



Pegasus Riding Academy, Inc.

Therapeutic Riding Program
8297 Bustleton Avenue, Philadelphia, PA 19152

www.pegasusridingacademy.com
(215) 742-1500 - FAX: (215) 742-1515

PEGASUS RIDING ACADEMY SENIOR SADDLES PROGRAM PARTICIPANT REGISTRATION FORM

DATE: _____

Name _____ Date of Birth _____ Ht. _____ Wt. _____

Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

E-mail address _____

HORSE EXPERIENCE? YES NO Please Describe: _____

Prior lessons YES NO Please Describe: _____

Where: _____

How Long: _____

What would you like to get out of these lessons? _____

I am interested in registering for the following sessions:

___ **FALL Session 1:** 9/16, 9/23, 9/30, 10/7, 10/14, 10/21, 10/28, 11/4, 11/11, 11/18

___ **WINTER Session 2:** (2012) 1/6, 1/13, 1/20, 1/27, 2/3, 2/10

___ **SPRING Session 3:** to be announced

The only way to secure your space in a session is to give a deposit of \$100.00

___ Enclosed is my check in the amount of \$_____ as a deposit for Session _____.

___ If the session I selected is full, please put me on the waiting list.

Pegasus Riding Academy, Inc.

Therapeutic Riding Program

8297 Bustleton Avenue, Philadelphia, PA 19152

www.pegasusridingacademy.com
(215) 742-1500 - FAX: (215) 742-1515

WAIVERS

Date _____

Liability Waiver for Participants/Riders

I, _____ in consideration of the efforts of Pegasus Riding Academy, Inc. (hereinafter referred to as "Pegasus") do release and forever discharge Pegasus, the Board of Directors of Pegasus, the employees of Pegasus, the volunteers working for Pegasus, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia from all manner of actions, cause and causes of action, and suits, at law and or in equity which may arise in any manner whatsoever from said horseback riding sessions.

I further promise not to institute any action at law or in equity against Pegasus or any of the individuals serving on the Board of Directors of Pegasus, the Advisory Board of Pegasus the employees of Pegasus, the volunteers working for Pegasus, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia on account of any injury or other loss or damage that may be sustained by me _____ as a consequence of said horseback riding sessions.

I understand that being on horseback is an inherently dangerous activity that can result in serious bodily injury and/or death of the participants. This waiver shall bind me and my heirs and legal representatives.

I have read this waiver and understand all its terms. I am executing it voluntarily and with knowledge that this waiver will act as a complete bar to any claim resulting from said horseback riding sessions.

Intending to be legally bound, I (we) have signed this liability release on _____, 20____.

SIGNATURE _____ DATE _____
(Adult Rider)

No participant can be accepted for riding therapy until this form has been completed by the individual. Equine Assisted Therapy will be under strict supervision and although every effort will be made to avoid any accident, it must be recognized that being on horseback is an inherently dangerous activity which could result in SERIOUS INJURY or DEATH, AND NO LIABILITY can be accepted by any of the individuals or organizations concerned.

Pegasus Riding Academy, Inc.

Therapeutic Riding Program

8297 Bustleton Avenue, Philadelphia, PA 19152

www.pegasusridingacademy.com
(215) 742-1500 - FAX: (215) 742-1515

Photo Release Form for Participants/Riders

I hereby grant permission to take or have taken still photographs, videotape or television film of myself _____, and consent and authorize Pegasus Riding Academy, _____
(Name of rider)

Inc., its advertising agencies, news media, and any other persons interested in Pegasus Riding Academy, Inc., and its work, to use and reproduce the photographs, videotape and television film to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, internet, including Facebook, brochures, pamphlets, instructional material, books and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure my signature to this release other than the intention of the Pegasus Riding Academy, Inc., to use or cause to be used such photographs, films and pictures of Pegasus Riding Academy, Inc. and its work.

SIGNATURE _____ DATE _____

Pegasus Riding Academy, Inc.

Therapeutic Riding Program

8297 Bustleton Avenue, Philadelphia, PA 19152

www.pegasusridingacademy.com

(215) 742-1500 - FAX: (215) 742-1515

Authorization for Emergency Medical Treatment Form

Participant Volunteer Staff

NAME _____ Date of Birth _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

NAMES OF PARENT/GUARDIAN (IF UNDER 18) _____

Physician's Name _____ Phone _____

Health Insurance Company _____ Policy # _____

Preferred Medical Facility _____

Allergies/Allergies to medication _____

Current medications _____

In the event of an emergency, contact:

Name _____ Cell phone _____ Relationship _____

CHOOSE EITHER CONSENT PLAN OR NON-CONSENT PLAN

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 Pegasus Riding Academy,

I authorize Pegasus Riding Academy, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-rays, 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 _____

Participant, Volunteer, Staff Member, Parent or Legal Guardian
Signed in the presence of Pegasus staff

Non-Consent Plan

(If you are NOT willing to authorize emergency medical treatment, your participation in the Pegasus Riding Academy program will NOT be permitted.)

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 Pegasus Riding Academy, Inc.

Date: _____ Non-Consent Signature: _____

Participant, Volunteer, Staff Member, Parent or Legal Guardian
Signed in the presence of Pegasus staff

Pegasus Riding Academy, Inc.

Therapeutic Riding Program

8297 Bustleton Avenue, Philadelphia, PA 19152

www.pegasusridingacademy.com

(215) 742-1500 - FAX: (215) 742-1515

SENIOR SADDLES RIDING CONTRACT

Pegasus Riding Academy, Inc. (hereinafter referred to as "Pegasus"), a non-profit corporation formed under the laws of the Commonwealth of Pennsylvania. Participants in the Senior Saddles program agree to the following rules and regulations:

Safety Rules

- U Your safety and well-being is our most important concern.
- U For safety reasons all children and/or guests who come with you, **MUST STAY IN THE WAITING ROOM WITH AN ADULT AT ALL TIMES**. They are not permitted in the barn area. We ask you to be responsible for your guests and children.
- U Please do not hand feed the horses. All treats will be given to the horses at the end of the day by staff.
- U For the safety of everyone involved in Pegasus including the horses, you may **not** bring your pets to Pegasus.

Clothing

Clients/Riders must wear long pants such as riding breeches, jeans or leggings to prevent chafing of legs. riders may not ride in shorts or skirts. Please also avoid slick athletic pants and swishy snow pants. Riders may not ride in sandals, Tevas, crocks, clogs, or slip-ons. No dangling jewelry. Shoes or boots with a rounded toe and small heel are the safest form of footwear. Safety helmets that meet ASTM-SEI requirements are required to be worn by all riders and are available at Pegasus.

Riders that come inappropriately or unsafely dressed will not be able to ride.

Cancellation Policy

If you know in advance that you have prior commitments and will be unable to attend a class, please advise us as soon as possible so we may notify staff. If a rider cancels more than 24 hours in advance, **one** make-up lesson will be available on the Friday of the week following the last lesson of the session. This is the only time that a make-up will be available regardless of the number of lessons a rider may have missed. Our schedule only allows for one make-up lesson per session. Participants who are a "no-show" or do not call with 24 hours notice do not receive a make-up. Riders who arrive more than 15 minutes late for their lesson will not be able to ride. It is the rider's responsibility to attend the lesson at the assigned time. **We do not issue credits or refunds for lessons missed.**

Inclement Weather

Please do not assume that classes will be cancelled due to bad weather. If classes are cancelled by Pegasus a make-up class will be scheduled at the end of the session. Decisions regarding cancellation of classes will not be made until one hour prior to the start of lessons. A message regarding cancellation of lessons will be left on 215-742-1501.

Riding Level: Riding level will be at the discretion of the instructor. Two riding levels are offered:

Level I: Beginner—This class will focus on building basics including proper position on the horse, steering, use of legs and balance through walk and trot.

Level II: Advanced Beginner—This class will focus on progressing beyond basics including smooth transitions, basic dressage skills, and moving in tandem with your horse through walk, trot and canter.

SENIOR SADDLES FEES:

10 WEEK SESSION OF 1 HOUR GROUP LESSONS (4 PARTICIPANTS MAXIMUM)
\$40/ LESSON - \$400.00 per session of 10 lessons

6 WEEK SESSION OF 1 HOUR GROUP LESSONS (4 PARTICIPANTS MAXIMUM)
\$40/ LESSON - \$240.00 per session of 6 lessons

Includes grooming, tacking, instruction (warm up & cool down)

Payment Policy

Payment is due **one week before** the beginning of each session; we accept payment by check **only**.

Please do **not** give your payments directly to the instructor. Please put all payments in the drop box to the left of the Program Director's office door.

REGISTRATION /WAITING LIST

A waiting list will be created if registration requests exceed the number of available spaces. Riders who wish to register for a specific future session should complete the first page of the registration forms, indicate the session desired and submit the form with the \$100.00 deposit.

By signing below I agree that I have read and understand the above written policies and procedures. I assume financial responsibility for the services I will receive at Pegasus Riding Academy, Inc.

Rider Name: _____
Please print

Signature: _____ Date: _____

**PLEASE SIGN, DATE AND RETURN ONE COPY.
PLEASE KEEP A COPY FOR YOUR REFERENCE.**

PHONE NUMBER USED TO CALL FOR CANCELLATION: 215-742-1501.