



## Lesson Program Application Packet

Thank you for your interest in Pal-O-Mine Equestrian! Pal-O-Mine Equestrian's mission is to provide a comprehensive therapeutic equine program that uses horses to facilitate growth, learning and healing. The populations served include children and adults with disabilities, those who have been abused or neglected, the military, and the economically compromised. More detailed information about our programs can be found on our website at [www.pal-o-mine.org](http://www.pal-o-mine.org).

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

Pal-O-Mine Equestrian  
829 Old Nichols Road  
Islandia, NY 11749

Fax: (631) 348-1451  
attention: Alex Cella

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



## APPLICATION PROCESS AND PARTICIPATION POLICIES

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

**Weight Requirement:** In order to participate in our Adaptive Riding program, there is a maximum limit of 175 lbs. Those exceeding the maximum weight may be considered for unmounted programs.

**Application Process:** In order to begin the application process, please read, complete, and sign all pages of this application packet.

*Please note that the Medical History and Physician Statement **MUST** be signed, dated, and stamped 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 meeting. Every new participant and his/her family meets with our CEO and Founder, Lisa Gatti, for a one-hour evaluation to discuss historical information and goals.

**Equestrian Agreement:** This agreement reiterates the information provided here and is found at the back of this packet. We ask that you initial and sign a copy for our records. This agreement will be reviewed at the evaluation meeting.

**Payment and Fees:** There is a one-time fee of \$100.00 for the evaluation, **due prior to booking**. With the recommendation of the CEO, lessons can then be scheduled for the appropriate program. All payments are made in advance for four (4) weeks of lessons. Cash, check, or payment by debit/credit card are accepted. Checks may be made out to Pal-O-Mine Equestrian. There is a 3.25% processing fee on credit card transactions. This surcharge is not greater than our total cost of accepting credit cards.

<b>Lesson Price:</b>	Four 30-minute private lessons	\$260.00
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**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.

**Cancellations:** A strict 24-hour cancellation policy is adhered to 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.

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.

**Lessons:** Please plan to arrive at least five minutes before the lesson start time. Late arrivals for the lesson will end at the designated riding time.



**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. Parents, siblings, and staff are only allowed in designated areas.

**Communication:** Email is an inexpensive and an effective means to communicate with our constituents. We will be using email communication to contact you about lessons and policies.

**Social Media:** To protect **EVERYONE'S** right to privacy, if the participant and/or family are a member(s) of/use social networking sites (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.

**Supporting Pal-O-Mine:** Pal-O-Mine is a not-for-profit 501(c)(3) organization that relies on volunteer efforts and proceeds from fundraising events and individual donations to support our mission and provide for our facility. We ask that you show your support by participating in our fundraising activities. Without these events, we cannot run our programs. Please thank our volunteers, they give their time freely so that you/your child can participate in our program.

### **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.



## GUIDELINES FOR CLOTHING AND JEWELRY

Pal-O-Mine's guidelines for clothing and jewelry are in place for the safety of the participants and the horses. The participant agrees to abide by the following guidelines while participating in Pal-O-Mine programs:

### **Jewelry**

- No facial piercings permitted
- Only stud earrings allowed
- No more than two lower-lobe piercings allowed
- Rings, bracelets, and necklaces are not recommended

### **Footwear**

- Closed-toed shoes where the foot is fully protected are required for all lesson programs
- No UGGs, Crocs, sandals, or water shoes of any kind are allowed
- No steel toe boots
- If riding, boots with a heel will be required

### **Pants**

- Jeans, britches, or khakis are allowed - they must have no rips or tears
- No leggings, yoga pants, sweatpants, or nylon or athletic track pants
- Shorts and capris are not allowed for riding lessons and may only be worn for unmounted lessons

### **Tops**

- No tank tops, crop tops, camisoles, exposed bra straps, or spaghetti straps are allowed
- Layers (jackets and sweaters) must be zipped or buttoned

### **Please Note:**

- Pal-O-Mine's programs are held year-round and we do hold lessons in inclement weather.
- Programs are held outdoors. Please dress appropriately for the weather and wear layers as needed.
- In the event of rain, please wear a rain jacket/waterproof clothing. Ponchos are not permitted. Umbrellas are not allowed on the property.

**The participant has read and agrees to follow all clothing and jewelry guidelines outlined above.**

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

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

Participant/Parent or Legal Guardian



## PARTICIPANT APPLICATION

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Participant's phone number: \_\_\_\_\_ Home  Cell  Work

Secondary phone number: \_\_\_\_\_ Home  Cell  Work

Primary participant/family email address: \_\_\_\_\_

Additional email address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Support staff name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

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

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

### If participant is supported through self-direction, complete this section:

Who is the broker? \_\_\_\_\_

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

What is the Fiduciary Institution/Agency? \_\_\_\_\_

What is the fiscal year start date for the participant? \_\_\_\_\_

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

\_\_\_\_\_



**MEDICAL INFORMATION**

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.

**If yes, please explain in the comments section.**

	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 and frequency):

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**Describe abilities and/or 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.):

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**GOALS:** Why is the participant applying? What would the participant like to accomplish?

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

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

Participant/Parent or Legal Guardian



## Authorization for Emergency Medical Treatment

PLEASE SELECT ONE OPTION AND SIGN BELOW

### **Consent Plan**

In the event of an emergency, where 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.

Participant's Name: \_\_\_\_\_

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

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

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

In the event of an emergency, please contact:

Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Participant or Parent/Legal Guardian

### **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: \_\_\_\_\_ Date: \_\_\_\_\_

Participant or Parent/Legal Guardian



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:



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

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***Instruction Agreement and Liability Release***

PLEASE READ CAREFULLY BEFORE SIGNING

**Serious injury may result from your/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 equine-assisted activities at Pal-O-Mine Equestrian. This STUDENT will either ride/handle/work with 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 rider's 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.

***Please select one option.***

J. PHOTO RELEASE: I/We **do/do not** 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.

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

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

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

Preferred phone number: \_\_\_\_\_

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

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PAL-O-MINE EQUESTRIAN AGREEMENT

Please read and initial each statement.

1. I understand that rules are in place for the safety of everyone at Pal-O-Mine. I agree that failure to abide by any of these rules will be grounds for dismissal from Pal-O-Mine Equestrian. \_\_\_\_\_
2. I understand that siblings, parents and/or guardians are only permitted in designated areas. \_\_\_\_\_
3. I understand that I, and anyone who accompanies me to Pal-O-Mine, must obey all posted signs (i.e. No Smoking, 5 MPH speed limit, Keep Gate Closed). \_\_\_\_\_
4. I understand that dogs are not permitted on the property, including inside my car, at any time. \_\_\_\_\_
5. I understand that proper attire must be worn for lessons. If proper attire is not worn and the lesson cannot be held, I understand I will be charged in full. \_\_\_\_\_
6. I understand that only helmets that are ASTM/SEI approved are required for mounted lessons. \_\_\_\_\_
7. I understand that information will be communicated through email and I agree to provide a valid email address for such communication. \_\_\_\_\_
8. I understand that lessons must be paid for in advance and purchased in packages of four lessons at a time. I further understand that no individual will be permitted to participate in lessons or programs until payment is made in full. \_\_\_\_\_
9. I understand lessons may consist of unmounted activities within the allotted time. Activities may include grooming, tacking, feeding and other horse or barn related skills or activities. The lesson fee is the same. \_\_\_\_\_
10. If I arrive late for a lesson, I understand that the lesson time will not be extended. \_\_\_\_\_
11. I understand that Pal-O-Mine adheres to a strict 24-HOUR CANCELLATION POLICY and, in the event that I cancel a scheduled lesson with less than 24-hour notice, for any reason, I will be charged in full. \_\_\_\_\_
12. I understand that consistent lateness or absenteeism will be grounds for dismissal from Pal-O-Mine Equestrian. \_\_\_\_\_
13. I understand that Pal-O-Mine is a not-for-profit 501(c)(3) organization that relies on proceeds from fundraisers, grants, individual and corporate donations to continue to fulfill its mission and provide the facility that houses the lessons/programs. I agree to support and/or participate in fundraising activities that are held throughout the year. \_\_\_\_\_



14. I understand and agree, in order to protect everyone's right to privacy, I am not to post any information, photos or videos from Pal-O-Mine on any means of social media including but not limited to Facebook, Twitter, YouTube, Snapchat, or Instagram. I understand that posting information, photos or videos from Pal-O-Mine on any means of social media will be grounds or dismissal from Pal-O-Mine Equestrian.

\_\_\_\_\_

15. I further understand that New York State HIPAA laws uphold patient/client/student confidentiality and that any disclosure or discussion of student/client medical information of my child or any child is strictly forbidden whether on or off Pal-O-Mine's property.

\_\_\_\_\_

16. I understand it is my responsibility to provide Pal-O-Mine with a medical update if and when health conditions change. It is also my responsibility to provide a medical clearance letter when returning to lessons after injury or illness.

\_\_\_\_\_

17. I understand there is to be no dropping off or picking up of students in the driveway or in front of the barn, regardless of weather conditions or if I have arrived late. It is my responsibility to inform anyone providing transportation to the student of this policy, including support staff and SCAT/Uber/taxi drivers. I understand all vehicles must proceed to the parking lot before letting students out of the vehicle. Repeated reminders of this will result in discharge from the program.

\_\_\_\_\_

18. I understand all vehicles must obey the 5 MPH speed limit in the driveway and parking lot. This is for the safety of our animals and students in the parking lot.

\_\_\_\_\_

By initialing above and signing this agreement, I agree to the terms and conditions of this agreement.

Participant name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parent/Legal Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_

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