



Dear Prospective Participant and Family,

Thank you for your interest in Pal-O-Mine Equestrian, Inc.! Pal-O-Mine Equestrian's mission is to provide a comprehensive therapeutic equine program that uses horses to facilitate growth, learning and healing. Our population includes children and adults with disabilities, those who have been abused or neglected, the military and the economically compromised.

More information about our programs may be found on our website at [www.pal-o-mine.org](http://www.pal-o-mine.org), or on our Facebook page at "Pal-O-Mine Equestrian."

If you are interested in becoming a participant in our program, please complete the enclosed application and mail or fax them to us at:

829 Old Nichols Rd. Islandia, NY 11749  
Fax: (631) 348-1451

Please feel free to contact our program director with any questions at [cguerriero@pal-o-mine.org](mailto:cguerriero@pal-o-mine.org) or call 631-348-1389. Thank you again for your interest in Pal-O-Mine Equestrian, Inc. and we look forward to hearing from you soon.

Sincerely,

*Carol Ann Guerriero*, M. Ed.  
Program Director



## APPLICATION PROCESS AND PARTICIPATION POLICY

**Age Requirement:** The minimum age to participate in our program is 5 years old.

**Weight Requirement:** In order to participate in our Adaptive Riding program, there is a maximum limit of 175 lbs. This weight requirement only applies to the adaptive mounted program.

**Application Process:** In order to begin the application process, please sign and return the following forms:

- Participant Application
- Instruction Agreement and Liability Release
- Authorization for Emergency Medical Treatment
- Participant Medical History and Physician's Statement

*Please note that the Medical History and Physician's Statement **MUST** be signed by your medical provider. You will be responsible for providing us with an updated medical form if any medical changes should occur.*

Once we receive and review the completed forms, we will contact you to set up an evaluation. Every new client and his/her family meets with our CEO and Founder, Lisa Gatti, for a one-hour evaluation to discuss historical information and goals. If appropriate, some of the one hour evaluation will be mounted.

**Scheduling:** Pal-O-Mine offers individual lessons on a weekly basis all year long. Lesson content and length will be determined based on the specific needs and goals of the individual. After your lesson each week, be sure to sign up with the office manager for the following week.

**Attendance:** We have a strict 24-hour cancellation policy so that staff and volunteers may be notified. Cancellations with less than 24-hour notice will be billed for a regularly scheduled session. Consistent lateness or absenteeism will result in discharge from the program.

**Cancellations:** In the case of severe inclement weather or dangerously cold or warm temperatures, an unmounted session may be substituted for a riding lesson. In the case that resources allow, we may reschedule the lesson instead.

**Attire:** For those participating in the Adaptive Riding, britches, jeans or leggings, boots with a heel (if possible) and an ASTM approved riding helmet are required. **No sweatpants, capris, athletic or nylon pants** will be permitted. Helmets are available for your use, however, after 5 lessons you are required to purchase your own. Bicycle helmets are not permitted. For those participating in unmounted programs, please dress weather appropriate. Closed-toe shoes are required in all programs.

**829 Old Nichols Road • Islandia NY 11749**  
**Phone (631) 348-1389 • Fax (631) 348-1451 • Website [www.pal-o-mine.org](http://www.pal-o-mine.org)**

**Payment and Fees:** There is a one time fee of \$100.00 for your evaluation, **due prior to booking**. With the recommendation of the CEO, you will then be scheduled for the appropriate program for your child. All payments are made in advance for 4 weeks of lessons. Cash, check or payment by debit/credit card are accepted. Checks may be made out to Pal-O-Mine Equestrian.

**Lesson Prices:**

Four 30 Minute Private Lessons                      \$260.00

**Lessons:** Please arrive **10 minutes before your lesson** and check in with the office. Late arrivals will end at the designated riding times: instructors, volunteers and horse schedules are prearranged; as a result, your riding time will be cut short or you will not be allowed to ride when you arrive late for your scheduled lesson. No parents are permitted on or around the Mounting Block or in the mounting/dismounting area, unless your assistance has been requested by the instructor. Riding sessions may sometimes include unmounted activities. This time will include grooming, tacking, feeding, and other skills. It is done 1:1 with your/your child's instructor. This lesson is the same price as a mounted session. Please be aware that no siblings or parents are permitted in the barn unless asked by the instructor. For the safety of our students, volunteers and staff, treats will only be given to the horses as per discretion of the instructor. Hand feeding is not permitted.

**Property:** While at Pal-O-Mine, please take note of and obey all posted signs, (i.e., Keep Gate Closed, No Smoking, Parent Walkways, 5 MPH Speed Limit, etc.). No dogs are permitted on the property.

**Communication:** Email is an inexpensive and an effective means to communicate with our constituents. We would like to use it to contact you. Please take a moment to email **Carol Evers** at [cevers@pal-o-mine.org](mailto:cevers@pal-o-mine.org) with your email address. To protect **EVERYONE'S** Right to Privacy, if you or your child are a member of a social networking site (Facebook, Twitter, YouTube, etc), we request that you **DO NOT** post any information, photos or videos from Pal-O-Mine on any of these sites. Pal-O-Mine has its own website and we would be happy to post them on our site.

**Parent Contract:** You will receive our parent contract at your/your child's evaluation. This document reiterates the information provided here. We ask that you sign a copy for our records.

**Other:** We ask that you show your support by participating in our Fund Raising activities; without these events, we cannot run our program(s). Please thank our volunteers, they give their time freely so that you/your child can ride.

## STATEMENT OF PARTICIPANT ELIGIBILITY OR DISMISSAL

PAL-O-MINE EQUESTRIAN offers services to both students with special needs and typically developing students. Eligibility for participation in our programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available. This may include an instructor, horse and the assistance of a leader and a side walker during each adaptive riding session to ensure the safety of each student, as well as proper positioning. Financial consideration is not taken into account when determining an individual's eligibility for participation.

Due to the nature of adaptive horseback riding and other equine related activities, there are individuals for whom Pal-O-Mine's program may not be deemed appropriate on the basis of physical, behavioral or other limitations and will be at the discretion of the CEO.

**PAL-O-MINE EQUESTRIAN reserves the right to determine the ability to accept an applicant due to unavailable resource(s) and/or safety concerns.**

Individuals accepted into the Pal-O-Mine programs are required to take part in periodic reviews and follow Pal-O-Mine Equestrian's rules and participation policies. During these reviews, or as a result of unusual occurrences during a program session, the Pal-O-Mine Equestrian professional staff may find the continuance in the program for a given individual is inappropriate. For this reason, PAL-O-MINE EQUESTRIAN reserves the right to discontinue the participation of an individual in its programs when it is deemed in the best interest of Pal-O-Mine Equestrian and/or the individual involved.



**Which program are you interested in participating?**

Adaptive Riding Lessons  
 Unmounted Horsemanship  
 EAP/EAL

**PARTICIPANT APPLICATION**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

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

Employer/School: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_ Email: \_\_\_\_\_

**In the event of an emergency, please contact:**

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

How did you hear about our program(s)? \_\_\_\_\_

If you or your child is supported through an agency:

Who is your broker? \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Who is the Fudiciary Institution/Agency? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Plan/Policy No: \_\_\_\_\_

Existing Medical Conditions/Disability/Diagnosis: \_\_\_\_\_

**HEALTH HISTORY** – Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

**MEDICATIONS** (include prescription and over-the counter, name, dose, frequency)

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Describe abilities/difficulties in the following areas (include assistance or equipment required):

**PHYSICAL FUNCTION** (e.g. mobility skills such as walking, transfers, wheelchair use, driving/bus riding, etc) \_\_\_\_\_

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**PSYCHO/SOCIAL FUNCTION** (e.g. work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears, concerns, etc) \_\_\_\_\_

**GOALS:** Why are you applying? What would you like to accomplish? \_\_\_\_\_

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

*Participant/Parent or Legal Guardian*

**PHOTO RELEASE (OPTIONAL):**

I DO CONSENT to and authorize the use and reproduction by PAL-O-MINE EQUESTRIAN of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program(s).

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

*Participant/Parent or Legal Guardian*

**LIABILITY RELEASE:** The above named person would like to participate in PAL-O-MINE EQUESTRIAN's program (s). I/my child fully understand and acknowledge that risks and dangers exist in horseback riding and working with horses, and my/my child's participation in such activities may result in my/my child's injury or illness, including grievous bodily harm. However, I feel the possible benefits to myself/my child are greater than the risks assumed. I hereby, intending to be legally bound for myself /my child, my heirs and assigns, executors or administrators, voluntarily waive, discharge, hold harmless, and release forever all claims for damages against PAL-O-MINE EQUESTRIAN, its Owner, Instructors, Volunteers and /or Employees for any and all injuries and/or losses I/my child may sustain while participating at PAL-O-MINE EQUESTRIAN from whatever cause, including but not limited to the negligence of these related parties.

THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE READ THIS APPLICATION IN ITS ENTIRETY; THAT THEY UNDERSTAND THE TERMS OF THIS RELEASE AND HAS SIGNED THIS RELEASE VOLUNTARILY AND WITH FULL KNOWLEDGE OF THE EFFECTS THEREOF.

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

*Participant/Parent or Legal Guardian*



### 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 PAL-O-MINE EQUESTRIAN to:

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

Client's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
In the event I cannot be reached:  
Contact 1: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact 2: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Consent Plan

This authorization includes, but is not limited to x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person above is unable to be reached.

Signature (Client, Parent, Legal Guardian): \_\_\_\_\_  
Date: \_\_\_\_\_

#### 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 emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (Client, Parent, Legal Guardian): \_\_\_\_\_  
Date: \_\_\_\_\_





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

Dear Health Care Provider:

Your patient, \_\_\_\_\_ is interested in participating in supervised equine activities.

In order to safely provide this service, our program requests that you complete/update the enclosed Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions or contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

**Orthopedic**

Atlantoaxial Instability  
– include neurologic symptoms  
Coxarthrosis  
Cranial Defects  
Heterotopic Ossifications/Myositis Ossificans  
Joint Subluxation/Dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

**Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/  
Tethered Cord/Hydromyelia

**Medical/Psychological**

Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Danger to Self or Others  
Exacerbations of Medical Conditions  
–e.g. RA, MS  
Fire Setting  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine activities, please feel free to contact our program.

## PARTICIPANT MEDICAL HISTORY AND PHYSICIAN STATEMENT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Past/Prospective Surgeries: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Seizures? Y N Type: \_\_\_\_\_ Controlled? Y N Date of Last Seizure: \_\_\_\_\_  
 Shunt Present? Y N Date of Last Revision: \_\_\_\_\_  
 Special Precautions (Diet/Needs/Allergies): \_\_\_\_\_  
 \_\_\_\_\_ May participate in all activities.  
 \_\_\_\_\_ May participate in all activities except for: \_\_\_\_\_  
 Mobility: Independent Ambulation? Y N Assisted Ambulation? Y N Wheelchair? Y N  
 Braces/Assistive Devices: \_\_\_\_\_

\*For those with Down Syndrome: AtlantoDens Interval X-rays Date: \_\_\_\_\_ Result: + -  
 Neurological Symptoms of AtlantoAxial Instability:

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

### IMPORTANT NOTE TO DOCTOR/MEDICAL FACILITY:

If you prefer to provide the requested information on your own medical form, we will accept that as long as the top and bottom sections of this form are also completed, signed, dated and stapled to your form.

Given the above diagnosis and medical information this person is not medically precluded from participation in equine activities. I understand that the adaptive riding program will weigh the medical information above against existing precautions and contraindications. Therefore, I refer this person to the program for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

**Stamp:**



## **PAL-O-MINE EQUESTRIAN, INC. RELEASE FORM**

*Instruction Agreement and Liability Release*  
PLEASE READ CAREFULLY BEFORE SIGNING

**Serious injury may result from your child's participation in this activity.  
PAL-O-MINE EQUESTRIAN, INC. cannot guarantee your safety.**

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE: In consideration of the payment of a fee and signing of this agreement we, the client or parent(s) of the minors listed on the registration form, do hereby voluntarily request and agree to my/our child's participation in riding at Pal-O-Mine Equestrian. This STUDENT will either ride/handle his/her own horse or school horses provided by PAL-O-MINE EQUESTRIAN, INC. for instructional purpose today and on all future dates.

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon the registered STUDENT, and/or the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of New York State and Suffolk County. Any disputes with the STUDENT shall be litigated in, and venue shall be in Suffolk County. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein after shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horse, ponies, mules, or donkeys, whether from the ground or mounted. The term "RIDER" shall herein after refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The term "I/WE" shall herein refer to the riding school student or parents of the registered student below.

C. ACTIVITY RISK CLASSIFICATION: I/WE UNDERSTAND THAT: Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions.

D. NATURE OF PAL-O-MINE EQUESTRIAN'S HORSES: I/WE UNDERSTAND THAT: PAL-O-MINE EQUESTRIAN chooses its horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS, and PAL-O-MINE EQUESTRIAN follows a rigid safety program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will generally be from a distance of from 3 to 5 feet, and the impact may result in an injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with another larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short; changing directions or speed at will; shifting its weight; bucking, rearing, kicking, biting or running from danger.

E. CONDITIONS OF NATURE AND INSPECTION OF PREMISES: I/WE UNDERSTAND THAT: PAL-O-MINE EQUESTRIAN IS NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person: and irregular footing on out-of-doors groomed or wild land which is subject to constant changes in landscape. We have inspected PAL-O-MINE EQUESTRIAN'S facilities and are satisfied that all premise conditions are reasonably safe for a riders intended purpose, usage, and presence upon PAL-O-MINE EQUESTRIAN'S premises.

F. SADDLE GIRTHS/NATURAL LOOSENING: I/WE UNDERSTAND THAT: Saddle girths (saddle fasteners around a horse's belly) may loosen during a ride. If a rider notices this, he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the horse.

G. ACCIDENT/MEDICAL INSURANCE: I/WE (rider/parent/legal guardian) AGREE THAT: Should emergency medical treatment be required, I/We and/or my own accident/medical insurance company shall pay for all such incurred expenses.

My accident/medical insurance company is: \_\_\_\_\_

My Policy/ID Number is: \_\_\_\_\_

H. ASTM APPROVED PROTECTIVE HEADGEAR IS REQUIRED: I/WE AGREE to purchase or borrow from PAL-O-MINE EQUESTRIAN, INC protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet. It will be worn while riding and being near horses and WE do understand that the wearing of such headgear at these items may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences.

I. LIABILITY RELEASE: I/WE AGREE THAT: In consideration of THIS PROGRAM, allowing myself or our child's participation in these riding activities, under the terms set forth herein, I or WE, the client or parent, for ourselves and on behalf of our child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge PAL-O-MINE EQUESTRIAN, INC., its owners, officers, directors, agents, employees, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on its behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to PAL-O-MINE EQUESTRIAN'S and/or it's ASSOCIATES ordinary negligence and willful and wanton misconduct, "WE" (rider/parent/legal guardian/family) shall not bring any claims, demands, legal actions and causes of action against PAL-O-MINE EQUESTRIAN INC, its Associates, as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of PAL-O-MINE EQUESTRIAN, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of PAL-O-MINE EQUESTRIAN, or participating in any of the school activities, whether on or off the premises of PAL-O-MINE EQUESTRIAN.

J. PHOTO RELEASE: I/We give our permission for PAL-O-MINE EQUESTRIAN to use any photos of myself/our child(ren) for any photographic materials unless otherwise indicated on the photo release.

RIDERS OVER 21 OR PARENTS OR LEGAL GUARDIANS must sign below after reading this entire document:

**SIGNERS STATEMENT OF AWARENESS**

I/We, the undersigned, have read and do understand the foregoing agreement, warnings release and assumption of risk. We further attest that all facts relating to the rider's physical condition, experience and age are true and accurate.

Client's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent (or Rider if over 21)

\_\_\_\_\_  
Date