

Mailing Address:
501 6th Ave. West
Lyndon, IL 61261



Ins Card received	
Copy of packet sent to LPC office	
Pmt received	
Rider Assessment	
Added to Roster	

Today's Date: _____

WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER PARTICIPANT REGISTRATION PACKET

Rider's Name: _____ Phone: _____

Age: _____ DOB: _____ Gender: _____ M _____ F

Diagnosis: _____

Street: _____ City: _____

State: _____ Zip: _____ County: _____

Email: _____ Cell #: _____

Employer (if applicable): _____

School (if applicable): _____ City: _____

Parent/Legal Guardian's name: _____

Street: _____

City: _____ State: _____ Zip: _____

Workplace: _____ Work ph: _____

- ▶ Please check the area in which you wish to participate:

Therapeutic Riding: _____ Pet Therapy: _____ Cart Therapy: _____
(if available)

- ▶ Please check all sessions you wish to ride in:

Spring: _____ Summer: _____ Fall: _____

Photo Release:

I do _____ I do not _____ Consent to and authorize the use and reproduction by White Oaks Therapeutic Equestrian Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

(Student, Parent or Legal Guardian signature)

WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER

RELEASE OF LIABILITY

"Warning under the Equine Activity Act, adopted by the State of Illinois each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities."

I, Name: _____

(staff member, rider/guardian, volunteer, or bystander)

Address: _____

Phone #: _____

DOB: _____

would like to participate in White Oaks Therapeutic Equestrian Center's equine assisted activities mounted and unmounted activities including the horse and cart-driving program.

I acknowledge that persons engaged in this program as a staff member, rider, volunteer or bystander is assuming certain inherent risks and dangers. Risks of engaging in equine activities means those dangers of conditions that are integral part of equine activities, including, but not limited to:

Risks of engaging in equine activities:

1. **The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them.**
2. **The unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, and other animals or other things.**
3. **Certain hazards such as surface and subsurface conditions.**
4. **Collisions with other equines or objects.**
5. **The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.**
6. **It is recognized that equine activities are hazardous to participants, regardless of all feasible safety measures that can be taken.**

Exceptions

1. **If Center commits an act or omission that constitutes willful or wanton disregard for the safety of the participant, and that act or omission caused the injury.**
2. **Intentionally injures that participant.**
3. **Provided the equipment or tack, and knew or should have known that the equipment or tack was faulty, and the equipment or tack was faulty to the extent that it caused the injury.**
4. **Provided the equine and failed to make reasonable and prudent efforts to determine the ability of the participant to engage safely in the equine activity and determine the ability of the participant to manage safely the particular equine based on the participant's representations of his or her ability.**
5. **Own, leases, rents, or otherwise is in lawful possession and control of the land or facilities upon which the participant sustained injuries because of a dangerous latent condition that was known to the equine activity sponsor, equine professional, or person and for which warning signs were not conspicuously posted.**

Participant, parent or legal guardian, staff member, volunteer or bystander having read and understood the above description of liability of equine activities, participants shall agree to hold harmless and release White Oaks Therapeutic Center, its staff, volunteers, committees, board member or Whiteside County Central Agricultural Society from any and all claims and damages which may occur from participating in any and all activities sanctioned by center.

Date: _____

Consent Signature: _____



Double G Farms

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in participating in the activities at Double G Farms, L.L.C., you will be waiving and releasing all claims for injuries you may sustain.

As an owner, caretaker, trainer, and/or rider of horses, which term includes any and all activities involving raising, boarding, riding a horse and/or engaging in competitive events, recognize and acknowledge that there are certain risks of physical injury associated with horses and I agree to assume the full risk of any injuries, including death, damages or losses which I may sustain as a result of participation in the activity or event, whether such injury is caused by the negligence of any agent or employee of Double G Farms, L.L.C., or otherwise.

In consideration of being permitted to enter upon Double G Farms, L.L.C., and/or to participate in the above-described activities and events, on behalf of myself, my personal representatives, heirs, and next of kin, I do hereby fully release, discharge, and covenant not to sue Double G Farms, L.L.C., and/or Gary Schreiner, or their heirs, agents, servants, independent contractors, and employees from any and all claims for injuries, including death, damages, or losses which I may have or which may accrue in any manner on account of participation in all horse riding, training, competitive, and boarding activities at Double G Farms. I have inspected the premises and acknowledge the premises are safe and reasonably suited to riding, training, and boarding horses and the competitive events held or to be held at Double G Farms, L.L.C., and I assume any and all risks associated with the conditions of the premises as well as all riding, training, and boarding activities at Double G. Farms, L.L.C.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Participant

Date

Witness

WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER

MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

****MUST BE COMPLETED AND RETURNED PRIOR TO BEGINNING RIDING LESSONS****

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Diagnosis: _____ Date of Onset: _____

Sex: M F Height: _____ Weight: _____ P: _____ BIP: _____

For Persons with Downs Syndrome:

AtlantoDens Interval X-Rays date: _____ Result + - X-ray date: _____

Neurological Symptoms of Atlanto Axial Instability: _____

Last date of Tetanus Shot: Date: _____

Medications: _____

Medications that are Photosensitive: _____

Please indicate if the client has a history of the following problems by checking yes or no. If yes, please include complete information pertaining to the problem.

Problem	Yes	No	Description/Comment
Auditory Impairment			
Learning Disability			
Mental Impairment			
Psychological/Emotional Impairment			(IQ if pertinent)
Speech Impairment			
Visual Impairment			Glasses:
Allergies			
Cardiac			
Circulatory:			
PVD			
Hypertension			
Postural Hypotension			
Hemophilia			
Pulmonary:			
Asthma			
COPD			
Neurological:			
Seizures			Type: Last Seizure:
Controlled			
Hydrocephalus			
Shunt			Date of last revision:

Spina Bifida			Level of defect:
Muscular:			
Contractures			
Skeletal:			
Spinal Column Injury			(if yes, describe/level)
Spinal Fusion			
Scoliosis Degree/Type			Brace/Last X-ray
Kyphosis/Lordosis			Degree/Type
Spondylolisthesis			
Spinal Abnormality			
Osteoporosis			
Joint Disease			
Cranial Defects			
Pathologic Fractures			
Fractures			Location: Healed:
Other:			
Immunity			
Pain			
Tactile Sensation			
If Spinal Cord Involvement:			Vertebral Level:
Incontinent			
Catheter: Foley/Intermittent			
Other:			

Medical History Past/Prospective

Please indicate any medical problems not indicated above, including past and prospective surgeries:

Please indicate any special precautions/needs: _____

Mobility

Independent Ambulation: Yes No Assisted Ambulation: Yes No

Aides: Crutches Braces Wheelchair

To my knowledge, there is no reason why this person cannot participate in supervised equine activities (Therapeutic riding, recreational riding, animal related activities, and horse and/or horse and carriage driving). However, I understand that the therapeutic riding center will weigh the above medical information against existing precautions and contradictions.

Physician Signature: _____ Date: _____

Physician Name: _____

Address: _____ Phone: _____

WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER
Authorization for Emergency Medical Treatment Form / Insurance Information

It is a requirement that all participants have Medical/Health Insurance and provide us
with a copy of your insurance card prior to beginning lessons

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

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 _____ to:

(Center's Name)

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved 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 unable to be reached

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

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: _____ Non-Consent Signature: _____

White Oaks Therapeutic Equestrian Center

Item	Description	Price
Full riding session	3 six-wk riding sessions..(spring, summer, fall)	500.00 * Limited scholarship's available
Full cart therapy	3 six-week cart therapy sessions..(spring, summer, fall)	420.00 * Limited scholarship's available
Full pet therapy	3 six-week pet therapy sessions..(spring, summer, fall)	340.00 * Limited scholarship's available
6 wk session horse riding	1 (1 hour) session per week.	180.00 * Limited scholarship's available
6 week cart session	1 (1/2 hour) session per week.	150.00 * Limited scholarship's available
6 week pet therapy	6 pet therapy lessons	120.00 * Limited scholarship's available
Per day horse riding	1 hour ride.	30.00
Per day Cart ride	1/2 hour ride.	25.00
Per day Pet Therapy	1 (45 minute) session.	20.00

Date Received:



WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER

SCHOLARSHIP APPLICATION

Name of Student: _____

Residence/Home Address: _____

Name of Parent/Legal Guardian (if applicable): _____

Total family size living in your home	
Total monthly gross income	\$
Total monthly child support	\$
Total monthly from all other sources	\$

Prior to the beginning of each session, it will determine which riders will receive financial assistance based on our scholarship criteria.

The following must be included in the application packet:

- Completed student application for full or six week sessions.
- Description of your reasons for applying for this scholarship on a separate sheet of paper. List extenuating circumstances that would be relevant to your request.

Application Guidelines:

- All information accompanying this request is confidential.
- All riders requesting a scholarship will be selected without regard to race, color, national origin, gender, disability or age.
- White Oaks have a limited number of scholarships available and will be awarded based on family size, income and date received.

Recipient Responsibilities:

- Scholarship recipients will be responsible to pay a **MINIMUM** of \$60.00 for each 6-week session. Total payment must be attached and returned with your registration.
- Scholarship recipients must maintain a history of promptness and attendance.

OFFICE USE ONLY

Approved

Denied

Initials: _____

Date: _____

**WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER'S
PARTICIPANT'S HANDBOOK**

INTRODUCTION

White Oaks Therapeutic Equestrian Center (WHOA) is a non-for-profit tax-exempt organization that was established in July of 1995. It is located at the Double G. Arena in Sterling, IL and consists of Eight Board members from the Sauk Valley and Whiteside County area. Our purpose is to provide recreational, educational, therapeutic, and social opportunities for persons with disabilities to enable them to lead lives of quality and dignity. The goal of recreational therapeutic riding is to develop attainable goals achieved through riding skills. Types of disabilities WHOA serves include, but are not limited to: physical, mental, learning, and hearing and visually impairment. Ages will vary from 4 years of age through adult. Some of the benefits obtained from riding in addition to recreational are: improved self image, improved confidence, enhanced muscle tone, improvement of balance, improvement of coordination, teaches responsibility, and social integration. Our program focuses on the recreational/sport aspect of therapeutic riding.

WHOA is a center of the Professional Association of Therapeutic Riding (PATH). PATH sets the standards for safety, accreditation, instructor, certification, insurance coverage, literature, and seminars.

WHOA is open from May through November. We have three 6-week riding sessions (spring, summer and fall). Lessons are prepaid per session. With our commitment to accepting participants into our program based on therapeutic need, regardless of financial means, we offer scholarship assistance to those unable to pay the full established fees. Scholarships are reviewed and approved by various members of the Board of Directors. Through a simple application process, approved scholarships will be in the form of adjusted fees from the riders billing statement. Every rider is required to pay a minimal fee of \$40.00 to participate; even those receiving a scholarship.

The following information, policies, and guidelines are designed to provide our participants with a safe, enjoyable and beneficial experience at White Oaks Therapeutic Equestrian Center.

NON DISCRIMINATION POLICY

White Oaks Therapeutic Equestrian Center accepts participants and volunteers regardless of income, race, color, nationality or ethnic origin.

REGISTRATION PROCEDURES

The following material is required before a student is able to ride:

- Rider Liability Release
- Physician's Release and Medical History
- Copy of Insurance card
- Rider Emergency Medical Treatment
- Rider Photo Release (OPTIONAL)
- Rider Information/Registration Form
- Double G Liability Release

New riders need to attend an orientation/evaluation meeting with a Certified Instructor and/or Therapist.

All forms must be received in advance before the rider starts classes.

RIDERS OPPORTUNITIES

- Therapeutic Riding Lessons are basic instruction is given in grooming, tacking, horsemanship and riding skills. Class includes mounted exercises, games, trail riding, and much more. Classes may be individual or group lessons depending on riders needs and schedule availability.
- Animal Assisted Activities are non-mounted activities. It provides the student motivational and therapeutic benefits accomplished through the chance of bonding with White Oak's horses.
- WHOA offers its riders, (4 years and older) an opportunity to participate in Special Olympics.
- Carriage Driving Lessons add another dimension to the overall equine experience. The stability offered by the seat in the vehicles enables individuals to be more independent without relying upon side walkers for support. Carriage driving sessions include a variety of activities including skill development, obstacle courses and training techniques.
- Horse shows give our participants an opportunity to demonstrate their skills for family and friends.
- Field trips through school functions.

**WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER'S
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REFUND POLICY

Refunds or credits for unused sessions are available only on the following basis (and does not apply if the rider received a scholarship):

- Withdrawing because of medical reasons
- WHOA cancelled rider
- WHOA attempts to make up classes that have been cancelled for an unforeseen circumstance (i.e. weather conditions) but sometimes we are not able to make up all. All reasonable attempts will be made to make up classes. NO refund for classes that students are not able to make up.

ABSENCE POLICY

Please let WHOA know as soon as possible (preferably 24 hrs.) if rider is not able to attend regular scheduled lesson. This way we can give plenty of notice to our dedicated volunteers and staff, that they do not need to come to that particular class. If a student is absent 2 or more times without notice, they will be dropped from the class and payment will still be required for the remainder of the session.

ELIGIBILITY AND DISMISSAL POLICY

As a PATH operating center, WHOA fully follows the Precautions and Contraindications as recommended by the PATH Medical committee as well as professional standards. WHOA'S right to dismiss a person riding privileges includes, but not limited to, the following reasons:

- If it is determined the rider's behavior, physical, or medical condition creates an unsafe or unhealthy situation for the rider, staff, horse, or team of trained volunteers.
- Even after a Physician's release is signed the Therapist and/or Instructor feel, after evaluations, an unsafe condition exists.

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom WHOA programs are deemed inappropriate during the evaluation process, not accepted for enrollment, or eligible to continue in WHOA's programs. This determination is made on the basis of physical, behavioral, and other limitations. WHOA reserves the right to decide when we are unable to serve an applicant due to unavailable recourses(s) and or/safety concerns including NARHA guidelines relating to contraindications for participants.

FACTORS WHICH DETERMINES WHO WILL RIDE

- Availability of suitable horse size, temperament, and training of available horses are taken into consideration as well as rider's needs
- Number of trained volunteers that are available
- Certified instructors that are available
- Determination that the rider will be benefited and not harmed by riding
- Applications completed and class availability

CLASS CANCELLATIONS

Safety to our riders, volunteers, horses, and staff are WHOA'S most important concerns. Class will not be held during the following conditions:

- Extreme temperatures
- High winds
- Lighting, thunderstorm or tornado warnings
- Certified Instructor deems it necessary for other reasons

If you are not sure, please call WHOA at (815)-772-2669 EMERGENCY PROCEDURES ARE POSTED IN THE TACK ROOM.

*WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER'S
PARTICIPANT'S HANDBOOK*

CLOTHING REQUIREMENT

- ASTM/SEI safety helmets must be worn during all lessons and is provided by WHOA. Riders may bring their own helmets but must be approved by instructor, (before entering horse area, please go to tack room and put on your helmet with a volunteer and/or parent).
- Long pants for students riding in a saddle (No shorts, saddles can pinch the skin or cause irritation).
- Shoes with sturdy heel (oxford or riding boots are recommended). No sandals or open-toes. Tennis shoes are discouraged unless they have a heel.

PARTICIPANT RECORDS

Participants are required to update their paperwork annually. This paperwork is mandatory in order for WHOA to maintain PATH operating center status. Participants are not able to participate without the required paperwork.

CONFLICT RESOLUTION

Problems should be handled immediately. Parents and participants who feel that their concerns are not being addressed may contact the Board of Directors.

CONFIDENTIALITY

Any information pertaining to the participants at WHOA must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our staff and volunteers.

PARENTS

Parents wishing to participate in their child's session are encouraged to do so. A parent may act as a side walker/and or leader but must complete a volunteer training session. Parents will be assigned with a rider, within the class at the discretion of the instructor. **Other opportunities for parents include special projects, special events, and fundraising. We appreciate any help you can give.**

PARENTS AND RIDER'S RESPONSIBILITY

- Arrive on time
- Give 24 hrs. notice of absence if possible
- Dress appropriately (see clothing requirement)
- **Notify the Executive Director, Instructor, and/or Therapist of any change in rider's condition. THIS IS VERY IMPORTANT! Riders must inform WHOA immediately and in writing of any changes in health status, conditions and medications. This includes, but is not limited to changes in weight, medications and dosages, revised diagnoses, medical interventions, surgeries, etc.**
- Please say THANK YOU to our dedicated volunteers. Therapeutic riding is made possible with the assistance of dedicated volunteers who help with horses, riders, stable maintenance, special events, and fundraisers.
- Please respect marked designated areas (Mounting ramp and block, hay mow, tractors, fields where loose horses are, etc.)
- Parents, Brothers, and sisters are welcomed but please watch them at all times. They are your responsibility
- Only one student on the ramp at a time. Please remain with your child until their volunteer greets them. Please keep arena area quiet and free of distractions. Rider's can then give their horses and instructor their full attention.
- We appreciate our horses having treats, but please give to the volunteers and/or instructor and we will make sure they will get their treat with supper. All apples need to be sliced into quarters. White Oaks older horses have difficulty chewing and they can choke.

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EQUINE CODE OF ETHICS

WHOA supports Equine Assisted Therapy activities while providing the horses in its care with the highest ethical consideration. Horses working in programs at WHOA are selected by the staff. Once a horse is in residence at WHOA, it becomes a reflection of the program in its entirety. The care of each horse is given with professional expertise and management. The WHOA staff considers the comfort and well-being of each rider, volunteer and horse their highest priority.

Horses are scheduled to work in a manner consistent with their physical ability. The needs of the horses are met with regard to workload, feeding and general care. Many of our horses are older and need special care due to their age. This includes special feed and stalling considerations. Prior to work in program, each horse is inspected for injury, illness or discomfort. Horses are not asked to work when they are uncomfortable or unfit. Horses no longer able to serve in the program are given every consideration when placed elsewhere.

EQUINE LIMITATIONS

It takes a special horse to become a part of the WHOA horses. Only a small percentage of trial horses actually end up in the program, demonstrating that they have the high level of patience, tolerance and the steady rhythmic gait required to be a good therapy horse. And like people, no two horses are the same – each offers specific benefits to our riders, with their own needs and limitations. Therefore, it is critical that we do not exceed each horse's weight limit and work schedule established by equine professionals. We ask for your understanding as we try our best to serve our riders within the limits of our horses. WHOA strives to provide alternative activities such as carriage driving and the animal assisted activities to those for which we may not have a suitable horse.

I have received, read and fully understand the White Oaks Therapeutic Equestrian Center's (WHOA) Student Policies.

Student Signature (or guardian if under 18)

Date

WHOA Staff

Date