



## THERAPEUTIC & PUBLIC RIDING PROGRAMS

P.O. Box 1820 223-10th Ave. N. Creston BC, V0B 1G0 ph. (250) 428-2296 fax 428-2297sschmidt.cdsci@shawlink.ca

### ACTIVITY REGISTRATION FORM

ACTIVITY & DATE: CHILDREN'S DAY CAMP, JULY 30, JULY 31, AUGUST 1, 2008

TIME: 9:00 am – 2:00 pm

NAME OF RIDER: \_\_\_\_\_

NAME OF RIDER: \_\_\_\_\_

Public Riding Program \_\_\_\_\_ Therapeutic Riding Program \_\_\_\_\_ (please circle one)

I am registering the above rider(s) for the above noted activity. All the appropriate forms have been completed, signed, submitted and are on file with CDSCL.

- Activity Application/Profile Form (mandatory for all)
- Atlanto-axial X-Ray Verification for riders with Down Syndrome (where required)
- Physician Referral Form (mandatory for TRP)
- Liability Release/Waiver (mandatory for all)
- Photograph/Video Release/Non Consent Form (mandatory for all)
- Authorization/Non Authorization for Emergency Medical Treatment (mandatory for all)
- Emergency Profile (mandatory for all)

The following form is required on an annual basis for TRP:

- Physician Referral Form

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_



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## ACTIVITY APPLICATION FORM

Name of Rider: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## RIDER PROFILE

Horse/Riding experience: Discipline: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Short term goal(s): \_\_\_\_\_

Long term goal(s): \_\_\_\_\_

Helmet size: \_\_\_\_\_ Saddle(s): \_\_\_\_\_



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### GENERAL INFORMATION & POLICIES

#### *FEES & PAYMENT POLICIES*

- Cost: \_\_\_\_\_ \$200 on our horse \$150 on your horse \_\_\_\_\_
- Participants are asked to pay a \$50 non-refundable deposit to secure their spot for camp, with full payment required by Friday, July 25, 2008
- All activities must be prepaid in full prior to the start.
- In the event of cancellation by CDSCL, all fees will be refunded, or may be applied to the Public Riding Program regular lessons.
- If activities are proceeding as scheduled and the student does not attend, fees will only be refunded with a doctor's certificate.

#### *RIDER/CAREGIVER RESPONSIBILITIES:*

- It is the responsibility of the caregiver to have the student appropriately attired for riding and weather conditions i.e. sunscreen and hat, raingear etc.
- Boots or shoes with heels and long pants are mandatory. Riders will not be able to participate without the appropriate attire.
- Pant pockets should be empty of items that might poke the rider during the mount and dismount.
- All forms must be filled out and returned prior to the start of the activity.
- All riders **MUST** wear ASTM/SEI certified helmets while riding and working with the horses.
- If riders have their own ASTM/SEI certified helmets, they are more than welcome to use them.
- It will greatly facilitate the first day if riders can make an appointment to get fitted for helmets and saddles and matched with a horse. Call Sarah at 250-402-9646 to do so.
- We have found that many children do not know how to do up or undo buckles these days. Horse equipment is full of buckles – they're everywhere! If your child can practice with buckles before s/he comes to camp, that will help him/her out tremendously.
- We will supply snacks and drinks, but we ask that riders bring their own lunches.
- If you go to our website [www.cdsc.com](http://www.cdsc.com) and look at the "Public Riding Program" section, there is a "PRP Manual" that will help prepare riders for camp. The more time spent familiarizing riders with the contents of this, the less time we have to spend talking and the more time we can get right to the fun part – the doing!
- Riders should bring a copy of the manual to camp and they will receive additional handouts throughout camp to add to it.

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_



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## RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT (FOR PARENT/GUARDIAN OF RIDER)

NAME OF RIDER(S): \_\_\_\_\_

We (I), \_\_\_\_\_, hereby acknowledge and agree that in consideration of \_\_\_\_\_ (*name of rider*) being permitted to participate in the activities of Creston & District Society for Community Living Therapeutic & Public Riding Programs, we (I) release Creston District Society of Community Living & Kootenay Region Association for Community Living, their employees, directors, agents, independent contractors, subcontractors, representatives, sponsors, volunteers, successors and assigns (referred to collectively as CDSCL), from all liability, claims, causes of action of any kind whatsoever in respect of all personal/bodily injury, death or property loss which I might suffer resulting from any cause whatsoever, including but not limited to:

- Risks, dangers and hazards associated with being around and/or riding horses
- Risks, dangers and hazards associated with participating in a riding program
- Risks, dangers and hazards associated with being around, barn, arena and farm equipment
- Any loss or injury caused by negligence, breach of contract or breach of statutory duty of care on the part of CDSCL

We (I) acknowledge that participation in a program involving horse riding and other activities working with and around horses in barns, arenas and outdoors can be dangerous and expose me to risk of injury and/or death and/or property damage, and I freely and voluntarily assume all such risks.

We (I) hereby agree that this Release and Waiver of Liability and Assumption of Risk extends to all acts or omissions including those constituting negligence by CDSCL & KRACL and is intended to be as broad and inclusive as is permitted by the laws of British Columbia, and if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

WE (I) HAVE READ THIS RELEASE AND WAIVE OF LIABILITY AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP ESSENTIAL LEGAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MAKE AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Parent/Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ date: \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ date \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_



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Name of Rider: \_\_\_\_\_

## PHOTO/VIDEO RELEASE/NON-CONSENT

While on outings and during our daily programs many exciting situations arise. By photographing or video taping these events we can share them with you, family members, caregivers, and others and utilize them to demonstrate the “good works” for our organization. For this reason, we ask permission to share these photographs and or videotapes with the general public.

I, \_\_\_\_\_ of \_\_\_\_\_  
Name Address

Give permission for CDSCL to:

- 1. Share photographs with the general public Yes ( ) No ( )
- 2. Share video tapes with the general public Yes ( ) No ( )
- 3. Publish photographs/videos/stories on the internet Yes ( ) No ( )

Signature of Rider: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ date: \_\_\_\_\_

## RIDER LIABILITY WAIVER

I acknowledge that the sport of horses is a risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding, working around horses (mounted and dismounted) and viewing horse activities, which include bodily injury to both horse and rider which can result from therapeutic riding as well as normal use, competition and schooling. It is hereby also understood that no helmet or protective equipment can protect me against all foreseeable injury.

I hereby assume all risk and hereby absolve Creston and District Society for Community Living, its members and volunteers, Kootenay Region Association for Community Living, their members and volunteers from all responsibility, liability or claims of any nature and kind which I may have arising from participation in the Therapeutic Riding Program including but not limited to bodily injury or death, and damage to or loss of my property arising from any cause whatsoever, including negligence of one or more of the organizations or individuals referred to herein.

I hereby declare that in signing this document that I have read and fully understood and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signature of Rider: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ date: \_\_\_\_\_



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### EMERGENCY MEDICAL TREATMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

### *CONSENT* FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, **I give permission** to Creston and District Society for Community Living to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

### *NON CONSENT* FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, **I do not give permission** to Creston and District Society for Community Living to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_