

Registration Information Sheet

The **B.E.A.T.** Riding Center does not have any employees. The instructors are independent contractors that set their own fees for lessons. They range from \$25/hr to \$45/hr lessons. One half hour lesson may vary from \$15/half hour to \$25.00 per lesson. The instructor will set up her payment schedule with each individual client as well as setting up a time that is convenient for the client and the instructor.

Payment for HORSE USE should be made on a monthly basis. Please remit payment for four or five weeks (depending on month) of Horse Use fees. No refunds will be given. Make checks payable to BEAT and mail to BEAT (address below) or put into mailbox in washrack. Payment must be received prior to first lesson unless other arrangements have been made in advance. Make up lessons will be at the discretion of the Instructor. (ie. Valid reason such as illness which comes on suddenly) Horse use fees are **\$20/hr lesson** and **\$10/half hour lesson**. **Horse use fees are paid to BEAT.** (*Ex. Rider is scheduled to ride a specific horse 4 times per month for one hour each week, the cost would be \$80.00 for the month in horse use fees which goes to the BEAT program*) BEAT is responsible for the care and welfare of the horses that are used in the program. There is a rider weight limit of 200 pounds.

Scholarships: We have some scholarship money available for lessons. Horse Use fees are the most available. There is some monies for full scholarships which includes the instructor fees.

Generally, lessons run for 30 minutes or 60 minutes depending on the reserved lesson time. Depending on cognitive ability, riders may come earlier than lesson time to prepare their horse for their lesson. That way, the lesson would be devoted to groundwork and riding rather than tacking up. This may vary on any given day depending on the rider's tolerance and the Instructor's discretion

Physically disabled participants and clients participating in our pilot Veteran's program must have paperwork completed by their physician prior to participation. The paper work should accompany the initial payment for horse use unless rider or veteran is on scholarship.

Mail completed registration form to: **BEAT Riding Center, Inc.**
41919 NW Wilkesboro Rd
Banks, Oregon 97106

Release of Liability

Witness this agreement this _____ day of _____, _____ by and between **Bradley's Equine Assisted Therapeutic Riding Center, Inc. (BEAT)**, hereinafter referred as **MANAGER** and _____, herinafter referred to as **RIDER or Guardian of Rider**. For the consideration received, and in return for the use, today and on all future dates of the property, facilities and service of MANAGER, RIDER, Rider's heirs, assigns, and representatives hereby agree as follow:

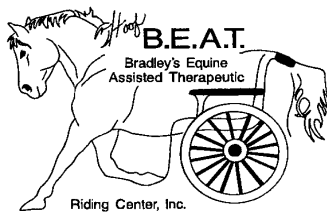
1. **Inherent Risks and Assumption of Risk.** The undersigned acknowledges there are inherent risks associated with equine activities such as described below and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in any injury, harm or death to persons on or around them; the unpredictability of equine reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and sub surface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or other, such as failing to maintain control over the animal or not acting with the participant's ability. **RIDER or GUARDIAN** acknowledges that horses by their very nature are unpredictable and subject to animal whim. RIDER and GUARDIAN assumes all risks in connection therewith, and expressly waives any claims for any injury or loss arising therefore. RIDER agrees to abide by and follow MANAGER;s rules and regulations, which shall be posted and/or available from time to time. RIDER further acknowledges that the behavior of any animal is contingent to some extent upon the ability of the RIDER. Rider assumes all risks therefore and warrants a full and fair disclosure of RIDER;s abilities has been made to the MANAGER.
2. **RIDER and GUARDIAN** agrees to hold harmless indemnify and defend MANAGER against, and hold harmless from any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney's fees, whether actually incurred or not, which may in any way arise from or be in any way connected with RIDER;s use of or presence upon the property of MANAGER and the facilities located thereon.
3. In the event RIDER Is using RIDER's own horse, or a horse(s) not owned by the MANAGER, RIDER warrants said horse(s) shall be free from infection, contagious or transmittable diseases. MANAGER reserves the right to refuse access or use of any horse upon the premises that doe not appear to MANGER to be in good health, or is deemed dangerous or undesirable. (Stallions are not covered under the inherent risk law. So are not allowed on these premises.)
4. RIDER or Guardian of Rider agrees to wave the protection of any applicable statures in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or other wise which the person giving that release does not know or suspect to exist at the time of executing said release.

MANAGER

Date

RIDER OR Guardian of Rider

Date



Instructor: _____

Date: _____

Authorization for Emergency Medical Treatment Form

Participant

Volunteer

Staff

In the event emergency medical aid/treatment is required due to illness to injury during the process of receiving services, or while being on the property of the agency, I authorize B.E.A.T. Riding Center to:

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.

Client's Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Allergies to medications: _____

Health Insurance Co.: _____ Policy#: _____

Consent Plan

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 below is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

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.

*** If non-consent plan signed, parent or legal guardian will remain on site at all times during equine assisted activities**

Date: _____ Non-Consent Signature: _____

Client, Parent, Guardian

Print Name: _____ Phone: _____

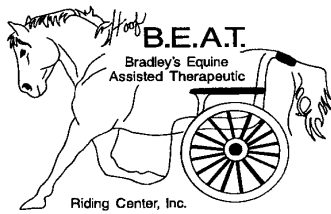
Address: _____

City, State, Zip: _____

Bradley's Equine Assisted Therapeutic Riding Center, Inc (BEAT)

41919 NW Wilkesboro Rd Banks, Oregon 97106

Phone: **503-324-3071** Fax: 503-324-3020 E-Mail: **Beatriding@aol.com** Website: Beatriding.org



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Participant's Application and Health History

(to be completed by participant or parent/legal guardian)

General Information

Participant Name: _____

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

Address: _____

Phone: _____ E-mail: _____ Alternate _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian/Caregivers: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

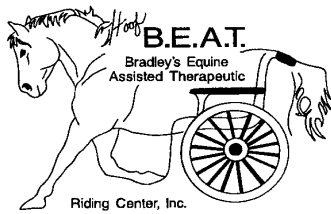
How did you hear about the program? _____

Health History

Diagnosis: _____ Date of Onset _____

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

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



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Participant's Application and Health History (cont'd)

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

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

Physical Function (i.e..Mobility skills such as transfer, walking, wheelchair use, driving/bus riding):

Psycho/social Function (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns etc.)

Goals (i.e. Why are you applying for participation? What would you like to accomplish?)

Signature _____ **Date:** _____

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**Photo Release: I ( ) DO or ( ) DO NOT (check one)**

Consent to and authorize the use and reproduction by BEAT Riding Center, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Participant, Parent or legal Guardian, signed in the presence of center staff)