



RETURNING PARTICIPANT APPLICATION

Welcome back! This application may be filled out if you/your child participated with us in our 2024 riding season and you/ your child's diagnosis or medical condition has not changed.

Returning Participant Process: (Important: Refer to Dates on Timeline Table (pg2).)

1. Upon receipt of this completed application, the applicant will be contacted for enrollment in the appropriate class or placed on the waiting list if there is not an available riding lesson slot.
2. Tuition must be submitted by the date listed on the Timeline Table (pg2).
3. We strive to keep tuition as low as possible, however, if more financial assistance is needed, please fill out and submit the **K.M. Scholarship** by the date on Timeline Table (pg2).

Mail or Email Applications:

1st choice: _____
2nd choice: _____
3rd choice: _____

Spring Session-1	April 14 – May 17
Spring Session-2	May 19 – June 13
Summer Session-1	June 23 – July 18
Summer Session-2	July 28 – Aug 15
Fall Session – 1	Sept 1 – Sept 26
Fall Session - 2	Oct 6 – Oct 31

Strides Therapeutic Horsemanship Center
ATTN: Executive Director
5426 N Rd 68 Ste D #204
Pasco, WA 99301

Email:
Hello@StridesTC.org

Please mark the program you are interested in:

- | | |
|--|---|
| <input type="checkbox"/> Adaptive Riding Lessons | <input type="checkbox"/> Riding Lessons |
| <input type="checkbox"/> The Horse Course | <input type="checkbox"/> Ground Works |
| <input type="checkbox"/> Horses & Heroes (for veterans & first responders) | |

SESSION	SCHOLARSHIP & APPLICATIONS DUE (6 WEEKS IN ADVANCE)	SCHOLARSHIP ACCEPTANCE MAILED OUT (5 WEEKS PRIOR)	TUITION DUE (4 WEEKS PRIOR)
1-April 14 - May 10	March 3	March 10	Mar 17
2-May 19 - June 14	April 7	April 14	April 21
3-June 23 - July 19	May 12	May 19	May 26
4-July 28 - Aug 16	June 16	June 23	June 30
5-Sept 1-Sept 27	July 21	July 28	August 4
6-Oct 6 - Nov 1	Aug 25	Sept 1	Sept 8

Evaluation	\$65.00
Single Lesson Group	\$48.00 1/2 hour ride time
Single lessons Private	\$63.00 1/2 hour ride time
4 week Session Group	\$192.00 1/2 hour ride time
4 Week Session Private	\$ 252.00 1/2 hour ride time
The Complete Horse Course	\$360.00 50 minutes total 25 mins ground 25 mins ride
Groundworks	\$360.00 50 minutes total 25 mins grooming/study 25 mins handle
Summer Camp	TBD

If you have any questions or concerns regarding the application process, please contact our office at: (509) 492-8000 extension 1 or email [Hello@StridesTC.org](mailto>Hello@StridesTC.org).

EMERGENCY MEDICAL TREATMENT RELEASE

Participant's Legal Name: _____ DOB: ____/____/____
first last

Address: _____
Street City State Zip

Phone: _____ Cell phone or home phone? (*please indicate one*)

Physician: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____ In

the event of an emergency, please contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan:

In the event of a medical emergency, I authorize Strides Therapeutic Horsemanship Center and / or its designated agent to authorize medical assistance as it deems necessary. I further authorize any licensed physician and / or medical facility to provide any medical or surgical care and / or hospitalization for the participant deemed necessary or advisable until I am available or able to provide more specific authorization.

Signature (*Participant or 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. **NOTE: The participant's legal guardian MUST remain on site at all times during equine-assisted activities.**

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

Signature (*Participant or Legal Guardian*) Date

I fully understand and recognize the existence of each of the following risks and hazards associated with being around horses and horseback riding (these risks and hazards shall hereinafter collectively be referred to as the “*Inherent Risks*”):

- a) *The activities of horseback riding and/or being near a horse involve numerous inherent dangers and risks, both foreseen and unforeseen, of injury and death to me (and/or my child);*
- b) *Horses, like all other animals, irrespective of their training and usual past behavior and characteristics, may act and react in unpredictable and dangerous ways, including, but not limited to, rearing, bucking, and running away;*
- c) *Horseback riding on any type of terrain can be dangerous to both me (and/or my child) and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop;*
- d) *While horseback riding, even at slower paces, my (and/or my child’s) horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me; and*
- e) *While horseback riding, I (and/or my child) may, at any time, lose control or fall off of my (and/or my child’s) horse or have a collision.*

In light of these understandings and recognitions and in consideration of me (and/or my child) being permitted to participate in and/or serve as a volunteer for horseback riding and horse-related activities (“*Subject Activities*”) provided and/or coordinated by Strides Therapeutic Horsemanship Center, do for myself (and/or my child) and my (and/or my child’s) heirs, personal and legal representatives, administrators, and assigns, hereby:

1. Recognize the *Subject Activities* are inherently dangerous and personally assume all risks, including, but not limited to, the above-stated *Inherent Risks*, whether foreseen or unforeseen, associated with my (or my child’s) participation in the *Subject Activities*; and
2. Forever
 - (i) RELEASE any and all liability of Strides Therapeutic Horsemanship Center and its successors, assigns, members, directors, officers, employees, volunteers, instructors, therapists, agents, sponsors, and affiliates (hereinafter collectively referred to as “Releasee”),
 - (ii) DISCHARGE and COVENANT NOT TO SUE the Releasee, and
 - (iii) hold and save HARMLESS and INDEMNIFY Releasee from and against any and every liability, claim, injury, loss, damage, expense, demand, action, and cause of action, of whatsoever kind or nature, arising out of or related to any such loss, damage, or injury, including death, that may be sustained by me (or my child), for whatever reason, while participating in the *Subject Activities*, whether such damages are the result of Releasee’s negligence or any other cause.

3. I further state that

- (i) I am of lawful age and legally competent to sign this Agreement, (ii) I understand the terms of this Agreement are contractual and not a mere recital;
- (iii) this Agreement contains the entire agreement between myself and *Releasee*; and
- (iv) if I am executing this Agreement on behalf of a child, that I am the legal guardian of said child and authorized to execute this Agreement in said capacity. In addition, I agree that nothing about this Agreement limits the protections afforded to *Releasee* by Washington State's Equine Liability Law, as such is currently codified at RCW 4.24.530 - .540 and hereafter amended.

IN SIGNING THIS AGREEMENT, I HEREBY ACKNOWLEDGE AND REPRESENT, THAT I HAVE READ THIS AGREEMENT, UNDERSTAND AND ACCEPT THE AGREEMENT'S TERMS, AND AM VOLUNTARILY ENTERING INTO THIS AGREEMENT.

Signature (*Participant or Legal Guardian*)

Date

Participant's Name: _____ DOB: ____ / ____ / ____
first last

