

The Camelot Center Therapeutic Riding Program



3498 Barclay Messerly
Southington, OH 44470
330-889-0036
www.thecamelotcenter.org

Fee Schedule

Therapeutic Horseback Riding Lessons

The Camelot Center provides a perfect foundation for a lifetime with horses. Each session is divided into one hour, weekly lessons, which include grooming/tacking, safety lessons, barn lessons and riding. A physician's release is required to participate in this course. Riders must be at least 4 years of age; however, there is no upper age limit. Participants may or may not have a disability. For the safety of our horses, volunteers, and riders, a **200 lb. weight limit is enforced.** The fee schedule is \$35 per lesson.

A \$25.00 fee must accompany applications. This covers our processing fee and insurance for one year. This is an **annual** fee.

All applicants must also be accompanied by:

1. Registration and Release form.
2. Medical History/Physician Release/Therapy Authorization form-tetanus shots must be current. *All riders must have form signed by physician.*
3. Authorization for Emergency Medical Treatment form.
4. Consent for Release of Information-as needed for medical, therapy or IEP information.
5. Release and Hold Harmless Agreement.

No student will be allowed to ride until the Medical History/Physician Release is turned in. All students must have a current tetanus shot. **No exceptions!** These stipulations are required by PATH-Professional Assoc. of Therapeutic Horsemanship International, and by our insurance company.

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

This program cannot continue without your cooperation. We are offering classes at a cost far below our operating expenses. We are asking for your help with fundraising opportunities as they arise. We need your support!

NO LESSONS if the temperature is below 25 or above 85 degrees.

Riding, lessons and therapy for horse lovers of all capabilities.

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Registration and Release Form

Rider's Name: _____ Date of Birth: _____ Age: _____

Street: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Work Phone: _____ Emergency: _____

Parent or Guardian: _____

Address (if different): _____

School or institution presently attending: _____

Disability: _____

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.

Date: _____ Signature: _____
Rider, Parent or 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.

Date: _____ Signature: _____
Rider, Parent or Guardian

I do not consent to or authorize the use and reproduction by The Camelot Center of any and all photographs and any other audio-visual materials taken.

Date: _____ Signature: _____
Rider, Parent or Guardian

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Medical History/Physician Release/Therapy Prescription

Name _____ Date _____

Address _____ Date of Birth _____

****Tetanus Shot: Yes ___ No ___ Date _____ Height _____ Weight _____ Age _____**

Name of Parent/Guardian _____

Diagnosis _____ Date of Onset _____

Seizure Type _____ Controlled _____ Date of Last Seizure _____

Medications _____

Attention: PERSONS WITH DOWN SYNDROME

Cervical X-ray for Atlantoaxial Instability: Positive _____ Negative _____ X-Ray Date _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment, using back of form if necessary, and printing comments.

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

Mobility: Independent Ambulation: Yes _____ No _____

Braces: Yes _____ No _____

Crutches: 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 _____

Physician Name (Please Print) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date _____

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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:

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

Name: _____ Phone: _____

Social Security Number: _____

Address: _____

Email: _____ Referral source: _____

In the event I cannot be reached, contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Dentist Name: _____ Phone: _____

Health Insurance Company: _____

Medications, allergies, conditions or other information relevant to treatment _____

Physical Function (mobility): _____

Psycho/social function (work/school, interests, family structure, support systems, companion animals, fears/concerns): _____

Goals (what would you like to accomplish?) _____

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.

Date _____ Consent Signature: _____

Rider, Volunteer, Parent or 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:

Date _____ Non-Consent Signature: _____

Rider, Volunteer, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

TO BE UPDATED ANNUALLY OR IF ANY CHANGES OCCUR



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. The undersigned also understands the importance of wearing a certified riding helmet while riding the facility's horses.

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 _____ Date _____

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