



## 2022 Adaptive Riding Program

**What is adaptive riding?** Adaptive Riding (AR) uses equine-assisted activities for the purpose of contributing positively to cognitive, physical, emotional, and social well-being of people with disabilities. AR also provides benefits in the areas of health, education, sport, recreation, and leisure. AR instruction and exercises include: riding, horse anatomy, tack, and equine supplies.

**Who is AR for?** AR is designed for individuals with disabilities 4-years-old and older who would like to experience the rewarding benefits of horseback riding, horsemanship, and equine knowledge. Riding is designed to improve flexibility, strength, balance, self-confidence, socialization, and recreation in the outdoors. Our instructors have experience working with riders with a variety of disabilities including, but not limited to, Autism, Down syndrome, Cerebral Palsy, Spinal Bifida, and Developmental Delay. Siblings and individuals without a diagnosis are also welcomed and encouraged to ride!

Our Adaptive Riding Instructors will perform an **intake assessment** and the individual's riding ability will be determined at the discretion of the instructor. Physical, occupational, and speech therapists are available for consult, if necessary, with the riding instructor, to maximize the rider's independence, safety, and achievement of goals, if needed -- a unique benefit of our program. These instructors may collaborate with therapists to help tailor each child's experience.

**Horse Anatomy & Tack-Equine Grooming:** Instruction and hands-on activities are provided periodically, especially on windy/rainy/excessively hot days. Students will learn about horse anatomy and how it relates to therapeutic riding experiences. They will also learn the proper way to tack up and care for a horse. The students will be introduced to the necessary tools used to care for horses and about grooming and feeding. These activities promote rider confidence and independence.

### **Proper Attire and Equipment:**

Practical and economic considerations may make it impractical for riders and their families to invest in formal riding attire. However, wearing the proper attire contributes to a positive and safe lesson.

#### **Required:**

- ASTM-SEI approved horseback riding helmets (Bike helmets are not allowed.)  
*(Riding helmets can be acquired through Thrifty Horse, Amazon, or Stateline Tack.)*
- Closed-toe tennis shoes with rubber soles. (Open-toed or mule-type shoes are not allowed.)
- Long pants (Shorts are not allowed.)



*Wearing sweatpants or slippery clothing negatively impacts stability while riding and should be avoided. Shoes that have slippery soles are also a risk that the rider would lose footing while riding. Some riders may wear short leg-braces to help support the ankle and do not interfere with the horse.*

**Optional:**

- Leather riding boots (Western or English)
- Jeans, riding breeches, or jodhpurs
- Lightweight jackets when weather is cool
- Leather gloves (hand protection is beneficial)

**Provided:**

- A horse
- Saddles, Saddle Pads, Bareback Pads and Bridles
- Grooming equipment and items for hands-on activities

**Pricing:**

First-time Registration Fee (due before time of assessment) -----\$65 (one-time fee)  
Group Lessons (2 or more riders in a lesson) ----- Offered at \$45 per lesson  
Private Lessons (individual) (1 hour) ----- Offered at \$60 per lesson  
Private Lessons (individual) (30 Minute) ----- Offered at \$40 per lesson  
***(Based on the rider's intake assessment the instructor will determine whether rider is best suited for a group or private lesson and length of lesson.)***

**Financial Hardship:**

Financial hardship assistance may be available in extreme cases. Applications are available on the organization's website and in the main lobby.

**Contact us to sign up today at:  
(951) 339-3510**

**Megan Baker, Program Director: [MBaker@leapspediatric.org](mailto:MBaker@leapspediatric.org)  
Amber Valenzuela, AR Administrator: [AValenzuela@leapspediatric.org](mailto:AValenzuela@leapspediatric.org)  
Colleen Bragalone, Executive Director: [CBragalone@leapspediatric.org](mailto:CBragalone@leapspediatric.org)  
[leapsandboundspediatrictherapy.org](http://leapsandboundspediatrictherapy.org)**



## Adaptive Riding Program Rider Application

Rider Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (main): \_\_\_\_\_ Telephone (secondary): \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Info #1:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Info #2:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Rider's birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rider's Gender: \_\_\_\_\_ Rider's Height: \_\_\_\_\_ Rider's Weight: \_\_\_\_\_ lbs

- Does the rider have a medical diagnosis? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

- Are rider's Immunizations Current? \_\_\_ Yes \_\_\_ No
- Does rider have allergies? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

- Is rider a returning rider? \_\_\_ Yes \_\_\_ No
- Has the rider, ridden with another riding program? \_\_\_ Yes \_\_\_ No

If yes, where, and how long? \_\_\_\_\_

- Is rider independently ambulatory? \_\_\_ Yes \_\_\_ No

If no, please circle all that apply: Wheelchair / Braces / Crutches / Walker / Cane

- Rider is: verbal / non-verbal
- Is rider able to sit independently? \_\_\_ Yes \_\_\_ No



**Medical History**

- Was rider born full term? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, how many weeks gestation? \_\_\_\_\_ weeks

- Were there any extraordinary conditions during the pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(Examples: High fever, infection, prescription medications, high blood pressure, etc.)*

If yes, please describe:

\_\_\_\_\_

- Were there any extraordinary conditions during or after the birth? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe:

\_\_\_\_\_

- Has Rider had any hospitalizations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe:

\_\_\_\_\_

- Has Rider had any surgeries? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe:

\_\_\_\_\_

- Is Rider taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list:

\_\_\_\_\_

*This box is intended for internal staff notes.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Rider or Parent/Guardian if rider is under 18)*



## Rider's Goals

Short term goals that you would like to see fulfilled during rider's sessions.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Long term goals that you would like to see fulfilled during rider's sessions.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Items for Instructors to be aware of

Rider's Likes (helps us get to know rider): \_\_\_\_\_  
\_\_\_\_\_

Rider's Dislikes (helps us get to know rider): \_\_\_\_\_  
\_\_\_\_\_

Other therapies rider is receiving at Leaps or different facility? \_\_\_\_\_  
\_\_\_\_\_

Is Rider working on any school-based Items from an IEP? \_\_\_\_\_  
\_\_\_\_\_

Should we be aware of any other Precautions? \_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred days and times of lessons: \_\_\_\_\_

Were you referred to our program from a friend or family member? If so, who?  
\_\_\_\_\_



## ADAPTIVE RIDING POLICIES

*The following policies enable the best quality program possible:*

1. Please arrive a few minutes early for your lesson. This will give you a chance to use the restroom, get your helmet on, and be ready to mount on time.
2. Excessively late arrivals may not be able to be accommodated and a cancellation may be enforced. Horses will be put away after 20 minutes.
3. Riders without proper attire will not be allowed to ride.
4. Rider must acquire an ASTM-SEI riding helmet by second lesson. (Please communicate with instructor if shipping delays are involved.) Riders may borrow a facility helmet for the first lesson.
5. If helmet is forgotten, rider may borrow a facility helmet, but helmet fitting will take away time from the lesson.
6. Weather may dictate whether the session is mounted or unmounted and will be at the facility's discretion. Instructors are well trained in conducting (F)UNmounted horsemanship skills and make the lesson fun and educational for all. Horsemanship education may be indoors or out on the ranch. Lessons are not cancelled due to weather.
7. Riders may come off the schedule due to excessive cancellations, repeated failure to pay promptly, or any other extenuating circumstance and will be placed on the priority list if no spots are readily available.
8. The front desk will **no longer** be taking AR payments. Invoices must be paid:
  - a. Electronically by credit card using the invoice emailed to you, or
  - b. By cash or check placed in one of two available AR Payment Drop boxes on site.  
Exact cash only. (*Drop boxes are located in the Leaps reception area or in the Adaptive Riding shed.*)

**I have read and understand Friends of Leaps & Bounds Pediatric Therapy's Adaptive Riding policies.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Rider or Parent/Guardian if rider is under 18)*



## CANCELLATION and NO-SHOW POLICIES

**Cancels are defined as lessons not kept with advance warning.**

**“No-Shows” are defined as lessons not kept without advance warning.**

“No-Shows” and Cancellations” result in:

- *Decrease in recruiting and retaining volunteers*
- *Unnecessary tacking and untacking of our horses*
- *Inefficient use of staff and volunteers*
- *Preventing other children on our wait list from participating*

1. All Riders are allowed one cancellation per year without consequence. Depending on the payment option chosen, subsequent cancellations may result in a financial penalty or removal from the schedule depending on the payment options you opt in for. (See next page for payment options.)
2. Any cancellation fees due must be paid for rider to resume sessions. Cancellations fees are \$20 per session.
3. To cancel a lesson, please call (951)339-3510 (leave a message if necessary) or email your instructor.
4. Excessive cancels (3 or more) or no-shows (more than 1), will be removed from the schedule and subject to placement on the wait list if no spots are available when you resume.
5. There will be no refunds for missed lessons.

**I have read and understand Friends of Leaps & Bounds Pediatric Therapy’s Cancellation and “No-Show” policies.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Rider or Parent/Guardian if rider is under 18)*



**Payment Options and Program Pricing:**

Please select an option:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Option A</b>	<b>Option B</b>	<b>Option C</b>
Pre-paid 6 week sessions	Pay per lesson	Charter School Students
<ul style="list-style-type: none"> <li>Rider must prepay for 6 weeks of instruction at the beginning of each session.</li> <li>Make ups are allowed within 30 days of missed session (as available). It is the rider's responsibility to schedule the makeup.</li> <li>Every 12 weeks there is a one-week break with no scheduled sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Rider pays weekly, prior to each lesson. No pay, no ride.</li> <li>Cancellations and no shows will be assessed a \$20 fee per missed lesson. Rider must be paid in full, including cancellation fees, before resuming lessons)</li> <li>No makeups are offered.</li> <li>Lessons repeat weekly with no scheduled break.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly Charter School POs will be accepted.</li> <li>We have worked with:               <ul style="list-style-type: none"> <li><i>Empire Springs</i></li> <li><i>Granite Mountain</i></li> <li><i>Innovations Learning</i></li> <li><i>Inspire (Cabrillo point)</i></li> <li><i>Inspire (Mission Vista)</i></li> <li><i>Inspire (Pacific Coast Academy)</i></li> <li><i>IEM Schools</i></li> <li><i>River Springs</i></li> <li><i>Sky Mountain</i></li> </ul> </li> </ul>

**Program Pricing:**

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 Group Lessons (2 or more riders in a lesson) ----- Offered at \$45 per lesson  
 Private Lessons (individual) (1 hour) ----- Offered at \$60 per lesson  
 Private Lessons (individual) (30 Minute) ----- Offered at \$40 per lesson

**Payment Agreement:**

**By signing the below line, I am agreeing to the terms of the above Payment Options and Program Pricing.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Rider or Parent/Guardian if rider is under 18)*





Session Breaks: ○

Week of March 27

Week of June 26

Week of September 25

Week of December 25

# 2022

TWENTY TWENTY TWO  
ADAPTIVE RIDING SESSIONS

Holiday Closures: ●

## 01. JAN

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

## 02. FEB

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	1	2	3	4	5
6	7	8	9	10	11	12

## 03. MAR

S	M	T	W	T	F	S
27	28	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

## 04. APR

S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## 05. MAY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	31	1	2	3	4	●

## 06. JUN

S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

## 07. JUL

S	M	T	W	T	F	S
26	27	28	29	30	1	2
3	●	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

## 08. AUG

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

## 09. SEP

S	M	T	W	T	F	S
28	29	30	31	1	2	3
4	●	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

## 10. OCT

S	M	T	W	T	F	S
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

## 11. NOV

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	●	●	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

## 12. DEC

S	M	T	W	T	F	S
28	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	●
25	●	●	●	●	●	●
1	2	3	4	5	6	7

Session 1: January 2 to February 12

Session 2: February 13 to March 26

Session 3: April 3 to May 14

Session 4: May 15 to June 25

Session 5: July 3 to August 13

Session 6: August 14 to September 24

Session 7: October 2 to November 12

Session 8: November 13 to December 24



## Release of Liability

This release of liability made and entered into on \_\_\_\_\_, by and between Friends of Leaps & Bounds Pediatric Therapy, and \_\_\_\_\_. In return for the use, today and on all future dates, of the horses, services, facilities and property of Friends of Leaps & Bounds Pediatric Therapy, the rider/patient, his or her parents/guardians, his or hers legal representatives hereby expressly agree the following terms and conditions:

- Rider/patient and parents/guardian has been advised that ASTM safety approved riding helmets with chin harness is required any time a person is mounted.
- Rider/patient and parents/guardian understands that hippotherapy services require a licensed physical therapist/physical therapist assistant and/or occupational therapist/occupational therapist assistant be present during the session.
- Rider/patient and parents/guardian agree to assume all responsibility and risks of injury, death, or property damage from the participation in equestrian activities. Further they agree to hold Friends of Leaps & Bounds Pediatric Therapy, its officers, directors, employees, subcontractors, and volunteers free from liability or damages for any injury to person(s) or property damage or loss as a result of this participation.
- Rider/patient and parents/guardian and Friends of Leaps & Bounds Pediatric Therapy acknowledge and agree that riding is a dangerous sport and horses are extremely unpredictable and dangerous by nature even if well train and handled properly.
- It is further agreed by all concerned and involved that every effort is always taken to protect horse and rider/patient from any danger that can be identified.

Rider Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Rider or Parent/Guardian if rider is under 18)*



## Patient Photo Release Agreement

I, \_\_\_\_\_, give my permission to use my child's name, \_\_\_\_\_, likeness, image, voice, and/or appearance as such may be embodied in pictures, photos, video recordings, audiotapes, digital images, and the like, take or make on behalf of Friends of Leaps & Bounds Pediatric Therapy. I agree that Friends of Leaps & Bounds Pediatric Therapy. has complete ownership of such pictures, etc. including the entire copyright and may use them for any purpose consistent with the Friends of Leaps & Bounds Pediatric Therapy program mission. I acknowledge that I will not receive any compensation, etc. for the use of these pictures etc. and hereby release Friends of Leaps & Bounds Pediatric Therapy Inc. and any of its agents and assigns from any and all claims which arise or are in any way connected with such use.

I give my consent to Friends of Leaps & Bounds Pediatric Therapy to use my name/child's name and likeness to promote the program, its fiscal agent, and/or their activities. I consent to allow use in the following ways:

- Social Media (Facebook, Instagram)
- Printed Materials (photos, illustrations, bulletins, publications)
- Promotional Material (advertisements, flyers, exhibitions)
- Videos

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I **decline** use of my child's image, likeness, voice and/or appearance in any way.

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I have read and understood the agreement.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name of Patient: \_\_\_\_\_

Date: \_\_\_\_\_



## HIPAA Confidentiality Agreement

### Policy:

Friends of Leaps & Bounds Pediatric Therapy will take appropriate disciplinary action against any member of its workforce who violates its privacy policies and procedures or an applicable city, state, or federal confidentiality law or regulation, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### Procedures:

1. Violation of privacy policies or procedures. Failure to comply with privacy policies or procedures will result in disciplinary action against the individual committing the violation.
  - a. Privacy policies and procedures will be enforced consistently across the organization.
  - b. Sanctions that are imposed as a result of a violation of privacy policy or procedures will be imposed consistently across the organization.
  - c. The following types of conduct on the part will result in disciplinary action against the individual engaging in the conduct:
    - i. Accessing a VIP's medical record for any purpose outside of treatment, payment, or health care operations.
    - ii. Discussing a patient's PHI in a public area.
    - iii. Failing to logoff or leaving a computer monitor on and unsecured.
    - iv. Accessing a patient's PHI out of curiosity or for any purpose outside of treatment, payment, or health care operations.
    - v. Using a patient's PHI for personal reasons (such as developing a personal relationship with the patient) rather than for legitimate and authorized business reasons.
    - vi. Copying or compiling PHI with the intent to sell or uses the PHI for personal or financial gain.
2. Disciplinary action that may be taken.
  - a. Will be determined on a case by case basis, taking into consideration the specific circumstances and severity of the violation; and
  - b. May be up to and including termination of employment, or of the business relationship as appropriate.
  - c. Sanctions that may be imposed include, but are not limited to:
    - i. A letter to the employee's personnel file;
    - ii. Administrative leave without pay;
    - iii. Attendance and successful completion of additional training;
    - iv. Reimbursement of expenses incurred by Columbia University Medical Center to resolve the matter; or
    - v. Immediate termination of employment.
3. Violations of state or federal confidentiality laws and regulations. Disciplinary action will also be taken against individuals or entities who violate related state or federal confidentiality laws and regulations.
4. Duty to report. Any workforce member who observes or becomes aware of or suspects a wrongful use or disclosure of PHI is required to report his/her suspicion or the wrongful use or disclose as soon as possible to his/her supervisor or the HIPAA Privacy Officer. A workforce member who makes a report of a suspected or actual improper use or disclosure in good faith will not be retaliated against for making the report. A workforce member who fails to report either a suspected or actual violation will have violated this policy, and may be subject to disciplinary action up to and including termination.
5. Definition
  - a. Protected Health Information (PHI) means information, including demographic information that may identify the patient, that relates to the past present or future physical or mental health or condition of an individual, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual and identifies or reasonably be used to identify the individual. Workforce means employees of, volunteers and trainees regardless of whether they are paid.

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Signature

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Date