



San Juan Riding Program

Eagle Hill Ranch
P.O. Box 2021
Ridgway, CO, 81432
970-626-3018

info@sanjuanridingprogram.com
www.sanjuanridingprogram.com



2008 SJRP Riding Program Information for Students

Welcome! Horseback Riding Enthusiasts

We have extended our season to better serve you, now you can ride from May 19–September 10 2008!

Thank you for your interest in the San Juan Riding Program. We are excitedly waiting, For our riding season to begin. We have enclosed important information to get you started (or re-started), with Therapeutic Riding. Please review the attached information and complete the needed forms for participation.

New this year! We will be providing the same services one day a week in Norwood. The day that is scheduled for clients from the west end of San Miguel County will be Wednesdays.

Based in Ridgway, this therapeutic horseback riding program serves disabled children and adults from Montrose, Ouray and San Miguel counties. The program operates from the Eagle Hill Equestrian Center. Therapeutic riding lessons and equine facilitated therapy will be available to small groups and individuals of all ages, abilities and special needs. We are members of and operate under, the standards of the North American Riding for the Handicapped Association (NARHA). Which provide guidelines for your safety and a safe riding environment.

SJRP's staff will help you, or your parents or caregiver. Develop a lesson plan that meets your needs, goals, and sets you up for success. Lessons will be tailored to your skill level. Then we will make sure you have the correct tack, adaptive equipment all matched to the appropriately trained horse. This year we will be offering Hippotherapy. It will be provided this summer by Pam Browlie, MPT and Annie Ripper, OT who work with the school district and our younger students already. Hippotherapy sessions will be scheduled for 45 minutes each, and may be insurance billable. with the initial visit involving an evaluation. Therapy is provided on an individual basis. Volunteers will assist as side walkers, horse leaders and fun companions.

Therapeutic horseback riding provides many benefits. While maintaining balance on a horse in motion, riders stretch and strengthen muscle groups you would use in walking, sitting and reaching on your own. In addition to enhancing balance, posture, mobility and coordination. Therapeutic riding lessons promote mental functioning, socialization and self-confidence. After all, treatment is most effective when everyone is having fun!

For more information please contact San Juan Riding Program Executive Director, Olga Spanhoff, at 970-626-3018, 970-318-1417 or email us at info@sanjuanridingprogram.com .

Sincerely,

Olga Spanhoff
Executive Director

Fee Schedule		Program Schedule	Monday - Saturday
		Arena & Horse Prep	8:00-8:45
Hippotherapy	\$75	Lessons	9:00- 9:45
Private lesson	\$55	Lessons	10:15-11:00
Group lesson	\$35	Lessons	11:30-12:15
10 Private lessons	\$495	Lessons	12:45-1:30
10 Group lessons	\$295	Wrap Up	1:30- 2:00
15 or more Private lessons	\$45 per lesson		
15 or more Group lessons	\$30 per lesson		

REFUNDS & CANCELLATION POLICY: Sorry no refunds for missed lessons! We will make every effort to reschedule your lesson subject to availability. **If you must cancel a lesson, please notify us 24 hours in advance at (970)-318-1417.** We will schedule make-up classes if we have an opening. *All clients will be charged for last minute cancellations or no-shows!*

SAFETY INFORMATION AND GUIDELINES:

- **Weight limit: 200 lbs.** Sorry - we cannot safely accept people OVER 200 lbs.
- **Helmets:** *All students must wear ASTM approved helmets - no exceptions!* SJRP provides helmets in a variety of sizes and styles at the riding program.
- **Footwear:** Leather boots with firm toes and low heels are preferred. Sneakers are acceptable - no sandals!
- **Apparel:** Long pants are required - we do not allow shorts. Dress for comfort, weather and layers are recommended. It can be 90 degrees one moment and ready to rain the next.

AT THE ARENA AND PROGRAM SITE: Family and friends are welcome to observe lessons and activities, however for the safety and comfort of our students, staff, horses and everyone involved - *please observe the following guidelines:*

- Please observe quietly - horses are easily “spooked” and our riders need to concentrate on their lessons.
- Children must be supervised at all times - please do not leave children unattended or allow to run and play loudly.
- Visiting the horses requires permission and supervision - please ask SJRP staff to help you.
- Please remain in the spectator area during lessons or when the horses are out.
- Dogs and pets must be under strict control and not interfere with the safe and quiet working environment. *We reserve the right to request the removal of any dog that proves disruptive or interferes with the lesson or program.*
- Thanks for your understanding! We welcome your feedback, comments and suggestions, For improving SJRP we want to be the best we can be!

How many sessions are you signing up for? : _____

Which Day or Days would you like to ride? : _____

Which Time is best for you? : _____ Dates that you want to ride on?

San Juan Riding Program

Rider Instructions & Information

We ask your cooperation in reading and complying with the following instructions. We want to provide you with the best possible riding session, to maintain a positive work environment for riders and their families, horse leaders, and sidewalkers, to enhance the quality of our overall programs and to meet our Riding Program standards.

Class Logistics

- If the rider will be absent for any reason, please notify San Juan Riding Program at 318-1417 at least 24 hours in advance so that volunteers and horses are not needlessly scheduled and tacked for class. **Tuition for the session is due in full by the first class. No refunds will be given for classes missed. If a class is cancelled by San Juan Riding Program, credit may be applied to the next session. At the end of the session, you may request a receipt for missed classes or unused credits as a charitable donation.**
- Due to full scheduling, we cannot accommodate make-up classes.
- Parking is available adjacent to the riding arena.
- Please be on time. We will start mounting about five minutes before scheduled class time.
- Riders must wear long pants and tie or secure shoes. Riding boots or hard soled shoes with heels are best.
- Please, no gum, no jewelry, no fragrances, and no loose or baggy clothing. These are not safe or appropriate.
- Family and friends are encouraged to watch from the viewing area and may only interact or participate in the session if directed by the Instructor or Therapist.
- Due to the nature of the activity, it is sometimes necessary for instructional and safety reasons for Instructors and sidewalkers to touch participants. It is our policy to keep this to a respectful minimum.
- If you must bring your rider's siblings with you, please plan to supervise them in quiet activities at all times to minimize distractions and interruptions that can compromise the quality and safety of your rider's class.
- The arena is outdoors. Please dress as the weather for the day dictates. Mornings can be cool and mid-day very warm. Riding helmets provide some shade for the eyes. Sun glasses are helpful in the bright sun.
- If you have any questions or concerns please address them to your class instructor or Olga Spanhoff, Executive Director, San Juan Riding Program.

Helmets

- Helmets are required. San Juan Riding Program provides ASTM-SEI rated riding helmets however, we strongly encourage you to get your own. Adjustments for proper fit can be made once, saving class time. It is also safer and more sanitary from a personal point of view. Flyers are available in class for quality helmets you can order.

Financial Support

- San Juan Riding Program is a 501 (c)(3), not for profit corporation. Program fees do not cover all of our costs. Your financial contribution of any size will help keep this quality equine therapy program running. Please ask someone else – a relative, friend, coworker, or employer – to get to know the San Juan Riding Program and join our team.

Thank You for riding with us!!



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RIDER REGISTRATION and RELEASES

(Complete annually)

Registration:

Client: _____ Date of Birth: _____ weight: _____

Mailing address _____

City, State, Zip: _____

Home phone: _____ work/cell phone: _____

Email address: _____

Previous riding or horse-related experience: _____

School attending/ Employer or Affiliation: _____

In case of an emergency, contact _____ **Phone:** _____

Emergency Medical Treatment

In the event emergency medical aid/treatment is required for myself or any participant on whose behalf I sign below, due to illness or injury while participating in or attendance at the San Juan Riding Program (SJRP), I authorize San Juan Riding Program to secure and retain medical treatment and transport as needed. 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 I cannot respond or be reached at the time of the emergency. I further agree to pay such services and to release, indemnify, and hold SJRP, and all associated organizations and individuals harmless of and from any and all claims arising from such aid/treatment.

Date: _____ signature: _____
(Participant, Parent/Guardian/Caretaker -Must be 18 or older)

Exception! Non-Consent Plan (check only if applicable)

I do not give my consent for emergency medical treatment in the case of illness or injury while participating in or in attendance at SJRP activities. In the event emergency aid/treatment is required, I wish the following procedures to be followed:

WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

Initial _____.



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RELEASE ASSUMPTION OF RISK HOLD HARMLESS AGREEMENT

(Complete annually)

Please Print:

Name: _____ Phone: _____

Street: _____

City, State, ZIP: _____

Responsible Adult (if underage client) _____

Relationship _____

Street: _____

City, State, ZIP: _____

COLORADO EQUINE ACTIVITY LIABILITY ACT WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

IN CONSIDERATION of the agreement of San Juan Riding Program to allow the undersigned, and/or any participant for whom I sign below, any of the following consideration: instruction, training, therapy, access to or use of the property, access to or use of horses, boarding facilities, or other facilities, or participation in or being around horses, (whether any such access or participation is voluntary or in exchange for any further consideration), **I HEREBY AGREE TO ALL OF THE FOLLOWING:**

ACKNOWLEDGMENT – ASSUMPTION OF RISK:

I understand and I acknowledge that participation in outdoor activities of any kind; taking part in or observing any horse activities or activities involving any other animal; getting on, riding or simply being in horse activities of any kind, exposes a person or animal to dangerous risks of serious injury or death, and loss of property.

Initial _____

I assume for myself individually, as a participant, as parent guardian, or responsible person for any minor child or ward for whom I sign below, any and all risks of such activities, whether known or unknown, inherent and non-inherent, foreseeable and non-foreseeable and including the risks of negligence of any person or entity.

WAIVER AND RELEASE

I, for myself individually, as a participant, or as a parent, guardian for any minor child or ward for whom I sign below, **release, waive and discharge** San Juan Riding Program, anyone acting on its behalf, its agents, owners, operators, employees, officers, directors, visitors, volunteers, owners and lessees of any horses and the insurers of all such persons or entities **of and from all claims, demands, causes of action and legal liability of any kind, now existing or which may hereafter accrue.**

INDEMNIFICATION AND HOLD HARMLESS

I agree to indemnify and hold harmless (defend and reimburse) each person and entity included as a Release for the costs of defense, attorneys fees incurred, and any judgment or settlement, resulting from any and all claims, including claims of negligence, brought by any person or entity for any injury, damage or death to myself or to any participant for whom I sign below, or for any injury, damage or death to any horse or property I own, for which I have responsibility.

I AGREE that this **RELEASE/ASSUMPTION OF RISK/HOLD HARMLESS AGREEMENT** shall be interpreted in accordance with and governed in all respects by the laws of the State of Colorado, and shall be given full faith and credit in all other jurisdictions.

My signature on this document indicates that I have read the entire document, understand it and agree to be bound by its terms and conditions. This agreement shall be legally binding upon me, my heirs, my estate, my assigns, legal guardians and personal representatives, and on any participant for whom I sign below.

Date: _____ Signature: _____

Date: _____ Signature: _____

(parent, guardian, or responsible adult)



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Photo and video release

I hereby consent to and authorize the use and reproduction by SJRP of any and all photographs and any and all other audio and /or visual materials taken of me/my son/daughter/ward for promotional material, educational activities, or for any other use for the benefit of the program. I release SJRP, their Board of Directors, management, members, agents, employees, volunteers, therapist, aids and affiliated organizations from any and all liability in this connection and from any claim for financial benefit or compensation for such use.

Yes

Restrictions (check only if applicable)

Permission to use name is not granted.

No

Face may not be identified in any photograph.

Date: _____ Signature: _____

(must be 18 or parent/guardian)



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Participant Health History

(Completed Annually by the Participant or Parent / Legal Guardian)

General Information	
Participant: _____	Date of Birth: _____ (Must be at least 2 years of age to ride)
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Height: _____ Weight: _____
Medical / Treatment Referral Source: _____	
Referral Phone / Contact: _____	

Health History			
Diagnosis: _____		Date of Onset: _____	
Please indicate current or past special needs in the following areas:			
	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional / Mental Health			
Behavioral			
Pain			
Bone / Joint			
Muscular			
Thinking / Cognition			
Allergies			
Seizures			

Continued on the other side

Medications (include prescriptions, over the counter; name, dose and frequency)

Describe your abilities / difficulties in the following areas. Include assistance required or equipment needed.

1. **Physical Function** (i.e. Mobility skills such as transfers, walking, wheelchair use. Driving / bus riding)

2. **Psycho / Social Function** (i.e. Work / School including grade completed, leisure interests, relationships – family structure, support systems, companion animals, fears / concerns, etc)

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

4. **Additional information**

I have supplied this information to the best of my knowledge and it is up-to-date and accurate.

Date: _____

Signature: _____
Participant, Parent / legal Guardian (must be 18 or over)



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PARTICIPANT'S CONSENT FOR RELEASE OF INFORMATION

I hereby authorize: _____
(person or facility)

to release information from the records of: _____ DOB: _____
(participant's name)

The information is to be released to: **San Juan Riding Program**

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- Medical History
- Physical Therapy evaluation, assessment and program plan
- Occupational Therapy evaluation, assessment and program plan
- Speech Therapy evaluation, assessment and program plan
- Mental Health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-Behavioral Management Plan
- Other: _____

Signature: _____ Date: _____

Print Name: _____

Relation to Participant: _____

Please send materials to: **San Juan Riding Program** PO BOX 2021 Ridgway, CO 81432

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Rider's Medical History and Physician's Statement

(Completed annually)

Name _____	Date of Birth: _____
Address _____	Height _____
Name of Parent/Guardian _____	Weight _____
	Diagnosis _____

Medications: _____

Mobility: Independent ambulation yes no (in no check those that apply below)
 Crutches braces wheelchair walker other

For persons with Downs Syndrome: Atlantoaxial Instability Evaluation
 Negative Cervical X-ray x-ray date _____ Negative clinical symptoms yes no

For persons with a Seizure Disorder: Seizure Type _____ Date of last seizure _____
 Seizure control drugs _____ Controlled vagal nerve implant yes no

Please indicate if your patient has impairment or has undergone surgeries in any of the following areas. Please comment on all that apply.

Auditory/Hearing aids <input type="checkbox"/> yes <input type="checkbox"/> no	Muscular (BOTOX) <input type="checkbox"/> yes <input type="checkbox"/> no
Visual/glasses <input type="checkbox"/> yes <input type="checkbox"/> no	Orthopedic (include surgeries) <input type="checkbox"/> yes <input type="checkbox"/> no
Speech <input type="checkbox"/> yes <input type="checkbox"/> no	Allergies <input type="checkbox"/> yes <input type="checkbox"/> no
Cardiac/ Circulatory <input type="checkbox"/> yes <input type="checkbox"/> no	Learning Disability <input type="checkbox"/> yes <input type="checkbox"/> no
Pulmonary/Respiratory <input type="checkbox"/> yes <input type="checkbox"/> no	Mental or Psychological Impairment <input type="checkbox"/> yes <input type="checkbox"/> no
Neurological <input type="checkbox"/> yes <input type="checkbox"/> no	other <input type="checkbox"/> yes <input type="checkbox"/> no

Please indicate any special precautions or concerns. _____

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the riding program will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed credentialed health professional (e.g.) PT, OT, Speech Psychologist, ect...) in the implementation of an effective equestrian program.

Physician Signature _____ Date _____

Physician Name (please print) _____ Phone _____

Address, City, State, Zip _____

Information for Physician

The following conditions, if present, may represent precautions or contraindications to horseback riding. Therefore when completing this form. Please note whether these conditions are present, and to what degree.

Orthopedic

Spinal Fusion / Fixation
Spinal Instabilities / Abnormalities
Atlantoaxial Insabilities-include neurological symptoms
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification / Myositis Ossification
Cranial Deficits
Internal Spinal Stabilization Devices
Joint subluxation / dislocation

Neurological

Hydrocephalus / Shunt
Spina Bifida
Tethered Cord
Chiaria II Malformation
Hydromyelia

Other

Age under 4
Indwelling catheters
Medications – i.e. photosensitivity
Poor endurance
Skin breakdown

Medical / Psychological

Allergies
Animal Abuse
Physical / Sexual/ Emotional abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Fire Settings
Heart Conditions
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____
Address: _____
Physician's Name: _____ Medical Facility: _____
Health Insurance Company: _____ Policy #: _____
Allergies to medications: _____
Current medications: _____

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 **San Juan Riding Program** 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.

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

Print Name and relationship: _____

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 premises of the **San Juan Riding Program**. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

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

