



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

Amber Valenzuela, AR Administrator: AValenzuela@leapspediatric.org

Colleen Bragalone, Executive Director: CBragalone@leapspediatric.org

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

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 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	29	30	1	2	3	4
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



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

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

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.

Signature

Date



FRIENDS OF LEAPS & BOUNDS **PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM**

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__ on behalf of _____, a minor child (the "Participant"), by _____, the parent having legal custody and/or the legal guardianship of the Participant (the "Guardian"), releases Friends of Leaps and Bounds ("FOLB"), a FOLB organization organized and existing under the laws of the United States as a Section 501c3 tax exempt corporation, each of its directors, officers, employees, and agents.

OR

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__ on behalf of _____, an adult (the "Participant"), releases Friends of Leaps and Bounds ("FOLB"), a FOLB organization organized and existing under the laws of the United States as a Section 501c3 tax exempt corporation, each of its directors, officers, employees, and agents.

I, the Participant or Guardian of the above-named participant, do hereby give my consent to my or his/her participation in all activities of Friends of Leaps and Bounds, non-profit organization, including but not limited to (horse camp, equestrian activity, interacting with animals, etc.) The Participant and/or the Guardian desire that the Participant **engage in activities related to serving or participating in Friends of Leaps and Bounds** activities as a volunteer, player or participant.

The Participant and/or the Guardian are responsible for the **Participant's own insurance coverage** in the event of personal injury or illness as a result of service or participation in activities of Friends of Leaps and Bounds.

1. Waiver and Release: We, the Participant and the Guardian, hereby waive, release and forever discharge and hold harmless FOLB, its officers, directors, employees and volunteer assistants, agents, successors or assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant with FOLB activities, including claims arising out of negligence. We understand and acknowledge that this Release Discharges FOLB from any liability or claim that we may have against FOLB with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the FOLB's activities.

This release extends to all claims, whether presently known or unknown. I hereby expressly waive any benefits I may have pursuant to Section 1542 of the California Civil Code relating to the release of unknown claims, which provides:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release which if known by him must have materially affected his settlement with the debtor."

2. Insurance: We the Participant and the Guardian, affirm that the Participant is covered by primary medical insurance and understand that we are responsible for the Participant's medical bills if injury occurs. Further, we understand that FOLB does not assume any



responsibility for or obligation to provide the Participant with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death or damage to his or her property. We expressly waive any such claim for compensation or liability on the part of FOLB beyond what may be offered freely by FOLB in the event of such injury or medical expenses incurred by the Participant.

3. Assumption of Risk: We, the Participant and the Guardian, understand that the activities provided by FOLB and which the Participant is involved in may include activities that are inherently dangerous to the Participant, including but not limited to riding horses, interacting with animals, physical activities, etc. We hereby expressly assume the risk of injury or harm of the Participant from these activities and Release FOLB from all liability for injury, illness, death, or property damage resulting from these activities.
4. Medical Treatment: We, the Participant and the Guardian, hereby Release and forever discharge FOLB from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with the FOLB. We give our consent for the FOLB to provide, administer, or obtain medical treatment for the Participant.
5. Other: We, the Participant and the Guardian, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I, the Participant and/or the Guardian of the above-named Participant, admit and acknowledge that I have carefully read this agreement and fully understand its contents, and express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

PARTICIPANT/RELEASOR

Participant Signature

Participant Name Printed

DATED: _____

PARENT/GUARDIAN

Parent/Guardian Signature

Parent/Guardian Printed Name

DATED: _____