Barn: 13056 Essington Road • Plainfield, Illinois 60585 • 815-439-3659 •
www.readysetride.org
Mailing: PO Box 1113 • Plainfield, Illinois 60544
Email: Admin@readysetride.org

WELCOME to Ready, Set, Ride Therapeutic Recreation Facility! We look forward to working with you and are glad you would like to join us in this exciting endeavor. Here at Ready, Set, Ride, we offer equine therapeutic recreation to individuals with special needs and the terminally ill. This will be our 12th season, and after careful consideration of suggestions, prior years' program experience, and our ever-expanding wait list, we have made changes to our 2012 program.

We are now accepting applications for enrollment for our 2012 season. **Session availability is extremely limited, so we encourage you to return your paperwork by March 1st, 2012 to be considered for enrollment.** After formal review and evaluation by our staff, we will be notifying parents/students of enrollment status in March. Below, you will find a list of guidelines for our 2012 season. We hope that many of your questions will be answered in this letter, but if not, please feel free to contact us at any time (815-439-3659) or visit us on the web at www.readysetride.org.

- This year, Ready Set Ride, will offer **3 Seasonal Riding Programs (Spring, Summer and Fall)**

- Our therapy horses are wonderful, gentle, patient animals. However, they are animals and may react to sudden noise or movement. For these reasons, we request each rider/family to please adhere to BARN and ARENA etiquette. **OPEN TOED AND OPEN HEELED SHOES (SUCH SANDALS, FLIP FLOPS, MULES) ARE STRICTLY PROHIBITIED FOR ALL RIDERS, PARENTS AND VISITORS**.

- We currently have six therapy horses that vary in age and weight bearing ability. To protect our riders, horses and volunteers, we have a rider weight limit of **150 lbs**.

- Each session will have a maximum of 4 riders. Given our prior program experience, the rider minimum age is 3 years.

- **Please identify the Season(s) and ALL days/times per session you would like to be considered for enrollment.** This is very important as we currently have a very large demand for our very limited number of riding sessions. Each child is eligible for only one day/time slot, so the more options you identify for us, the better chance you may have to be eligible for a slot.

- **Program Fees**: This year there is a fixed rate for each seasonal riding program as identified in the enclosed enrollment materials. This will be a non-refundable donation to Ready Set Ride for your child's riding season(s). Ready, Set, Ride is a 501c3 non-profit organization and we depend on donations and fundraising to keep the program operating. Horses and Equine Therapeutic Riding programs are expensive to maintain/operate and we strive to keep costs as minimal as possible through donations and fundraising. This riding program donation helps us defray the high costs and expenses associated with the annual, 24/7 feeding, care and maintenance of the horses, the riding equipment, facility, insurance and our NARHA certified instructors. With the exception of our instructors and Barn Manager, all of the RSR staff, barn help, side walkers, horse leaders and Board of Directors are VOLUNTEERS and are not paid. PLEASE remember this. These people are taking their own time to help serve the needs of our RSR families and community.

- RSR is now offering 3 payment options for each seasonal riding program. We currently accept cash or check. Enrollment cost is only good for the seasonal riding program enrolled and there will be *no refunds for classes missed due to personal circumstances*.

    - Option 1; Payment ($475) is expected in full prior to start of each seasonal riding program.
    - Option 2; 2 - ($250) installments: half due prior to the first lessons and the remainder due by week four.
    - Option 3; 8 - ($75) weekly installments: payment in full is requested by the middle of each session.

## Absence Policy

Consideration for RSR volunteers, staff and horses is appreciated. Riders are asked to call 24 hours in advance 815-439-3659 or as soon as possible if you know you will miss a lesson. Every effort will be made to schedule a make-up session based on availability; however it is not a guarantee. If you are a no call, no show for two scheduled lessons, you have voluntarily given up your riding spot for the remainder of the session.

## Refund Policy

Refunds or credits of lesson fees are available only under the following circumstances:

1. If a participant must withdraw for medical reasons, a physician's statement is required.
2. If a cancellation is initiated by Ready, Set, Ride.
3. We understand that this may be a new activity for some riders and so the 1st 2 rides will be "on trial". Upon request, RSR will consider a partial refund in the event it is determined that the riding activity is not properly suited to the rider. Refunds after the 2-ride trial will be considered only in special circumstances upon request.

## Cancellation by Ready, Set, Ride

1. Temperature extremes (summer & winter)
2. High winds, thunderstorms, tornado warnings, or storms
3. Snow and ice conditions

- **Fundraising Commitment:** Our fifth annual auction is our main fundraiser; each family who rides will be provided two tickets. We also hope to hold concessions at the Naperville Park District Swim Meet, and hold our own small "fun" day in May.

- Sessions are 40 minutes in entirety, including mounting and dismounting. Weather conditions such as rain, cold, heat, thunder/lightening are a challenge throughout the season. In extreme conditions, such as temperatures in excess of 95 degrees, riding sessions will be cancelled and rescheduled.

We look forward to serving you and your family. As always, the Ready, Set, Ride family is here to make a difference and we hope this will be a positive experience for all of us.

Sincerely,

On behalf of the Board of Directors of Ready, Set, Ride

If you wish to be considered for a one Session Riding Scholarship, please **circle** the session and **initial**. Please remember that you must have ridden in the 2011 Season to be eligible.

**SPRING SUMMER FALL _____ (INITIALS)**

# 2012 RIDING PROGRAMS: STUDENT ENROLLMENT FORM

Please select the Riding Season(s) you wish to enroll in and check/circle **ALL** days/times you would like to be considered for. There is no guarantee that a particular day/time slot will be available, so the more you identify for us, the greater our ability to accommodate your enrollment in ONE day/time slot. If you wish to enroll more than 1 rider, PLEASE note that below and ensure that additional enrollment paperwork is completed for EACH rider. **Due to demand, remember that you should sign up now for ALL season if interested. Please identify most preferred day and/or time slot, second choice, etc. For example "Spring, Sundays at 1:00pm #1, 2:00pm #2, or Wed 7:00pm #3, etc. Also, if demand is high, additional times will be added.**

_____ **Spring Riding Season:** 8 week riding season offered **April-June,** 2012

**Cost: $475 for the entire 8-week season per rider. $100 deposit due with Enrollment Form**

_____**Sunday**: April 15, 22, 29; May 6, 20, 27; June 3, 10 (No class May 13th)

**Session Times (circle preferred times)**: **11:00am; 12:00pm; 1:00pm; 2:00pm; No preference** (Lisa & Debbie Instructors)

_____ **Tuesday**: April 10, 17, 24; May 1, 8, 15, 22, 29

**Session Times (circle preferred times): 5:00pm; 6:00pm; No preference** (Lisa Afshari, Instructor)

_____**Wednesday**: April 11, 18, 25; May 2, 9, 16, 23, 30

**Session Times (circle preferred times): 5:00pm; 6:00pm; No preference** (Lisa Afshari, Instructor)

_____**Thursday**: April 12, 19, 26; May 3, 10, 17, 24, 31

**Session Times (circle preferred times): 5:00pm; 6:00pm; No preference** (Debbie Eagle, Instructor)

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_____ **Summer Riding Season:** 8 week riding season offered **June-August,** 2012

**Cost: $475 for the entire 8-week season per rider (Closed July 3-5th). $100 deposit due with Enrollment Form**

_____**Sunday**: June 17, 24; July 1, 8, 15, 22, 29; August 5

**Session Times (circle preferred times)**: **11:00am; 12:00pm; 1:00pm; 2:00pm; No preference** (Lisa & Debbie Instructors)

_____**Tuesday**: June 12, 19, 26; July 10, 17, 24, 31; Aug. 7 (No class July 3rd)

**Session Times (circle preferred times)**: **5:00pm; 6:00pm; 7:00pm; No preference** (Lisa Afshari, Instructor)

_____**Wednesday**: June 13, 20, 27; July 11, 18, 25; Aug. 1, 8 (No class July 4th)

**Session Times (circle preferred times)**: **5:00pm; 6:00pm; 7:00pm; No preference** (Lisa Afshari, Instructor)

_____**Thursday**: June 14, 21, 28; July 12, 19, 26; Aug. 2, 9 (No class July 5th)

**Session Times (circle preferred times): 5:00pm; 6:00pm; 7:00pm; No preference** (Debbie Eagle, Instructor)

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_____ **Fall Riding Season:** 8 week riding season offered **August-October,** 2012

**Cost: $475 for the entire 8-week season per rider (Closed Aug. 19th WEEK). $100 deposit due with Enrollment Form**

_____ **Sunday**: Aug. 12, 26; Sept. 2, 9, 16, 23, 30; Oct. 7 (No class Aug. 19th)

**Session Times (circle preferred times): 11:00am; 12:00pm; 1:00pm; 2:00pm; No preference** (Lisa & Debbie Instructors)

_____ **Tuesday**: Aug, 14, 28; Sept 4, 11, 18, 25, Oct 2, 9 (No class Aug. 21st)

**Session Times (circle preferred times)**: **5:00pm; 6:00pm; 7:00pm; No preference** (Lisa Afshari, Instructor)

_____ **Wednesday**: Aug, 15, 29; Sept 5, 12, 19, 26, Oct 3, 10 (No class Aug. 22nd)

**Session Times (circle preferred times)**: **5:00pm; 6:00pm; 7:00pm; No preference** (Lisa Afshari, Instructor)

_____ **Thursday**: Aug. 16, 30; Sept. 6, 13, 20, 27, Oct. 4, 11(No class Aug. 23rd)

**Session Times (circle preferred times)**: **5:00pm; 6:00pm; 7:00pm; No preference** (Debbie Eagle, Instructor)

# HORSEBACK RIDING AND RELATED ACTIVITIES RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

## Please read carefully before signing

**WARNING**
**Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.**

∗ Ready Set Ride will herein be known as and referred to as RSR

The Participant expressly agrees that RSR Therapeutic Recreation Facility it's employees, officers directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages and other independent contractors shall **NOT BE LIABLE** for any property damages, personal injuries or losses arising from injuries sustained by the Participant in, on or as a result of the Participant using the facilities, equipment, or horses, jumping rails, and other related paraphernalia, or horses in, on or about the premises of RSR Therapeutic Recreation Facility or any riding or jumping , trail, or route. The Participant therefore hereby fully and forever release and discharge RSR Therapeutic Recreation Facility, it's employees, officers, directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages, and other independent contractors from **any and all** claims, demands, damages, rights of action or cause of action present or future whether known or unknown, anticipated or unanticipated, resulting from or arising out of the Participant's use or intended use of the facilities, equipment horses, jumping rails, and related paraphernalia thereof or any riding or jumping, trail or route.

Please initial to show that you agree _____.

Participant represents that Participant is in good physical condition and has no disability impairment, aliment, allergy or feat that prevents or hinders Participant from engaging in active or passive exercise including horseback riding or that will be detrimental to Participant's health, safety comfort or physical condition. Participant agrees to the terms of the Release for good and valuable consideration including the right to participate in sport of horseback riding.

Please initial to show that you agree _____.

I fully understand that an animal (horse), irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather including but not limited to: wind, thunder, hail, lightening or snow sliding off the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner.

Please initial to show that you agree _____.

Participant agrees to inspect the premises and equipment before each use and to bring to the attention of the management any defects or dangerous conditions. Participant understands that management makes no representations express or implied regarding the condition of the premises and equipment. **Participant assumes all risks.**

Please initial to show that you agree _____.

Participant agrees that Participant shall be responsible for any and all attorneys fees and costs incurred by RSR Therapeutic Recreation Facility, it's employees, officers directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages, and other independent contractors, and their respective insurers in the defense of any claim for personal injuries, property damages or losses brought by Participant or because of any act or omission of Participant, against RSR Therapeutic Recreation Facility, it's employees, officers, directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages, or other independent contractors. Participant has read this document and understands that this is a legally binding release. Participant executes this document freely and knowingly.

Please initial to show that you agree _____.

Protective Headgear: I understand that **ALL** riders **MUST** wear protective headgear. I agree that for myself and on behalf of my child and/or legal ward have been fully warned and advised by RSR that an ASTM/SEI approved helmet must be worn while riding and being in the proximity of horses.

Please initial to show that you agree _____.

_____ _____

Signature of Participant: Date
(if over 18 years old)

_____ _____

Signature of Parent/Legal Guardian Date

_____

Printed Name of Parent/Legal Guardian

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: _____ Cell: _____

Email Address: _____

_____ _____

Signature of Witness: Date
**(READY SET RIDE AUTHORIZED STAFF)**

_____

Printed Name of Witness:

# RIDER'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

Name: _____ Date of Birth: _____
Street Address: _____
City, State: _____ Zip Code: _____
Telephone Numbers: _____
Parent/Guardian E-mail Address: _____
Name of Parent/Guardian: _____
Diagnosis: _____ Onset: _____

** For Persons with Down Syndrome**

Cervical X-ray for Atlantoakial Instability: Positive _____ Negative: _____ X-ray Date: _____

Tetanus Shot: Yes ___ No ___ Date: _____ Height: _____ Weight: _____
Seizure Type: _____ Controlled: Yes ___ No ___ Date of Last Seizure: _____
Medications: _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking Yes or No. If Yes, please comment.

| Areas | Yes | No | Comments |
|---|---|---|---|
| Auditory | | | |
| Visual | | | |
| Speech | | | |
| Cardiac | | | |
| Circulatory | | | |
| Pulmonary | | | |
| Neurological | | | |
| Muscular | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning Disability | | | |
| Mental Impairment | | | |
| Psychological Impairment | | | |
| Other | | | |

Mobility: Independent Ambulation Yes ___ No ___ Crutches: Yes ___ No ___ Brace: Yes ___ No ___
Wheelchair: Yes No Please indicate any special precautions: _____

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To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licenses/credentialed health professional (e.g. SLP, PT, OT, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician Name (please print) _____
Physicians Signature _____
Address _____ City _____ State _____ Zip _____
Phone _____ Date _____