

TiAnViCa Riding Academy, Inc.

Participant Handbook

10th Edition August 2018

Mailing Address

**P.O. Box 7301
Lakeland, Florida 33807**

Barn Address

**3380 SR. 60 East
Bartow, FL 33830**

888-548-2972

www.tianvica.org

Welcome to TiAnViCa Riding Academy.

We are so glad you are interested in riding with us. TiAnViCa Riding Academy, Incorporated exists to provide a safe and fun environment for therapeutic riding and to enrich the lives of our riders, volunteers and staff.

Please review our brochure and see our web site at www.tianvica.org for additional information on our programs.

We ask that you read the handbook and fill out the following applications and forms. The first three forms are for you to fill out and sign. They are the *Application and Health History*. Next is the *Participant Information, Photo Release, and Indemnity*, and the third is the *Emergency Medical Treatment Authorization*. We also ask that the parent/caregiver who will be accompanying a participant fill out and sign a liability release as well. Please see the office if you need an additional form.

The next form is for your medical professional. The *Participant's Medical History & Physician's Statement (mandatory for therapeutic riding)*, is to be filled out completely by your physician.

Once we have all these forms returned to us, we will schedule an appointment to evaluate the rider and determine if they are appropriate to ride in our program. Safety of our riders, volunteers, staff and horses are our first priority and we will take this into consideration when determining if recreational therapeutic riding at TiAnViCa is appropriate at this time.

Thank you again for your interest in ***Riding with TiAnViCa.***

Sara Lizzette Meadows

Co-Founder/Executive Director

TiAnViCa Riding Academy

Tuition and Fees Therapeutic Riding

TiAnViCa holds three 10-week sessions per year (lessons are 30 minutes long). The cost for the session is \$400 and is due at orientation and 2 weeks prior to each session thereafter to hold your place in the next session. Tuition may be paid in two payments with the second payment due week 4 of each session.

There may be additional fees for entrance fees for shows if you are participating.

TiAnViCa Veterans Program

We wish to give back to those who gave to us, our military. All disabled vets (service related) participating in our Therapeutic Riding Programs ride free of charge.

If eligible, we ask the veterans to apply through the Wounded Warrior Foundation for a grant to help in program expenses. Please ask for more information.

Equine Facilitated Learning Programs

Tuition for these programs varies. Contact sara@tianvica.org for more information.

Dress Code

Due to the nature of equine assisted activities, we require that each rider wear appropriate attire. This includes long pants, T-shirt or other appropriate shirt (no tank tops or spaghetti straps), and hard-soled close-toed shoes (preferable boots).

We understand that due to the nature of an individual's disability this dress code may not be able to be met. We will make accommodations on a case-by-case basis as long as the safety of the participant is not compromised.

I have read and understood the cancellation policy and understand the rules and regulations at TiAnViCa Riding Academy, Inc. Name: _____ Date: _____

2018/2019 Season

Our Facility

TiAnViCa requests that all parents and guests stay in the observation area. Under no circumstances will anyone be allowed in the barn area without an escort. This is to ensure your safety and the safety of our horses.

Parking places are provided near our gate for those in wheelchairs and who may need assistance. If you are able-bodied, please leave these spots for those who may need them.

Participant Dismissal

At TiAnViCa the number one priority is safety. We want our participants to be safe, but we also want our hard-working volunteers and equine partners to be safe as well. If a participant becomes abusive or disrespectful to the volunteers or horses, they will be given a warning. After three warnings, the participant will be required to leave the program.

Weight Limitations

To ensure the safety of our volunteers, horses and the participant, TiAnViCa does have weight limitations. Our policy is that the maximum weight of a rider is 200 lbs. This can vary depending on the amount a rider can assist, the horse, and volunteers. Please see a staff member for more information about our policy.

FUN

Most of all we want you to have fun. TiAnViCa is a place where we love to hear laughter and see individuals excel. If you have any questions about any activities or programs at TiAnViCa, please see a staff member.

TiAnViCa Riding Academy

No-Show and Cancellation Policies

1. Please arrive on time or a few minutes early for your scheduled lesson time. Getting helmets, clothing changes, and bathroom breaks need to be handled prior to your lesson start time. **If you arrive more than 15 minutes late and the arena gate is closed, this means the lesson has already started and you will not be able to ride that day.**
2. If you will be absent, please call the office at [888-548-2972](tel:888-548-2972) as soon as possible, or email Sara at sara@tianvica.org. If you get the voice mail, PLEASE leave a message. Our volunteers and instructors drive the distance and fight the traffic as you do to help. By letting us know that you will be absent, we can let our volunteers know so that they can plan their day.
3. Payment for the session is expected regardless of absences and no-shows.
4. There will be NO Refunds for lessons missed or canceled by the participant or parent. Please note that illnesses not requiring hospitalization will be considered an absence.
5. Please notify TiAnViCa as soon as possible in the event of illnesses requiring hospitalization or other unforeseen emergencies. Based on individual circumstances, a credit may be applied to your account.
6. If you will be out of town during the riding session, please speak with us at the beginning of the session to discuss payment adjustments. These absences will be considered advanced and you will not be expected to pay for these missed lessons. However, if you fail to inform us of this information in advance you will be charged.
7. **Excessive absences (3 or more) or no-shows (more than 1) will disqualify the rider from the remainder of the session and the rider will be placed on the waiting list for the next available session.**
8. Riders who are receiving scholarships and have more than 1 no-show will be subject to forfeiting the scholarship and becoming ineligible for future scholarships.
9. If TiAnViCa must cancel a class due to weather or other circumstances, we will make every attempt to schedule a make-up class at the end of the session. If our calendar does not allow for a make-up class, the riders will receive a credit for the canceled class.
10. Due to our schedule, TiAnViCa cannot provide individual make-up lessons in the event of absence or no-show.

PLEASE don't be a "No -show, No-call" this results in:

Unnecessary tacking and untacking of our horses

Inefficient use of staff and volunteers

I have read and understood the cancellation policy and understand the rules and regulations at TiAnViCa Riding Academy, Inc. Name: _____ Date: _____

2018/2019 Season

TiAnViCa Riding Academy
Participant's Application and Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ E-mail: _____ Alternative #: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Phone: _____ Referral Source: _____

Phone: _____ How did you hear about the program? _____

HEALTH HISTORY **Diagnosis** _____ **Date of Onset:** _____

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, over-the-counter; name, dose and frequency)

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use)

PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interests, Relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (Why are you applying for participation? What would you like to accomplish?)

Signature: _____

Date: _____

Client, Parent or Legal Guardian (Sign and Print Name)

TiAnViCa Riding Academy

PARTICIPANT INFORMATION PHOTO, RELEASE & IDEMUNITY

Name: _____

Photo Release

I DO
 I DO NOT

consent to and authorize the use and reproduction by TiAnViCa Riding Academy, Inc. of all photographs and any other audio-visual materials taken of me/my son/daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of equine assisted activities.

Date: _____ Signature: _____

Participant, Parent/Guardian

Release and Indemnity Agreement

In consideration, therefore, for the privilege of riding and/or working around horses, participating in activities or volunteering with the TiAnViCa Riding Academy, Inc. (Center) to be conducted either at the Center facilities in Bartow, Florida or at another location for a Center related event, recognizing that working with and around horses is an inherently risky behavior, I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, do hereby release, absolve, indemnify and hold harmless the Center, its representatives, supervisors, directors, officers, employees, suppliers, corporate sponsors or any other volunteers from any damages, injuries, claims, suits or costs arising in any way out of the conduct of the activities of the Center programs, including any injury which may occur at the Center facilities or in transit to or from the Center facilities or related events, except such liability or claim of liability as may result from gross negligence on the part of the Center. I am executing this Release with a full understanding that the Center will involve my working closely with horses and people with cognitive, physical, emotional and behavior disabilities.

WARNING

Under Florida law, an equine activity, a sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities.

Participant Name: _____

Participant Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

TiAnViCa Riding Academy

Emergency Medical Treatment Authorization

Check one:

Participant Employee Volunteer Visitor

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 TiAnViCa Riding Academy, Inc. to:

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

Name: _____ DOB: _____ Phone: _____

Address: _____

If under 18 years old:

Mother's Name: _____ Father's Name: _____

Mother's Work # _____ Cell _____ Father's Work # _____ Cell: _____

Legal Guardian's Name: _____ Work # _____ Cell: _____

In the event a parent/guardian cannot be reached, contact: _____ Phone: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Allergies: _____

Current Medications: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if person(s) above are unable to be reached.

Date: _____ Consent Signature: _____
Participant, Staff, Vol. Visitor, *Parent/Guardian if under 18*

Print Name: _____ Phone: _____

Address: _____

Non-Consent

I do not consent to having the equine center seek any medical treatment.

Date: _____ Non-Consent Signature: _____
Participant, Staff, Vol. Visitor, *Parent/Guardian if under 18*

A PARENT/GUARDIAN IS REQUIRED TO REMAIN ON PROPERTY AT ALL TIMES FOR PARTICIPANTS WHO DO NOT AGREE TO THE CONSENT PLAN.

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Parent/Guardian: _____ Phone: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____
 Typical motor activity during a seizure: _____
 Average duration of seizure: _____ Post-Seizure Behavior: _____
 Shunt Present: Y N Date of last revision: _____
 Special Precautions/Needs: _____
 Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: Neurologic Symptoms of Atlantoaxial Instability: Present Absent

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
Vision			
Auditory			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			
Head and Neck Control			CONSIDER: Will the participant be able to hold their head up against gravity with a helmet on? ___ Yes ___ No. CONSIDER: Will the helmet cause significant strain to the neck muscles? ___ Yes ___ No

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities.

Name/Title: _____ MD DO NP PA Other _____
 Signature (NO STAMPS): _____ Date: _____
 Address: _____
 Phone: _____ License/UPIN Number: _____

TiAnViCa Riding Academy

I have read and/or have had the client\participant handbook gone over with me, and understand the rules and regulations at TiAnViCa Riding Academy, Inc. I understand that from time to time there may be addendums or changes to the handbook, and I will be apprised of those changes.

Print name:

Sign name:

Date:
