



Dear Rider/Client,

Thank you for your interest in The Root Farm's equine assisted activities and therapies. Our staff is looking forward to providing a safe and productive lesson each week as we work towards achieving individual goals.

Listed below you will find an overview of our lesson fees, registration requirements and other information that you will need to know before starting the program:

- Rates (lessons are scheduled in six week blocks):
 - Initial consultation/evaluation (new riders only*): \$45
*New riders are defined as riders that have never participated in Root Farm equine programs, or, have not participated in Root Farm equine programs in over a year.
 - Group lesson (max of two riders): \$270 for a six week block (\$45 per lesson).
 - Private ½ hour lesson OR physical therapy session: \$60 per lesson
 - Private one hour lesson OR physical therapy session: \$120 per lesson
- All participants must complete the accompanying Application, Medical and Liability Release Form, and Cancellation/Refund Form. ***The Patient Medical History and Physician Statement Form must be signed by a physician and returned prior to starting lessons.*** Riders participating in physical therapy must also obtain and submit a script for therapy services.
- Weight policy- For the safety of our horses, staff and volunteers, rider weight is generally limited to 180lbs. Decisions regarding participation will be based on availability of a suitable horse relative to the skill level, height, cognition and balance of the participant.
- Please note the minimum age for participating in The Root Farm's equine assisted activities and therapies is four (4) years old.
- For the safety of all participants, riders must follow the directions of any Root Farm employee. Failure to do so may result in an inability to participate in equine related activities and/or removal from the riding arena.
- All riders must wear a helmet while participating in equine related activities. Helmets will be provided, however, riders are welcome to bring their own helmet if they desire. (Helmets must have a manufacture date within the last five years and meet national ASTM/SEI safety standards. Helmets older than 5 years old cannot be used.) If using your own helmet, please check with a Root Farm Instructor for approval.
- Wearing proper attire is necessary for correct, effective and safe riding. Closed toed shoes must be worn at all times; closed toed shoes with a heel are recommended. Our staff will review attire and other safety policies prior to your first lesson.
- Completed applications can be e-mailed to info@rootfarm.org or mailed to: The Root Farm, 2860 King Rd., Sauquoit, NY 13456

We look forward to having you ride with us at the Root Farm.

Sincerely,

Rodger Pape, CTRS
Certified Riding Instructor
Director
The Root Farm



NEW RIDER APPLICATION

RIDER INFORMATION

Name: _____ Age: _____ DOB: ____/____/____
 Address: _____
 Ethnicity: _____ Gender: Male Female Other _____
 Phone: _____ E-mail: _____
 Parent/Legal Guardian: _____
 Address: _____
 Phone: _____ E-mail: _____
 Medicaid Eligible: Yes No Insurance Provider: _____

General Medical Information

Diagnosis: _____
 Allergies: _____

Height: _____ **Weight:** _____

**It is crucial that this information be truthful and accurate. To provide inaccurate information may jeopardize the safety of the participant and others. Our current weight limit for riders is 180lbs.*

Current Medications:

Name: _____ For treatment of: _____

Name: _____ For treatment of: _____

Name: _____ For treatment of: _____

Physician's Name: _____ Phone: _____

Date of Last Physical Exam: _____ Examined by: _____

Describe any medical conditions requiring special precautions or treatment (including, but not limited to, dietary restrictions and any past seizure activity):

EMERGENCY CONTACTS

(Please list at least 2 in the order they should be contacted)

Name	Relation	Phone
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Signature of the person completing this form	Relation to the rider	Date
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PLEASE PROVIDE US WITH THE FOLLOWING RIDER INFORMATION SO WE CAN BETTER SERVE YOU:

Name: _____

Date: _____

What do you hope to achieve through your participation in the services offered by The Root Farm?

Have you ever participated in horseback riding before? If so, when and where?

What are your interests, hobbies, favored activities?

What activities or things do you avoid or dislike?

Do you have any toileting concerns? If so, please explain. What are your self-care needs, if any?

Describe any sensory issues you think we should be aware of (ie: loud noises, touch, movements, etc.):

Please describe any behavioral issues that may come up during equine related activities, what triggers these behaviors, and some effective ways to address them (ie: aggressive behaviors, loud outbursts, sudden movements or fleeing, etc.):

What else would you like us to know that we can provide you with a fun, safe and positive experience at The Root Farm?

Signature of the person completing this form

Relation to the Rider

Date



Medical & Liability Release

Riding instruction and therapy will be under strict supervision, and although every effort will be made to avoid any accident, no liability can be accepted by The Root Farm.

Rider's Name _____

In case of medical emergency, the undersigned authorizes The Root Farm to seek medical assistance as they determine necessary.

The undersigned also authorizes any licensed physician and/or medical facility to provide any medical/surgical care and or hospitalization for the client, which they have determined necessary and/or advisable, pending receipt of this consent form.

In agreement with the above mentioned requirements, I would like _____ to participate in equine related and/or physical therapy activities at The Root Farm. I have discussed this with the client's physician. I understand that The Root Farm is not liable for any injury or health related concerns that may result from participating in these equine activities.

No person can be accepted into the riding program until this form has been completed by the parent or guardian. IF the person is of legal age (18), he/she may complete the form if he/she is legally competent to do so.

Signature of Parent/Guardian

Date

Signature of Rider if over 18 years old

Date



PHYSICAL THERAPY INFORMATION

Date: _____

Name: _____

Date of Birth: _____

MEDICAL HISTORY:

ADAPTIVE EQUIPMENT:

CURRENT THERAPIES:

Physical Therapist: _____ Weekly Frequency: _____

Contact information: _____

Occupational Therapist: _____ Weekly Frequency: _____

Contact information: _____

Speech Therapy: _____ Weekly Frequency: _____

Contact information: _____

GOALS (what gross motor/daily life skills do you want to improve?):

1. _____
2. _____
3. _____

Completed by: _____ Relationship to rider: _____

Phone: _____



Photography/Videotape/Information Release

We respectfully request permission to gather, use or disseminate a photograph, audio tape, video tape, or information about yourself or the participant for whom you are responsible (whichever appropriate).

Through this release, I hereby give my consent and authorize Upstate Cerebral Palsy, Cerebral Palsy Association, Mohawk Valley Handicapped Services or The Root Farm to take, use and disseminate photographs and/or videotapes and/or audio tapes, or to release information about (Print Name of Person): _____ for use by the news media or for Agency community relations, publications or other program-related purposes according to the following guidelines:

PHOTO/VIDEO/INFORMATION USAGE GUIDELINES

Photo/Video/Information are to be used for the following purposes (please check all boxes that apply):

Photo/ Video/ Information is for 1-time use only (please indicate): _____

Photo/ Video/ Information can be used only when specific event is being publicized. Name event below:

Photo/ Video/ Information can be used for any agency purposes

Relating to The Root Farm- to be used in agency brochures, on website, promotional materials, etc. _____

I do not give my permission for any media exposure

Signature: Client/Participant/Volunteer

Date

Printed Name of Above Person

Date

Signature of Parent/Guardian/Person Responsible
for Participant (if required)

Date

Printed Name of Responsible Person (if required)

Date

Signature of Witness or Employee

Date

Printed Name of Above Person

If you have any questions, please feel free to contact the Community Development Office, at (315) 724-6907 ext. 2302.



Dear Health Care Provider:

Your patient is interested in participating in either adaptive horseback riding lessons OR physical therapy that incorporates equine movement as one of many treatment strategies to improve functional outcomes. The Root Farm riding lessons and physical therapy involved both mounted and ground activities.

Please consider the following conditions when completing this medical clearance form.

The following conditions ARE contraindicated for adaptive riding and physical therapy:

- Structural scoliosis greater than 30 degrees
- Uncontrolled seizures
- Positive X-ray for Atlantoaxial Instability
- Tethered cord
- Hip subluxation, dislocation or degeneration
- Indwelling catheter
- Spinal cord injury above a T-6
- Hemophilia
- Chiari II Malformation

The following conditions MAY BE contraindicated:

- Osteoporosis
- Osteogenesis Imperfecta, lordosis or kyphosis
- Recent surgeries
- Recurrent pathological fractures
- Spina Bifida
- Spinal fusions/spinal instability/spinal stabilization devices
- Varicose veins
- Diabetes

If you have any concerns or questions, please don't hesitate to call us at (315) 520-7046.

Sincerely,

The Root Farm Staff



ANNUAL MEDICAL HISTORY and PHYSICIAN'S STATEMENT
(must be filled out by a physician)

Participant's Information

Participant's Name: Today's Date:

Address:

DOB: Gender M F Other

Medical Summary

Primary diagnosis: Cause if known:

Other diagnosis:

If Down Syndrome - result of test for AAI: Negative Positive Date of Test:

*Please note medical clearance expires 12 months from the date of examination.

Recent surgical procedures or hospitalization:

Date of last tetanus:

Precautions/Contraindications (Please check all that currently apply to your patient and degree of involvement, or note history in space provided. Please note that the following conditions may be contradictory to horseback riding):

- Allergies (specify type)
Arthritis (rheumatoid or osteo)
Asthma
Atlanto-Axial Instability-positive X-ray or positive neurological exam
Behaviors
Blood Clots, deep vein thrombosis, peripheral vascular disease
Body Temperature regulation problems
Bone Abnormalities
Brain Injury
Communicable Diseases
Contractures/limited ROM (location)
Gastro-intestinal or naso-gastric, or tracheal tube
Heart condition/abnormality
Hypertension
Joint/tendon laxity, subluxation, dislocation
In-dwelling catheter
Shunt
Psychiatric condition (type)
Respiratory complications (type)
Seizures (list type, frequency, and duration)
Skin integrity issues, skin breakdown, skin/decubitus
Chiari II malformation, tethered cord (include release date)
Scoliosis
Spinal Instability
Other (Please specify)

Physician's Statement

In my capacity as a medical advisor, I consent to the participation of (Patient's full name) in the adaptive/recreation horseback riding program and/or therapy services at The Root Farm. I certify that all of the information that I have given is accurate and represents a complete medical history. I understand that the PATH Intl. Certified Instructor will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Certified Instructor for ongoing evaluation to determine eligibility for participation.

Name/Title: MD DO NP PA Other

Signature Date:

Address:

Phone: License/UPIN Number:



Cancellation and Refund Policy

Our goal is to provide quality programming in a timely manner. “No shows” and late cancellations prevent us from providing programming to all interested individuals. In order to do so, we ask that you read and sign our policy regarding missed appointments and refunds. This policy enables us to better utilize available appointments for you and all participants.

Payment Policy

Payment must be made before participation in your scheduled appointment. If payments are not received by the end of your first appointment time, The Root Farm reserves the right to offer your future appointments to a rider on our extensive waiting list. Please note that our rates are subject to change.

Cancellation of an Appointment

In order to be respectful of the needs of other program participants, please be courteous and call The Root Farm promptly if you are unable to participate in a scheduled sessions. With prior notification of your cancellation, of at least 12 hours, you will not be charged for the missed session, and will have an opportunity to make up the missed session free of charge. In addition, you will be giving a rider on the waiting list an opportunity to fill that empty slot.

Any “no show” or cancellation that is made without at least 12 hours notice, cannot be made up, and will result in a charge for that missed session.

Refund Policy

Refunds will not be given for any sessions that have already been provided.

If it becomes necessary to leave the program when you have not completed a full block of sessions, we require that you notify us of this intent, at least 72 hours in advance of your next scheduled session. In the event that a program participant is unable to continue, a refund will be made to the participant for any unused sessions at an amount of \$30 per session. Failure to notify the program in a timely manner will require you to pay any outstanding fees.

How to Cancel Your Appointment

To cancel your riding session, please call (315) 520-7046 or (315) 731-0985. If no one answers, you may leave a detailed message on the voicemail which will be considered notification of your need to cancel your scheduled session(s). We will return your call as soon as we are available.

Weather Related Changes of Cancellations

Every effort will be made to hold scheduled sessions.

It may, however, become necessary for The Root Farm to cancel sessions due to inclement weather including extreme heat, cold, poor weather, etc. In such situations, a member of our staff will call the number you have on file to notify you that your scheduled session has been cancelled. If no one answers, a voicemail will be left notifying you that the session has been cancelled. Sessions cancelled by program staff, due to inclement weather, will not count against your total number of paid sessions. Instead, a make-up session will be scheduled at no additional charge.

The Root Farm staff reserve the right to modify a session from riding programming to ground based activities in the event of a weather related event that does not require a cancellation and/or for the safety of the rider and/or staff. If timing allows, a member of our staff will call the number you have on file to notify you of such a change in programming and give you an option of participating. If timing does not allow for prior notifications, the change in programming will be made for the safety of all involved and the session will be counted as a normal riding program session.



Discharge Policy

There are several reasons a participant may be discharged from our equine programming:

1. The rider's goals are met!
2. Any change in the rider's cognitive, medical, physical or emotional condition that makes equine assisted activities and therapies inappropriate or unsafe (or possible contraindications as listed by PATH Intl.)
3. Uncontrolled or inappropriate behavior that poses a potential safety risk to rider, horse, staff and/or volunteers
4. Rider exceeds the weight limit that can be safely managed by staff, volunteers, and/or horses
5. Three no call/no shows occur with a six week package
6. If payment is not received by the end of the first lesson in a six week package

Facility Rules & Policies

- No smoking inside any buildings
- No alcoholic beverages or drinking of such beverages inside any buildings
- Please do not bring your personal pets to the property
- No running, jumping, yelling, screaming, fence climbing, throwing items or performing any other actions that could cause horses to spook, both while inside the facility or when around horses anywhere on the property
- Please do not feed any of our animals without explicit permission from a staff member; they may be on special diets due to age or condition.
- Please be mindful of signage on the property and respect off-limit areas
- Visitors/parents/caregivers are required to remain outside the activity areas (barn, aisle way, riding arenas) at all times unless given explicit permission from a staff member
- Demonstration of inappropriate behavior and/or abusive behavior towards others- human or animal- while on the property will not be tolerated and may result in dismissal from the program
- No firearms or other weapons of any kind on the property
- Children must be supervised by an adult at all times
- Do not enter stalls, paddocks or pastures, or open animal cages, without permission from a staff member
- Please park in designated areas. There are two accessible parking spaces located directly next to the porch.



**ACKNOWLEDGEMENT OF THE ROOT FARM
CANCELLATION AND REFUND POLICY**

I _____ have read, understand and agree to the
cancellation and refund policy for The Root Farm.

Date

Participant's Name

Signature of Person Acknowledging Policies

Relationship to Participant