

SEPTEMBER: MONDAYS 13, 20 & 27 = \$60.00
 THURSDAYS 2, 9, 16 & 30 = \$80.00
 All of the above for September = \$140.00

How many months would you like to ride? *(Circle one)* 1 2 3 4 5

Number your preference of Months: May _____ June _____ July _____ August _____ September _____

Number your preference of Times: 6:30pm _____ 7:30pm _____

NOTE: Please give reason for preference.
 Younger children will be selected to ride @ 6:30pm most often
 Contact us if you need to discuss further.

Additional Comments:

2021 Initial Here _____

Registration Agreement

I, _____ hereby acknowledge that the Thunder Bay Therapeutic Riding Association will admit registration to individuals whose needs can be adequately met by their program. This means that registration of _____ will be admitted on the basis of the following: *Rider's name*

- a) weight of the individual;
- b) horses available for use in the program;
- c) availability of volunteers capable of supporting the individual while they participate in the riding program;
- d) absence of contraindications to riding as provided in the medical form;
- e) behavioural ability to cooperate with the Riding Instructors and volunteers;

therefore, the Thunder Bay Therapeutic Riding Association has the right to deny registration to any individual based on the aforementioned program requirements.

Print name

Relationship to Rider

Signature

Date

Photo Consent & Release

In consideration of Thunder Bay Therapeutic Riding Association continuing to provide services to the community, I hereby;

- a) grant permission to said Association and all members to take and use, for the purpose of instruction, publication in scientific journals and for other similar purposes, photographs and/or video of _____.
Rider's name
- b) release all claims on behalf of myself, my heirs, executors, and assigns which I (or said Rider) may have against the said Association, its affiliates, and all members of its said staff for the use of any photographs or videos taken and used as aforesaid.

Print name

Relationship to Rider

Signature

Date

****MUST ATTACH PHOTO OF THE RIDER TO THIS PAGE****

2021 Initial Here _____

Assumption of Risks, Release of Liability, Waiver Claims, and Indemnity Agreement

By signing this document, you will waive certain legal rights, including the right to sue.
Please read carefully.

TO: Thunder Bay Therapeutic Riding Association

AND TO: ALL PROPERTY OWNERS (PRIVATE, FEDERAL, PROVINCIAL,
REGIONAL AND MUNICIPAL)

On my behalf, and on behalf of any minor children participating in these activities, for which I am legally responsible, I agree to the following:

ASSUMPTION OF RISKS:

I am aware and understand that activities involving horses involve many risks, dangers and hazards, including but not limited to the following:

1. Horses, which are powerful and potentially dangerous animals, may change their behaviour at any time and may, without warning, jump, run wildly, buck, kick, bite, or step on people or things.
2. Horses may collide with other horses or objects or trip, stumble or fall even if being led, ridden or driven, or attended to.
3. Negligence (which means, in general terms, a failure to exercise ordinary or proper care) of other riders or drivers my or my child's own failure to ride safely, within my or my child's ability or within designated areas and trails.
4. Equipment may fail.
5. Weather conditions can change and can sometimes be dangerous.
6. The nature of the terrain can change and has certain risks associated with it including, but not limited to, exposed natural objects, trees, streams and creeks.
7. The activities can sometime be in remote area and injuries or illness may occur and it may be considerable distance to doctors, hospitals or any other type of assistance. and
8. Negligence on the part of A PROPERTY OWNER AND/OR THE PROVIDER OR THEIR STAFF. I am also aware that risks, dangers and hazards referred to above exist throughout the trail, stable, practice and other areas and many are unmarked. I understand and acknowledge that no amount of caution, experience or instruction can eliminate all of the risks involved and I freely accept and fully assume all such risks, dangers and hazards and the possibility that of personal injury, death, property damage or loss resulting there from.

Signature

Date

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of the Provider providing me or my child with their horse or sleigh riding or carriage driving and other services and permitting my or my child's use of their equipment, and other facilities and the Property Owners providing me or my child with the use of their property (hereinafter collectively referred to as "the Services"), I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I or my child have or may in the future have against Property Owner or the Provider, and their directors, officers, employees, agents, representatives, and volunteers (all of whom are hereinafter collectively referred to as "THE RELEASEES") and TO RELEASE THE RELEASEES from any and all liability or any loss, damage, injury or expense that I or my child may suffer, or that my or my child's next-of-kin may suffer as a result of my or my child's use of the service or due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE OWNED UNDER THE "OCCUPIERS LIABILITY ACT" ON THE PART OF THE RELEASEES.
2. TO HOLD HAMLESS AND INDEMINIFY THE RELEASEES from any and all liability for any damage to the property of or personal injury to any third party resulting from my or my child's use of the services;
3. This Agreement shall be effective and binding upon my or my child's heirs, next-of-kin, executors, administrators, assigns and representatives in the event of my or my child's death or incapacity;
4. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario;
5. And litigation involving the parties this Agreement shall be brought within the Province of Ontario.

Signature

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees' other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD, MY HEIRS, NEXT-OF-KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND/OR REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 2021.

Print Rider's Name

Rider's Date of Birth

Print name of Customer

(a parent or guardian must sign for children under the age of 19 years)

Signature of Customer

Name of Witness

Signature of Witness

THIS AGREEMENT MUST BE COMPLETED IN FULL, SIGNED, DATED & WITNESSED BEFORE ANY ACTIVITY WITH HORSES MAY BE UNDERTAKEN.

2021 Initial Here _____

Safety Equipment Release & Acknowledgment Form

Please fill in this section if you/your child are NOT planning to or are not sure if you will be WEARING BOOTS WITH A ONE-INCH HEEL WHILE RIDING. In order to be safe, we ask that the rider does wear boots with a one-inch heel to help the feet from sliding through the stirrups. If the rider is not wearing the proper footwear we are not able to allow them to use stirrups.

Please Note: We do not allow sandals on the farm!

FOR PARTICIPANTS under 18 YEARS OF AGE

I, _____, the parent / guardian of _____
acknowledge that my child is **not** wearing boots with a heel. I understand that it is unsafe for anyone not wearing boots with a heel to use stirrups, and that the absence of the use of stirrups has the potential to take away from the rider's balance and stability on the horse. I understand that the volunteers of the Thunder Bay Therapeutic Riding Association will do all that they can to ensure a safe ride and do not hold them responsible for any decrease in safety or injury that may occur due to the lack of boots with a heel.

Signed this _____ day of _____, 2021.

Print name of Customer

(a parent or guardian must sign for children under the age of 19 years)

Signature of Customer

Print Name of Witness

Signature of Witness

FOR PARTICIPANTS 18 YEARS & OLDER

I, _____, acknowledge that I am not wearing boots with a heel. I understand that it is not safe for anyone not wearing boots with a heel to use stirrups, and that the absence of the use of stirrups has the potential to take away from my balance and stability on the horse. I understand that the volunteers of the Thunder Bay Therapeutic Riding Association will do all that they can to ensure a safe ride and I do not hold them responsible for any decrease in safety or injury that may occur due to the lack of boots with a heel.

Signed this _____ day of _____, 2021.

Print name of Customer

(a parent or guardian must sign for children under the age of 19 years)

Signature of Customer

Print Name of Witness

Signature of Witness

2021 Initial Here _____

Medical PART 'B' – Physician's Approval

Name of Rider _____

Physician's Name _____

Physician's Address _____

Our program requires that a rider is able to:

1. Sit on a moving horse in a happy and relaxed manner UNASSISTED. This may be done with help for children under six years of age only.
2. Perform simple exercises designed to improve balance, posture, coordination, and muscle tone with the horse at a halt, walking and changing directions.
3. Within a reasonable length of time, develop his or her ability to be as self-sufficient as possible with the constraints set by his/her physical condition.
4. Improve his/her seat and management of his/her mount to the limit of his/her ability; initially with a leader but whenever possible on their own.

Riders are only eligible after a review by their physician OR main medical practitioner

PERFORMANCE PROFILE *(to be completed by the Rider's main medical practitioner)*

Diagnosis :	
Primary Condition:	
Secondary Condition:	
Height :	Weight :
Are there any conditions that we should be aware of? (IE depression, anxiety, phobias, etc.). Other comments:	

I, the undersigned medical provider, do declare that therapeutic horseback riding instruction is a suitable activity of the aforementioned patient. In my opinion, this patient has no precautions or contraindications that would prevent them from safely participating in the Thunder Bay Therapeutic Riding program.

Signature of Medical Provider
Part 'B' continued on next page...

Date

2021 Initial Here_____

Medical PART 'B' – Physician's Approval

This checklist must be completed by Physician in order to be considered eligible for registration.

RIDER'S NAME :	WEIGHT :		
GENERAL HEALTH		YES	NO
Does the individual have seizures? (Date of last seizure _____)			
Continence?			
Does the individual have any skin conditions? If yes please list.			
Has the individual had their tetanus shot: Date:			
Does the individual have any aggressive behaviours? If yes, please elaborate:			
Have there been any prior or recent injuries sustained by the individual (i.e. broken bones) Please list :			
Does the individual have any allergies? Please list :			
PHYSICAL LIMITATIONS			
Does the individual have control of at least one upper extremity?			
Can the individual sit upright <u>unassisted</u> for a period of time?			
Does the individual have contracted or extremely stiff lower extremities?			
Does the individual have control of their neck?			
Are there any other physical limitations? Please list:			
CONTRAINDICATIONS TO RIDING			
Does the individual have a Harrington Rod?			
Does the individual have scoliosis of 30 degrees or more?			
If the individual has Down Syndrome, has ADC been recently investigated by x-ray? Date of x-ray:			
Does the individual have severe osteoporosis?			
Does the individual have spinal cord paralysis above the mid thoracic level?			
Does the individual have spondylolithesis (vertebrate dislocation with acute pain)?			
Does the individual have a prolapsed inter-vertebral disc?			
Does the individual have subluxation or dislocation of the hip?			

Signature of Medical Provider

Date

2021 Initial Here_____

