



2023 Adaptive Riding Program

What is adaptive riding? Adaptive Riding (AR) is a recreational program which 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 health, education, sport, recreation, and leisure benefits. AR instruction includes: 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. 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-- a unique benefit of our recreational program.

Horse Anatomy & Tack-Equine Grooming: Instruction and hands-on activities are provided periodically, especially on windy/rainy/excessively hot days when it may not be safe to ride. Students will learn about horse anatomy and how it relates to riding experiences. Riders will learn the proper way to tack up and care for a horse and will be introduced to the necessary tools used to care for horses including grooming and feeding. All of these activities promote rider confidence and independence.

Proper Attire and Equipment:

Required:

- ASTM-SEI approved horseback riding helmets and can be found at *Thrifty Horse, Amazon, or Stateline Tack*. (Bike helmets **are not** allowed.)
- Closed-toe tennis shoes with rubber soles. (Open-toed or mule-type shoes are not allowed.)
- Long pants (if shorts/dresses/skirts are worn, instructors will adapt lesson)

Wearing sweatpants or slippery clothing negatively impacts stability while riding and should not be worn. Shoes that have slippery soles may also compromise the rider's ability to keep their feet in the correct position and are not allowed. Riders who wear leg-braces should discuss their circumstances ahead of time with their instructor.

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)

Group Lessons (2 or more riders in a lesson) -----\$50 per lesson

Private Lessons (individual) (1 hour) ----- \$65 per lesson

(Lesson type is based on the rider's intake assessment and at the instructor's discretion.)

Financial Hardship:

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



Adaptive Riding 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: _____ / _____ / _____

Male / Female Height: _____ Weight: _____ lbs

Medical conditions / Diagnosis, if any _____

Are rider's immunizations current? Yes No

Allergies, if any: _____

Returning rider? Yes No Any other riding experience: _____

Any conditions that would prevent your rider from sitting, standing, walking, lifting or carrying more than 25-45lbs, or riding a horse? _____

Adaptive Devices: Wheelchair / Braces / Crutches / Walker / Cane / Other _____

Verbal / Non-verbal Rider born at how many weeks? _____

Extraordinary conditions during the pregnancy or after birth? _____

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

Hospitalizations or Surgeries: _____

Medications: _____

Precautions/Contraindications? (Circle all that apply)

Orthopedic: Spinal Fusion, Instabilities/Abnormalities, Atlantoaxial Instabilities, Scoliosis, Kyphosis, Lordosis, Hip Subluxation and Dislocation, Osteoporosis, Pathological Fractures, Coxas Arthrosis, Heterotopic Ossification, Cranial Deficits, Spinal Orthoses, Internal Spinal Stabilization Devices.

Medical/Surgical: Extreme Allergies, Cancer, Poor Endurance, Recent Surgery, Diabetes, Peripheral Vascular Disease, Varicose Veins, Hemophilia, Hypertension, Serious Heart Condition, Stroke (Cerebrovascular Accident).

Neurologic: Hydrocephalus/Shunt, Spina Bifida, Tethered Cord, Chiari II Malformation, Hydromyelia, Paralysis due to Spinal cord Injury, Seizure Disorders.



Therapies received, if any: _____

IEP goals, if any: _____

I would like my child to work on the following in this recreational program:

Help us get to know the rider:

Likes _____

Dislikes _____

The following information regarding race and origin is not required, however improves our nonprofit's ability to secure grant funding which reduces program costs. Please circle those that apply:

White alone

Black or African American alone

American Indian and Alaska Native alone

Asian alone

Native Hawaiian and Other Pacific Islander alone

Two or More Races (please specify) _____

Hispanic or Latino

Available days and times or lessons (morning availability increases scheduling options): _____

How did you hear about our Adaptive Riding program? Facebook __ Flyer __ Charter __
Family/Friend __ Instagram __ Clinic staff __ Outside Event Other: _____

Signature: _____ Date: _____

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



Payment Options and Program Pricing:

Please select an option:

<input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Option A	<input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Option B	<input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Option C
Pre-paid 6-week sessions <ul style="list-style-type: none"> Rider must prepay for 6 weeks of instruction at the beginning of each session (<i>Unless starting in the middle of a session</i>). Payment is due in full prior to the first session. <i>(Please refer to the attached calendar.)</i> Every 12 weeks (2 sessions) there is a one-week break with no scheduled lesson. <i>(Please see below Calendar)</i> If given advanced notice of 1 week or more for a cancellation the cancellation will be able to be made up. For any cancellation that is less than 1 week notice, <u>only one makeup will be allowed per each 6 week session</u> on an “as available” basis and must be scheduled within 30 days of the cancellation. 	Pay per lesson <ul style="list-style-type: none"> Rider pays weekly, prior to each lesson. Lessons repeat weekly with no scheduled break. Cancellations and no shows will be assessed a \$20 fee per missed lesson. No makeups are offered. 	Charter School Students <ul style="list-style-type: none"> Monthly Charter School POs will be accepted. We have previously 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>Sage Oak</i> <i>Sky Mountain</i> Makeups are only allowed within the same month as the authorized PO, “as available.” Please inform your instructor when scheduled sessions fall on non-school holidays. In some cases, we cannot honor lessons on these days according to contracted language, and rescheduling may be necessary so that those funds are not lost on both sides.

Program Pricing:

First-time Registration Fee (due before time of assessment) -----\$65 (one-time fee)
 Group Lessons (2 or more riders in a lesson) ----- \$50 per lesson
 Private Lessons (individual) (1 hour) ----- \$65 per lesson

Phone: (951) 339-3510

Cancellation Email: ARCancellations@leapspediatric.org

Megan Baker, Program Director: MBaker@leapspediatric.org

Colleen Bragalone, Executive Director: CBragalone@leapspediatric.org

www.leapsandboundspediatrictherapy.org/friends-leaps

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 25

Week of June 26

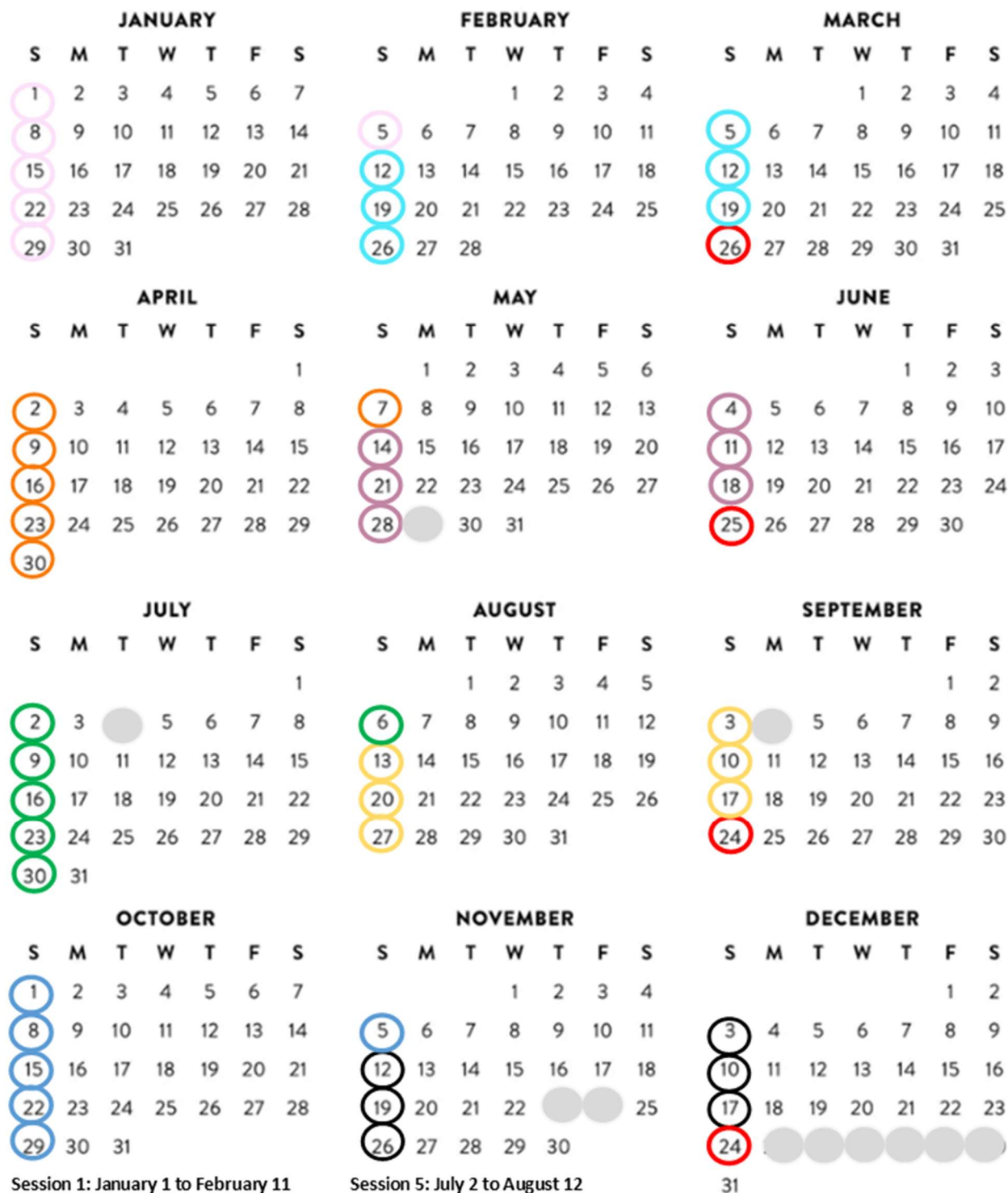
Week of September 24

Week of December 24

Holiday Closures:

2023

ADAPTIVE RIDING SESSIONS



Session 1: January 1 to February 11
Session 2: February 12 to March 25
Session 3: April 2 to May 13
Session 4: May 14 to June 24

Session 5: July 2 to August 12
Session 6: August 13 to September 23
Session 7: October 1 to November 11
Session 8: November 12 to December 23



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 start on time.
2. Excessively late arrivals will not be accommodated, and a cancellation may be assessed. Horses will be put away after 15 minutes.
3. Payment is due prior to the lesson. Riders with outstanding invoice payments will not be allowed to ride.
4. Riders without proper attire will not be allowed to ride and lesson will be adapted for the day.
5. Rider must acquire an ASTM-SEI riding helmet by second lesson. Riders may borrow a facility helmet for the first lesson.
6. If helmet is forgotten in subsequent lessons, rider may borrow a facility helmet, but helmet fitting will take away time from the lesson time.
7. Weather may dictate if 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.**
8. Riders may come off the schedule due to excessive cancellations, repeated failure to pay promptly, or other potential circumstance. The rider will not be allowed to return until the balance due is paid in full and an open spot is available. Returning to the schedule during the previous session day and time is not guaranteed and rider may be placed on a waiting list.
9. All parents and guardians are required to remain on campus during the time of their rider's lesson.
10. All parents and guardians are required to stay out of the arena for safety reasons. Do not enter the lesson area unless asked by the instructor.
11. If you have questions about payments, cancellations, or anything related specifically to adaptive riding, please use the **phone number (951) 339-3510.**
12. Invoices must be paid:
 - a. Electronically by credit card using the invoice emailed to you
 - b. By cash or check placed in one of three available AR Payment drop boxes. Exact cash only. (*Drop boxes are located at the Norco campus reception area and in the Adaptive Riding shed, and in the parent viewing area at the Sierra campus.*)

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)



No-Show and Cancellation Policies

Adaptive Riding payments do not cover a rider's full costs and the program is subsidized through nonprofit funding from many generous donors. Although occasionally necessary, "No-Shows" and "Cancellations" are detrimental to the program, including unintended consequences such as:

- *Inefficient use of staff and volunteers, leading to increased program costs*
- *Unnecessary tacking and untacking of our horses*
- *Preventing other children on our wait list from participating*

No-Shows are defined as lessons not kept without communication and will be charged for the full session. No make-up lesson will be offered.

Cancels are defined as a lesson not kept with prior communication. With a minimum one-week advance notice, a session may be able to be rescheduled based on instructor availability and previous cancellation history. Some riders will be assessed a \$20 cancellation fee depending on their payment plan option.

(Please refer to your payment plan for specific details and fees. See the following page.)

1. All Riders are allowed one cancellation per year without consequence.
2. Any outstanding fees due must be paid for rider to resume sessions.
3. To cancel a lesson, please email ARcancellations@leapspediatric.org or call (951)339-3510 (leave a message if necessary).
4. Excessive cancels (3 or more) or no-shows (more than 1), may be removed from the schedule.
5. No-Shows will not be allowed to make-up the lesson.
6. Make-ups are only allowed within 30 days of missed lesson and are strictly on an "as available" basis. Please note this means that make-ups are not guaranteed. It is the rider or guardian's responsibility to reach out to the program manager Megan Baker mbaker@leapspediatric.org with days and times available to schedule the makeup. If we do not hear from you, that lesson will be forfeited.
7. Once a makeup is scheduled, it must be kept. Canceled makeup lessons will also be forfeited.

I have read and understand Friends of Leaps & Bounds Pediatric Therapy's No-Show and Cancellation policies.

Signature: _____ **Date:** _____

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



Friends of Leaps & Bounds Pediatric Therapy
CODE OF CONDUCT POLICY
Adopted 12/01/2022

Friends of Leaps & Bounds is committed to providing high quality services, and a safe and enjoyable environment. While on our campus or participating in our programming, the following will not be tolerated:

Violations of the law.

Any activity that threatens the safety of children and their families, guests, or staff.

Any activity that disrupts or threatens the safety of our program animals.

Any activity that threatens the wellbeing of the property.

Any activity that disrupts our pleasant, family-friendly environment.

Any activity inconsistent with the general purpose of the property.

Any activity that would disrupt the legitimate business of the property and guests.

Examples of specific activities that are prohibited include, but are not limited to:

Disruptive profanity, vulgar or threatening language and/or tone and general disrespect for volunteers, staff, guests and property owner.

Unnecessary blocking walkways, roadways, or access points of the buildings or the property.

Excessive loitering.

Smoking.

Accompaniment of non-service animals.

Possession of firearms or illegal weapons.

Friends of Leaps & Bounds Pediatric Therapy and its staff reserve the right to refuse service to individuals who do not cooperate with the organization's Code of Conduct policy at any time.

Campuses are privately owned property leased to our nonprofit program. Guests who do not act responsibly may be asked to leave. Persons who refuse to leave may be arrested and prosecuted for criminal trespass.

Signature: _____ **Date:** _____

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



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 understand Friends of Leaps & Bounds Photo Release Agreement.

Signature: _____ **Date:** _____

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



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:** _____

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



Participant Release and Waiver of Liability

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.

Signature: _____ **Date:** _____
(Rider or Parent/Guardian if rider is under 18)