

**Riding To The Top**  
**Therapeutic Riding Center**  
PO Box 1928 ~ Windham, ME 04062  
207-892-2813 FAX- 892-6523  
A PATH Intl. Premier Accredited Program  
**Client Registration and Release Form**

<b>For office use only:</b> Client ID #: Payor ID #:
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Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

School or program presently attending \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

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

E-mail \_\_\_\_\_ Employer \_\_\_\_\_

Contact for Scheduling Lessons (include Caregiver info here if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

**In case of an emergency please contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Liability Release: (Mandatory to participate)**

The Client and/or the Client's Parents/Guardians acknowledge that they have been given an opportunity to read and consider the attached Participation Waiver and Release Agreement (page 3) and that by signing below they are agreeing to the terms of the Participation Waiver and Release. The Client and/or the Client's Parents/Guardians understand that this document contains an express assumption of risk, a promise not to sue, and a waiver, release and indemnity for all claims.

\_\_\_\_\_  
(Client or Parent/Guardian if participant is under 18) Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Photo/Video Release (optional):** I hereby give my consent and authorize Riding To The Top to use and reproduce any and all photographs or videos taken of the above-named client for promotional printed/video materials, educational activities or for any other use which would benefit Riding To The Top Therapeutic Riding Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Client or Parent/Guardian, if under 18)

**Physician Release: (Mandatory to participate)**

In my opinion, this individual can participate in supervised riding activities. As relates to these activities, I concur with the referral of this individual to a physical or occupational therapist or other health care professional, if indicated, for evaluation of their abilities/limitations, in order to implement an appropriate and effective therapeutic riding program.

Physician Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Please complete all pages: Incomplete registrations cannot be accepted and will hinder the registration process.</b>
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**Riding To The Top Therapeutic Riding Center**  
**MEDICAL HISTORY/AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Onset \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Medications \_\_\_\_\_

Seizures: Yes No Type \_\_\_\_\_ Controlled: Yes No Date of last seizure \_\_\_\_\_

Tetanus Shot: Yes No Date of last shot/booster \_\_\_\_\_

Riding To The Top is a therapeutic riding program designed to benefit participants physically, socially and emotionally. Safety equipment, specially trained horses and volunteers are used. In order to assure optimal protection and the greatest personal benefit from the program, each client is required to furnish the following medical information before being accepted as a client. **\*\*\*\*Note:** Because of the nature of the activity of horseback riding, individuals with the diagnosis of **Down Syndrome** cannot be accepted for riding instruction **without proof of a diagnostic X-ray for atlanto-axial dislocation condition.** X-ray Date \_\_\_\_\_ Positive Negative (please circle one).

Please indicate if impairments exist in any of the following areas by checking yes or no. If yes, please comment, using attachments if necessary.

Areas	Yes	No	Comments
Hearing			
Vision			
Speech			
Heart/Circulatory			
Breathing			
Neurological			
Muscular/Orthopedic			
Learning Disability			
Allergies			
Cognitive Impairment			
Other			

Primary Means of Mobility: Walks (with or without assist):  Yes  No; Assistive Device: \_\_\_\_\_  
 Wheelchair User:  Yes  No; Braces:  Yes  No

Please indicate any other special precautions: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event that emergency medical aid and/or treatment is required due to illness or injury, I authorize Riding To The Top Therapeutic Riding Center to:

1. Secure medical treatment and transportation if needed on my behalf.
2. Release client records upon request to the authorized individual(s) or agency involved in the emergency care.

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Medical Facility if Emergency Care is needed: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Consent Plan:**

This authorization includes x-ray, surgery, hospitalization, medication and any other treatment procedures deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Client, Parent or Guardian if under 18)

**Non-Consent Plan:**

I do not consent to emergency medical treatment/aid or hospitalization in the case of illness or injury. In the event that emergency care is required, I request the following procedures be followed: \_\_\_\_\_

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Client, Parent or Guardian if under 18)

**RIDING TO THE TOP  
PARTICIPATION WAIVER AND RELEASE  
AGREEMENT**

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

This Participation Waiver and Release Agreement is made by and between the undersigned client, volunteer or participant in an equine activity or equine event (the "Participant"), the Participant's parents, guardians, or conservators if the Participant is a minor or ward ("Participant's Parents or Guardians"), and Riding To The Top Therapeutic Riding Center, (the "Equine Activity Sponsor" and/or "Equine Professional"). This Agreement is a requirement and condition of participation in any equine activity or equine event conducted, provided, operated, organized or sponsored by the Equine Activity Sponsor or Equine Professional or whose property, facilities, animals, equipment or personnel are used in such connection.

In consideration of the opportunity to participate in equine activities or equine events, the Participant and, if a minor or ward, Participant's Parents or Guardians agree as follows.

1. Inherent Risks. The Participant and Participant's Parents or Guardians acknowledge and understand that horses and activities related to horses are inherently dangerous and that those dangers and conditions integral to equine activities or equine events include, but are not limited to, the propensity of horses to behave in ways that may result in damage to property or injury, harm, or death to persons on or around them (including behaviors such as bucking, biting, rearing, stepping on, falling, stumbling and shying); the unpredictability of a horse's reaction to sounds, movements, unfamiliar objects, persons, or other animals; certain hazards such as surface and subsurface conditions; collisions with other horses, Clients, or objects; the potential for the Participant to act in a negligent manner or otherwise fail to maintain control over the animal; and unpredictable or erratic actions by others on or near animals. Despite these inherent risks, the Participant has chosen, and Participant's Parents or Guardians have chosen to permit the Participant to work with and around horses and participate in equine activities and equine events. The Participant and Participant's Parents or Guardians have considered the Participant's particular physical, mental, and emotional condition or challenges in making this participation decision.

2. Duties and Obligations; Statutory Assumption of Risk and Limitation of Liability. The Participant and Participant's Parents or Guardians are advised that under Maine law, with certain limited exceptions, an equine activity sponsor, equine professional or any other person engaged in an equine activity is not liable for any property damage or damages arising from the personal injury or death of a participant or spectator resulting from the inherent risks of equine activities. The Participant and Participant's Parents or Guardians are further advised that Maine law provides that each participant and spectator in an equine activity expressly

assumes the risks and legal responsibility for any property damage or damages arising from personal injury or death that results from the inherent risks of equine activities. Each Participant has the sole responsibility for knowing the range of that person's ability to manage, care for and control a particular horse or perform a particular equine activity. It is the duty of each Participant to act within the limits of the Participant's own ability, to maintain reasonable control of the horse at all times while participating in any equine activity or event, to heed all warnings and instructions, and to refrain from acting in a manner that may cause or contribute to the injury of any person or damage to property. The Participant and Participant's Parents or Guardians understand these duties and obligations and have considered the Participant's particular physical, mental, and emotional condition or challenges in undertaking this express assumption of risk.

3. Release and Waiver. The Participant and Participant's Parents or Guardians understand the risks and dangers inherent in equine activities and do hereby waive and agree not to make any claim or seek any recovery from the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns for any property damage or damages for personal injury or death resulting from the inherent risks of equine activities. The Participant and Participant's Parents or Guardians hereby further release and discharge the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns from any and all actions, causes of actions, liabilities, claims, demands, damages, costs and expenses of any kind including, but not limited to, any claim of damages for bodily injury, illness, disease, death or loss of personal property now existing or which may in the future occur or result, directly or indirectly, from participation or involvement in any equine activity, program, or event. The Participant and Participant's Parents or Guardians understand and agree that this Release and Waiver is intended to be as broad as the law allows and specifically covers all claims or demands that may be based in whole or in part on the fault or negligence of the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns.

**WARNING  
UNDER MAINE LAW, AN EQUINE ACTIVITY  
SPONSOR, EQUINE PROFESSIONAL, OR  
OTHER PERSON ENGAGED IN EQUINE  
ACTIVITIES HAS LIMITED LIABILITY FOR  
INJURY OR DEATH RESULTING FROM THE  
INHERENT RISKS OF EQUINE ACTIVITIES  
(7 M.R.S.A. §§ 4101; 4103-A).**

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

**~ Scheduling~**

Please indicate below the days/times that are most convenient for you/your child and any days/times that do not work for you (e.g. therapy days, regular appointments, etc.). There are many factors involved in scheduling and we do our best to consider your preferred times when scheduling lessons.

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**~ Cancellation Policy ~**

Riding To The Top charges tuition for each session. If less than halfway through a session a rider is no longer able to attend the remainder of the session for a valid medical reason or family emergency, please contact the RTT Office Manager or Executive Director. We will discuss options for credit towards a future session or, if another rider can be found to fill your timeslot, a partial refund of your tuition payment. We make every effort to make up all lessons cancelled by RTT (weather, instructor, etc.). Rider cancellations are not refundable and due to scheduling constraints are not able to be made up.

**~ Payment Policy ~**

Riding To The Top requests tuition payment in full in advance for any session. In select cases where payment in full is a financial hardship, a payment plan may be arranged, but a deposit is required prior to the start of a session and payments must be kept current.

Scholarship recipients are responsible for paying their portion of the tuition bill in advance of the session or through an agreed upon payment plan. All clients must have their account paid in full from the previous session before continuing into another session. We accept cash, checks and all major credit cards.

Riding To The Top does *not* bill any insurance companies (Katie Beckett, Maine Care, etc.). However, various agencies and foundations in the state of Maine do provide funding for therapeutic riding. If you have received such an award, please fill out the information below.

I /we have enclosed the necessary award letter and contact information for billing an agency

Agency Name: \_\_\_\_\_ Billing Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Approved Dates of Service: \_\_\_\_\_

**I/we will be paying for lessons. I agree to pay for lessons at RTT by one of the following methods (please check one):**

Payment In Advance

Payment by Credit Card

Pay As You Go

Agency Award

*I acknowledge that I have read and understand Riding To The Top's Cancellation and Payment Policies.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Automatic Credit Card Charges to Mastercard, Visa or Discover

CC# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Riding To The Top Therapeutic Riding Center

P.O. Box 1928      Windham, Maine 04062      207-892-2813  
www.ridingtothetop.org      e-mail: info@ridingtothetop.org      Fax: 207-892-6523

**Located at: 14 Lilac Drive, Windham, ME 04062**

Session	Private		Group	
	<i>1 hr</i>	<i>30 min.</i>	<i>1 hr</i>	<i>45 min.</i>
<b><u>Winter I</u></b>	\$367.50	\$295.50	\$332.50	\$295.50
<b><u>Winter II</u></b>	\$367.50	\$295.50	\$332.50	\$295.50
<b><u>Spring</u></b>	\$367.50	\$295.50	\$332.50	\$295.50
<b><u>Summer</u></b>	\$367.50	\$295.50	\$332.50	\$295.50
<b><u>Fall I</u></b>	\$367.50	\$295.50	\$332.50	\$295.50
<b><u>Fall II</u></b>	\$367.50	\$295.50	\$332.50	\$295.50

Lesson Holidays: January 1<sup>st</sup>, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving, the Friday following Thanksgiving, Christmas.

Please refer to our website for a complete listing of Session start and end dates.

In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.

**NEW RIDERS**  
**Riding To The Top Therapeutic Riding Center**  
wants to get to know you!

At Riding To The Top (RTT) we want your time with us to be as successful as possible. We are asking you to fill out this form for you/your child to let our instructors and volunteers know what they can do to make this a positive experience for you from the start. This will only be shared with our staff and volunteers who work directly with you/your child. If you have any concerns about this form, please contact Sarah Bronson, Executive Director (892-2813, X12) or [sbronson@ridingtothetop.org](mailto:sbronson@ridingtothetop.org)

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

Communication (style, understanding/comprehensive and ability to express needs): \_\_\_\_\_

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Learning Style: Visual/Learns by Seeing    Verbal/Learns by Hearing    Kinesthetic/Learns by  
Doing

Favorites: (eg: food, colors, animals, subjects, etc) \_\_\_\_\_

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Sensitivities: (eg: smell, touch, sounds, etc.) \_\_\_\_\_

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Our Family's Do's and Don'ts: \_\_\_\_\_

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Any other special things we should know? \_\_\_\_\_

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Thank you for taking the time to fill out one more piece of paperwork!!