The Camelot Center
Therapeutic Riding Program
3498 Barclay Messerly Road, Southington, OH 44470
330-889-0036
www.thecamelotcenter.org

Dear Rider and Family,

Welcome! We are so excited that you have chosen to become part of our therapeutic riding family. At our center, we believe in helping others grow and excel through their interaction with horses. Every lesson is designed to encourage confidence, independence, strength, and personal achievement in a safe, supportive, and fun environment.

This packet contains important information about our program, including rider forms, policies, and other resources to help you prepare for your experience with us. Please read through the information carefully and complete all required forms before your first lesson.

Our horses, instructors, volunteers, and staff are committed to providing a positive experience for every rider. Whether your goal is improving balance, building confidence, developing new skills, or simply enjoying time with our incredible horses, we look forward to celebrating every success along the way.

If you have any questions at any time, please don't hesitate to reach out. We are here to support you and your family throughout your journey.

Thank you for trusting us to be a part of your story. We look forward to welcoming you to our facility and helping you create lasting memories with our horses.

With Gratitude,

Emily Rhodes

Program Director

The Camelot Center
Therapeutic Riding Program
3498 Barclay Messerly Road, Southington, OH 44470
330-889-0036
www.thecamelotcenter.org

Fee Schedule

- ☐ $25 yearly insurance fee due at the time of updated paperwork
- ☐ $35 per 1 hour lesson
- ☐ We ride in 6 week sessions, with a down week between in order to give our horses, volunteers, and instructors time to rest and reset.
- ☐ Payment is due before or at the time of each lesson unless other arrangements have been made.
- ☐ We accept cash, check (make to The Camelot Center) or PayPal.

Scholarship applications are available for riders who may need financial assistance. If you would like to apply, please let us know, and we will be happy to provide an application.

Attendance and Cancellations

Since The Camelot Center will allot six hours of our session for each rider, your consideration is expected when you cannot attend a lesson. **24 hour notice** is required if you wish to reschedule your lessons. Lack of a cancellation call will result in the loss of that lesson. If we receive no notification cancelling the lesson, **you will be charged for that lesson.** Three cancellations without notice will result in termination of your lessons.

I have read and understand the lesson fees, payment policies, and cancellation policy. I agree to be responsible for the fees associated with participation in the therapeutic riding program.

Person responsible for payment:

- ☐ Rider
- ☐ Parent/ Guardian
- ☐ Agency/ Organization
- ☐ Other:_____

Name of responsible party (printed): _____

Relationship to Rider: _____

Phone: _____ Email:_____

Signature:_____ Date: _____

Billing Address: _____

Special Billing Instructions: _____

The Camelot Center
Therapeutic Riding Program
3498 Barclay Messerly Road, Southington, OH 44470
330-889-0036
www.thecamelotcenter.org

Rider Qualifications

For the safety and well being of our horses, volunteers, instructors, and riders, a **200 pound weight limit** is enforced. Riders must be at least 4 years old, however, there is no upper age limit. A physician's release is required to participate in this course. Participation in our program is open to individuals both with or without disabilities, provided they meet the rider eligibility and safety requirements. All applicants must also be accompanied by:

- ☐ Registration and Release Form
- ☐ Medical History/ Physician Release
- ☐ Authorization for Emergency Medical Treatment
- ☐ Release and Hold Harmless Agreement
- ☐ Intake Questionnaire

What to Wear

For the safety and comfort of all riders, please wear:

- ☐ Long pants (jeans or riding pants are recommended)
- ☐ Closed toe- shoes with a small heel
- ☐ Comfortable clothing that allows for movement
- ☐ Weather - appropriate layers during colder months

Please **do not** wear:

- ☐ Sandals, **Crocs,** flip- flops, or open toed shoes
- ☐ Shorts (unless approved for specific activities)
- ☐ Loose scarves or dangling jewelry

Helmets are required for all mounted activities and will be provided by the center if needed. These stipulations are required by PATH - Professional Association of Therapeutic Horsemanship International, and by our insurance company. Thank you for your cooperation.

Weather Policy

Lessons may be cancelled due to severe weather, extreme temperatures (below 25 or over 85), or unsafe arena conditions. If a lesson is cancelled, you will be notified as soon as possible.

The Camelot Center
Therapeutic Riding Program
3498 Barclay Messerly Road, Southington, OH 44470
330-889-0036
www.thecamelotcenter.org

Registration and Release Form

Name_____Date_____

Address_____State_____Zip_____

Parent or Guardian: _____

Address (if different): _____

In case of emergency, contact: _____Phone:_____

Contact: _____Phone: _____

Liability Release

_____(Rider's Name) would like to participate in The Camelot Center program. I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against The Camelot Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son./my daughter, my ward may sustain while participating in The Camelot Center events and programs.

Consent Signature_____Date: _____

(rider or parent/ guardian)

Photo Release:

I hereby consent to and authorize the use and reproduction by The Camelot Center of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

☐ I DO
☐ I DO NOT

Consent Signature_____Date: _____

(rider or parent/ guardian)

The Camelot Center
Therapeutic Riding Program
3498 Barclay Messerly Road, Southington, OH 44470
330-889-0036
www.thecamelotcenter.org

Medical History/ Physician Release/ Therapy Prescription

Name: _____ Date: _____
Address: _____Date of Birth: _____
**** Tetanus Shot __ Yes __ No Date:**_____Height: _____Weight:_____
Name of Parent/ Guardian: _____
Diagnosis: _____Date of Onset: _____
Seizure Type: _____ Date of last seizure: _____
Medications: _____
Cervical X-Ray for Atlantoaxial Instability: Positive: _____ **Negative: ____X-Ray Date: _____**

Please indicate if the patient has a problem and/ or surgeries in any of the following areas by checking yes or no.

Areas	**Yes**	**No**	**Comments**
Auditory	_____	_____	_____
Visual	_____	_____	_____
Speech	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
Pulmonary	_____	_____	_____
Neurological	_____	_____	_____
Muscular	_____	_____	_____
Orthopedic	_____	_____	_____
Allergies	_____	_____	_____
Learning Disability	___	_____	_____
Mental Impairment	__	_____	_____
Psychological Impairment	_____		_____
Other	_____	_____	_____

Mobility: Independent Ambulation Yes _____No _____ Crutches: Yes _____No ___
Braces: Yes _____No _____ Wheelchair: Yes _____No _____
Please indicate any special precautions: _____
_____

In my opinion, this patient can participate in supervised equestrian activities. In conjunction with these activities, I concur in the referral of the patient to a physical/ occupational therapist or other health care professional for evaluation of abilities/ limitations in performing exercises and implementing an effective equestrian program.

Physician Signature: _____ Date:_____
Physician Name:(please print) _____Phone: _____
Address: _____

The Camelot Center
Therapeutic Riding Program
3498 Barclay Messerly Road, Southington, OH 44470
330-889-0036
www.thecamelotcenter.org

Authorization for Emergency Medical Treatment

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 The Camelot Center to:

- ☐ Secure and retain medical treatment and transportation, if necessary.
- ☐ Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name_____Date_____
Address_____State_____Zip _____
Parent or Guardian: _____
Address (if different): _____
In case of emergency, contact: _____Phone:_____
Contact: _____Phone: _____
Physician's Name: _____ Phone: _____
Preferred Medical Facility: _____Phone: _____
Health Insurance Company: _____
Medications, allergies, conditions or other information relevant to treatment: _____
_____
Mobility: _____
Psychological/ Social Function: _____

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 listed below is unable to be reached.

Consent Signature_____Date: _____
(volunteer, rider, or parent/ guardian)
Print Name:_____Phone:_____
Address:_____

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. In the event of an emergency and treatment/ aid is required, I wish the following procedure to take place: _____
_____
Consent Signature_____Date: _____
(volunteer or parent/ guardian)
Print Name:_____Phone:_____
Address:_____

The Camelot Center
Therapeutic Riding Program
3498 Barclay Messerly Road, Southington, OH 44470
330-889-0036
www.thecamelotcenter.org

RELEASE AND HOLD HARMLESS AGREEMENT

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, and spectator. In consideration, therefore, for the privilege of riding at the facility located at 3498 Barclay Messerly Rd., Southington, OH, the undersigned does hereby agree to hold harmless and indemnify The Camelot Center and the Dade family, and further release them from any liability or responsibility for accident, damage, injury, and illness to the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

I further agree that I have also read the following copy of the Equine Liability Law which states:

Equine (Horse) Activity Sponsor, Equine And/Or Property Owner Is Not Liable For Any Damages Suffered During An Equine Activity On These Premises. A Horse Is A Large Animal And May Be Unpredictable And Dangerous At Times. Extreme Caution Should Be Taken In Their Presence. Participants Assume The Inherent Risk Of Equine Activities.

I/ We , the undersigned, have read and understand the foregoing agreement. I understand the warnings, release, and assumption of risk.

Signature_____ Date: _____

Print Name_____

Address_____

Phone Number_____

Signature of Parent/Guardian_____

The Camelot Center