Pal-O-Mine Equestrian
Est 1995

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.

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: Front Office

If you have any questions, please feel free to contact us at frontoffice@pal-o-mine.org or call our office at 631-348-1389. Thank you again for your interest in Pal-O-Mine Equestrian and we look forward to hearing from you soon.

Pal-O-Mine Equestrian
Est 1995

APPLICATION PROCESS AND PARTICIPATION POLICIES

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

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.*

After 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.

It is at Pal-O-Mine's discretion as to which program is appropriate for a new student. This will be determined following review of the application and the evaluation meeting.

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 $150.00 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 are made out to Pal-O-Mine Equestrian.

Lesson Price: A set of four (4) 30-minute private lessons is $340.00 ($85 per lesson)

If the participant is supported through self-direction, it is the family's responsibility to obtain approval for reimbursement. Pal-O-Mine does not directly bill most financial institutions/agencies. A services rendered receipt will be provided to you at the end of the month to submit for reimbursement.

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.

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

Pal-O-Mine Equestrian
Est 1995

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

Pal-O-Mine Equestrian
Est 1995

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)?_____

_____

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Est 1995

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			

Pal-O-Mine Equestrian
Est 1995

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

_____

_____

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.): _____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

Signature: _____ Date: _____

Participant/Parent or Legal Guardian

Pal-O-Mine Equestrian
Est 1995

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

Pal-O-Mine Equestrian
Est 1995

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.

Stamp:

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

Pal-O-Mine Equestrian
Est 1995

PAL-O-MINE EQUESTRIAN, INC. RELEASE FORM

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: By signing this agreement, I voluntarily agree to participate in equine-assisted activities at Pal-O-Mine Equestrian. I will either ride/handle/work with my own horse or school horses provided by PAL-O-MINE EQUESTRIAN, INC. for instructional purpose today and on all future dates.

B. AGREEMENT SCOPE, TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon myself as the registered STUDENT, and/or my parents or legal guardians if I am a minor, my heirs, estate, or assigns, including all minor children and personal representatives. This agreement 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 determined to be void, illegal or unenforceable, in whole or in part, it is the intent of the parties that the other provisions contained herein shall remain in full force and effect as if the provision that was determined to be void, illegal or unenforceable had not been contained herein. The term "HORSE" herein after shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, 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" shall herein refer to the riding school student and/or the parents of the registered student if the student is less than 18 years of age.

C. ACTIVITY RISK CLASSIFICATION: I 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 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, I understand that 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 3 to 5 feet, and the impact may result in an injury to the rider. 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.

Pal-O-Mine Equestrian
Est 1995

E. CONDITIONS OF NATURE AND INSPECTION OF PREMISES: I 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. I have inspected PAL-O-MINE EQUESTRIAN'S facilities and am 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 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 AGREE THAT should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. I further understand that PAL-O-MINE EQUESTRIAN does not assume any responsibility for or obligation to provide financial assistance or any other assistance, including but not limited to medical, health, or disability insurance of any nature in the event of my injury, illness, death, or damage to or loss of my property.

H. ASTM APPROVED PROTECTIVE HEADGEAR IS REQUIRED: I 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 I understand that the wearing of such headgear 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 further understand that wearing such protective headgear may not protect against all injuries.

I. LIABILITY RELEASE: I AGREE THAT I, on behalf of myself (and my heirs, successors and assigns), fully and forever release and discharge PAL-O-MINE EQUESTRIAN, and all of its owners, officers, directors, agents, employees, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers (collectively, the "Releasees"), from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in this program. I agree not to make or bring any such claim or demand against PAL-O-MINE EQUESTRIAN or the Releasees, and fully and forever release and discharge PAL-O-MINE EQUESTRIAN and the Releasees from liability under such claims or demands.

I understand that this release discharges PAL-O-MINE EQUESTRIAN and the Releasees from any liability or claim that I may have against PAL-O-MINE and/or the Releasees with respect to any bodily injury, personal injury, illness, death, property damage, or property loss that may result from participation in the program, whether caused by the negligence of PAL-O-MINE EQUESTRIAN, the Releasees or otherwise.

Pal-O-Mine Equestrian
Est 1995

Please select one option.

J. PHOTO RELEASE: I **do/do not** give permission for PAL-O-MINE EQUESTRIAN to use any photos of myself/my child(ren) for any promotional materials.

Riders, along with Rider's parents or legal guardians if the Rider is under the age of 18, must sign below after reading this entire document.

SIGNERS STATEMENT OF AWARENESS

I, the undersigned, have read and agree to this release and am fully familiar with its contents.

Participant Name: _____

Address: _____

City, State, Zip: _____

Preferred phone number: _____

Email: _____

Emergency contact name: _____ Phone: _____

Participant signature: _____ Date: _____

I am the parent or legal guardian of the minor Participant named above. I have the legal right to consent to and, by signing below, I hereby do consent in all respects to the terms and conditions of this release and agree that both the minor Participant and I shall be bound by all of its terms and conditions.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Pal-O-Mine Equestrian
Est 1995

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. _____

Pal-O-Mine Equestrian
Est 1995

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: _____