

CONNECTIONS



Connections Equine Therapy Program

11585 E. Purple Sage Road

Cornville, AZ 86325

Phone: 928-639-0791

connections@commspeed.net

Andrea Baldwin, Director

September 10, 2014

Dear Clients, Friends and Families:

Connections has had another wonderful year. Throughout the summer we have been working to improve our facilities and review our policies to find the best ways to serve you.

Keeping our records up-to-date is critical for our programs to run smoothly and insure the safety and well-being of all our clients. We need to periodically update contact information, notes about the health of each client and any medications they take. We also need current financial information to determine scholarship amounts. For this reason we ask you to fill out the enclosed forms completely and return them to us as soon as possible. We currently have a waiting list of new clients so enrollment will be on a first-come, first-served basis. **ALL COMPLETED PACKETS MUST BE RECEIVED BY OCT 3rd.**

We are looking forward to our Fall Session which will begin on Tuesday, October 14. We will be offering four sessions this year with a one week break between sessions (two weeks over Christmas/New Year). Enclosed is an information sheet with details about the sessions dates, payment policies and other important items. Here are a few reminders to get the year off to a good start:

When clients enroll for a session there will be no refunds for classes missed unless Connections cancels. Please be on time; horses will be put away and volunteers released ten minutes after scheduled time for classes. Clients will pay the full class fee.

Fees for the full session are due before the beginning of that session. If it creates a hardship to pay in advance, please write a request to the scholarship committee explaining your current financial situation. Please address these to: Connections Scholarship Committee, 11585 E. Purple Sage Rd., Cornville, AZ 86325.

All riders must wear closed-toe shoes, preferably with heels. It's advisable for all riders to bring water and a bandana that they can wet and wear around their neck in warm weather. During winter sessions, sock caps, ear warmers and thin stretch gloves help keep riders comfortable.

Riding classes may become non-riding classes due to volunteer sickness, weather or emergencies. The fees for these in-barn or classroom sessions will be the same as riding sessions. The indoor sessions offer a great opportunity to teach our clients more about horses and horse care.

We are looking forward to working with you!

Sincerely,

Andrea Baldwin

Connections Equine Therapy Program
11585 Purple Sage Dr., Cornville, AZ 86325
928-639-0791

APPLICATION INFORMATION

CLASS SCHEDULE: 2014 - 2015

October 14, 2014	- November 19, 2014	- Session 1
November 24, 2014	- November 29, 2014	- Closed Thanksgiving
December 3, 2014	- December 17, 2014	- Session 2
December 22, 2014	- January 3, 2015	- Closed Christmas
January 6, 2015	- February 4, 2015	- Session 2
February 9, 2015	- February 13, 2015	- Closed Winter Cleanup
February 17, 2015	- April 8, 2015	- Session 3
April 3, 2015	- April 18, 2015	- Spring Break
April 21, 2015	- June 3, 2015	- Session 4

Enrollment:

Prior to the first lesson and once each year clients must complete all paperwork forms and return the signed forms to our office.

You will be enrolled in the next available session once your completed paperwork has been received and approved. You may enroll in up to 4 consecutive sessions in one year, if space is available, and without resubmitting new paperwork. We request that you inform us at least two weeks prior to the start of a new session if you are planning on participating in that session or not. As stated under "Payments" below you will not be allowed to enroll in a new session unless your account is paid in full.

Fees:

- A) In-Take Evaluation: For New Clients - \$55 Payable at time of service
- B) Therapeutic Riding: \$55 per lesson billed as follows:
 - Session 1 - 6 weeks in duration \$ 330
 - Session 2 - 8 weeks in duration \$ 440
 - Session 3 - 8 weeks in duration \$ 440
 - Session 4 - 7 weeks in duration \$ 385
- C) Private Sessions - Equine Assisted Therapy - \$120

Payments:

- A) Payment for the entire session must be paid in full before the session begins
- B) Any pre-existing balances and / or past due balances must be paid in full before a student may be enrolled in a new session
- C) We accept Cash or Checks. In addition payments can now be made through our PAYPAL account for Credit Cards

Scholarships and Financial Aide:

- A) Scholarships may be available for those students who meet the necessary criteria
- B) A Scholarship Application must be completed and submitted with your enrollment paperwork prior to the beginning of the first session of the year for each student
- C) The Scholarship Committee will advise you if your application has been approved.
- D) Participants who are awarded a scholarship are eligible to receive a scholarship for up to 4 sessions. Participant must reapply and may be granted subsequent scholarships if there is money available and meet they continue to meet the necessary criteria.
- E) We ask that families/clients who have requested scholarships contribute volunteer hours in lieu of financial payment. We have a wide variety of opportunities in which you can help, including participation in events, manning information booths, help in the barn etc. Please contact the office and speak with the volunteer coordinator for additional information.

Cancellations:

With increased enrollment it has become more important to notify us if a client is going to either miss a specific lesson so that others are also not inconvenienced when a client does not show up for the session. There will be no refunds for lessons missed unless Connections Equine Therapy cancels. Should Connections need to cancel a lesson, credit will be issued and can be applied toward future sessions.

Late Arrivals:

Please let us know if you are going to be late. Classes are planned and prepared for. Our staff, volunteers and horses are dedicated to each student so if you're going to be late, let us know. Horses will be put away and volunteers released ten minutes after the scheduled start time for classes.

**CONNECTIONS EQUINE THERAPY PROGRAM
THERAPEUTIC RIDING
SCHOLARSHIP APPLICATION**

DATE: _____

Participant's Name: _____

Participant's Mailing Address: _____

City, State, Zip: _____

Telephone: _____ E-Mail: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Telephone 1: _____ Telephone 2: _____

E-Mail: _____

Parent/Guardian 1 – Occupation _____

Parent/Guardian 2: - Occupation _____

Responsible Party for Payment: _____

Mailing Address: _____

City, State, Zip: _____

Telephone 1: _____ Telephone 2: _____

E-Mail: _____

Annual Gross Income from all Sources

Family Annual Gross Income: \$ _____

+Participants Gross Income \$ _____

=Total Annual Gross Family Income \$ _____

Is the participant claimed as a dependent on your tax return? Yes ___ No ___

Number of Family Members _____ Are any other family members disabled? Y ___ N ___

If Yes, Please Explain _____

Are there any unusual financial hardships we should consider? Yes ___ No ___

If Yes, Please Explain _____

**CONNECTIONS EQUINE THERAPY PROGRAM
THERAPEUTIC RIDING
SCHOLARSHIP APPLICATION**

Connections Equine Therapy Program is a non-profit organization. Participant fees are necessary to help defray the expense of our programs and cover only a small portion of the actual cost. Scholarships are available to applicants **WHO COULD NOT OTHERWISE PARTICIPATE** in the program. Scholarships are limited; and there are so many requests for assistance, we ask that you make every effort to pay your fair share of the fee so that there will be scholarship funds available for all who need them.

Therapeutic Riding /week - \$55

Minimum Commitment – 6-8 week session per published schedule

SELECT SCHOLARSHIP ASSISTANCE REQUESTED, PLEASE INITIAL ONE:

<u>Scholarship Amount</u>	<u>Amount You Pay</u>	<u>Please Initial One</u>
\$ 15/week	\$ 40/week	_____
\$ 25	\$ 30	_____
\$ 35	\$ 20	_____
\$ 45	\$ 10	_____
\$ 55	\$ 0	_____
OTHER	_____	_____

COMMENTS _____

You will be notified as to the scholarship amount you have been awarded after careful review by the scholarship committee.

Scholarship amount awarded _____

Scholarship Committee Representative. _____

Date _____

Connections Equine Therapy Program

Participant's Application and Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: ____ Height: _____ Weight: _____ Gender: M F

Mailing Address: _____
City State Zip

Phone: _____ Cell Phone: _____

E-mail: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Mailing Address (if different from above): _____
City State Zip

Phone: _____ Cell Phone: _____

E-mail: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

Connections Equine Therapy Program

Therapeutic and Safety Issues

Check and describe applicable issues (indicate current or history of):

- Inattention
- Hyperactivity
- Lack of concentration
- Learning disabilities
- Developmentally delayed
- Mentally challenged
- Boundary issues
- Social skills problems
- Problem with peers
- Separation anxiety
- Anxiety
- Phobias
- Aggressive
- Assaultive
- Manipulative
- Unpredictable or dangerous behavior
- Sensory impairment
- Sensitivity, preferences
- Tics or stereotypic behavior
- Psychosomatic symptoms
- Medical issues
- Self-injurious behavior
- Suicidal ideations
- History of runaway
- Issues of parental support
- Issues of family support
- Sexual abuse/acting out
- History of physical abuse
- Emotional abuse
- Hallucinations
- Delusions
- Illusions
- Dissociations
- Substance abuse problems
- Legal problems
- School problems
- History of animal abuse
- Fire setting
- Seizure disorder
- Possible medication side effects

Signature

Date Form Completed

CONNECTIONS' AGE AND WEIGHT POLICIES

Unfortunately, riding is not an appropriate activity for everybody; and we occasionally have to decline services to those to whom riding is contraindicated. To be in compliance with NARHA national standards, we have established the following:

Age Policy

Minimum Age: 4 years old for therapeutic riding lessons.

Maximum Age: There is not a maximum age. The only requirement is that the person is able to physically and safely perform what is required in a therapeutic riding lesson.

Weight Policy

According to NARHA guidelines, riding is contraindicated:

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

The chart below shows the maximum weight per height that is appropriate for riding at Connections. People within the limit will be evaluated by staff to determine if riding is a safe and appropriate activity.

Riders' Height and Weight Table

<i>Women and Girls</i>	Maximum Weight	<i>Men and Boys</i>	Maximum Weight
4' and under	110 pounds	4' and under	115 pounds
4'1"-4'6"	125 pounds	4'1"-4'6"	130 pounds
4'7"-4'10"	140 pounds	4'7"-4'10"	145 pounds
4'11"-5'	154 pounds	4'11"-5'	170 pounds
5'1"-5'2"	159 pounds	5'1"-5'2"	175 pounds
5'3"-5'4"	167 pounds	5'3"-5'4"	180 pounds
5'5"-5'6"	173 pounds	5'5"-5'6"	185 pounds
5'7"-5'8"	181 pounds	5'7"-5'8"	190 pounds
5'9"-5'11"	186 pounds	5'9"-5'11"	195 pounds
6' and above	200 pounds	6' and above	200 pounds

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Connections Equine Therapy Program

Authorization for Emergency Medical Treatment

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Ins. Company: _____ Policy # _____

Allergies to Medication: _____

Current Medications (include prescription, over-the-counter, name, dose and frequency):

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan:

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 the agency, I authorize Connections Equine Therapy Program to:

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

This authorization includes x-ray, 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/are unable to be reached.

Date: _____ Signature: _____

Client, Parent or Legal Guardian

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 or while being on the property of the agency.

____ 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: _____ Signature: _____

Client, Parent or Legal Guardian

EQUINE AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK

AGREEMENT FOR INDIVIDUALS

Connections Equine Therapy Program

(STABLE NAME hereafter known as "THIS STABLE")

11585 E. Purple Sage Road, Cornville, AZ 86325

(Location or address of THIS STABLE)

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING.

- A. **REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE:** I, the following listed individual, do hereby voluntarily agree to participate in equine related instruction or as a student of THIS STABLE and that I will either utilize my own horse or school horses provided by THIS STABLE for instruction purposes.

PARTICIPANT'S NAME (PLEASE PRINT NAME)	WEIGHT OVER 240?	HORSE HANDLING/RIDING EXPERIENCE (Check one that applies)
1.	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Beginner (under 10 hours) <input type="checkbox"/> Over 10 hours
4. Does this participant have any physical or mental condition(s) which may affect his/her safety and ability to ride, drive and/or train a horse? Yes No (circle one)		
5. If you circles "Yes", how can we help this student with his/her special needs?		
MEDICAL INSURANCE I/WE AGREE THAT: Should medical treatment be required I and/or my medical insurance company shall pay for ALL such incurred expenses. My medical insurance company is _____ . My policy number is _____ . <input type="checkbox"/> I do not carry medical insurance.		

- B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS.** This agreement shall be legally binding upon me, the registered participant, my heirs, estate, assigns, including all minor children and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE's physical location. This agreement is intended to be valid and binding at all times now and in the future when THIS STABLE permits me (directly or indirectly) to enter THIS STABLE's property, be on THIS STABLE's property, be near any horse, receive riding and/or driving training instruction or guidance from its associates and/or when I ride and/or drive and/or train and/or am near horses on or off THIS STABLE's property. Any disputes by the rider shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME", "MY" shall herein refer to the above registered participant and the parents or legal guardians thereof if a minor.
- C. **INHERENT RISKS/ASSUMPTION OF RISKS** I/WE ACKNOWLEDGE THAT: Risks, conditions, and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken and I agree to assume them. The inherent risks include but are not limited to the following: The propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal: The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals: Hazards, including, but not limited to, surface or subsurface conditions: A collision, encounter and/or confrontation with another equine, another animal, a person or an object: The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including, but not limited to, failing to maintain control over an equine and/or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground, it will generally be at a distance of from 3-1/2 to 5-1/2 feet and the impact may result in harm to the rider. Horseback riding, driving and training are activities in which one much smaller, weaker predator animal (the human) tries to impose its will on and become one unit of movement with another much larger, stronger prey animal that has a mind of it's own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short: Spinning around: Changing directions and/or speed at will: Shifting its weight: Bucking: Rearing: Kicking: Biting: and/or Running from danger. **I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible risks for me.**
- D. **CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENTS** **WARNING, AND INSPECTION OF PREMISES** I/WE ACKNOWLEDGE THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature and/or sudden and/or unfamiliar sights, sounds and/or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run or fly near or bite or sting a horse or person: and irregular footing on out-of-door groomed or wild land, which is subject to constant change in condition according to the weather, temperature, and man-made changes in the landscape. **I also understand that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible conditions for me.** The participant or parent or legal guardian has inspected THIS STABLE's facilities and are satisfied that all premise conditions are reasonably safe for this participant's intended purpose, usage and presence upon THIS STABLE's premises.

- E. **SADDLE GIRTHS/NATURAL LOOSENING WARNING I/WE ACKNOWLEDGE THAT:** Saddle girths (fastener straps around horse's belly) may loosen during riding. Participants must alert the instructor or attendant of any girth looseness so action can be taken to avoid slippage of saddle and the potential for the rider to fall from the horse.
- F. **PROTECTIVE HEADGEAR/HELMET WARNING I/WE AGREE THAT:** I for myself and/or on behalf of my child and/or legal ward have been fully warned and advised by THIS STABLE that protective headgear, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding and/or driving, training, and/or being near horses: and I understand that the wearing of such headgear/helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as a result of a fall and other occurrences. **I am not relying on THIS STABLE and/or its associates to provide a certified helmet for me or to check any headgear/helmet or headgear/helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.**
- G. **LIABILITY RELEASE I/WE AGREE THAT:** In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the PARTICIPANT, for myself and/or on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations and insurers, and others acting on their behalf (hereinafter collectively referred to as "ASSOCIATES") of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE's and/or its ASSOCIATES ordinary negligence or legal liability: and I do further agree that except in the event of THIS STABLE's gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and its ASSOCIATES, as stated above in this clause, for any economic and noneconomic losses due to bodily injury and/or death and/or property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE to include while riding, driving, training, handling or otherwise being near horses owned by me or owned by THIS STABLE or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE but not limited to being on THIS STABLE's premises.
- H. **EQUINE ACTIVITY LIABILITY ACT [EALA] WARNING OR LANGUAGE:** [This clause applies only for operations located in these states: AL, AZ, CO, DE, FL, GA, IL, IA, IN, KY, KS, LA, ME, MA, MI, MS, MO, NE, NC, OH, OK, OR, RI, SC, SD, TX, TN, VA, VT, WV, and WI.] I/We acknowledge that I have reviewed this state's EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE, a copy of which is attached hereto and incorporated as if fully set forth herein. **INSTRUCTIONS TO SIGNERS: DO NOT SIGN UNLESS A COPY OF THE EALA WARNING OR LANGUAGE IS ATTACHED TO THIS AGREEMENT.**

All Participants and/or Parents or Legal Guardians must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS

I/WE THE UNDERSIGNED REPRESENT THAT I/WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT. I/WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I/WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCER OF ALCOHOL, DRUGS, OR INTOXICANTS.

SIGNATURE OF PARTICIPANT

DATE

ADDRESS IN FULL

HOME PHONE

BUSINESS PHONE

PERSON TO CONTACT IN CASE OF EMERGENCY

RELATIONSHIP

PHONE

5/1/2013

jpa

ARIZONA

I acknowledge that the signer has been informed of several inherent risks associated with equine activities.

I acknowledge that the signer is aware of the inherent risks of equine activities.

I acknowledge that the signer is willing and able to accept full responsibilities for his or her own safety and welfare.

I acknowledge that the signer is releasing the equine owner or agent (or others affiliated with them) from liability unless the owner or agent is grossly negligent or commits willful, wanton, or intentional acts or omissions.