



Liberty Riders, Inc.

7103 GRATIOT RD. / ST. CLAIR / MI/ 48079

PH. 810-367-6471

EMAIL. libertyridersorg@comcast.net

Website: www.libertyriders.org



Hello and welcome to Liberty Riders, Inc. Lesson Schedule for 2010!

- Session 1** April 12 – May 17, 2010
REGISTRATION DUE: MARCH 29
- Session 2** May 24 – June 28, 2010
REGISTRATION DUE: MAY 10
- Session 3** August 9 –September 13, 2010
REGISTRATION DUE: JULY 26
- Session 4** September 20th – October 25, 2010
REGISTRATION DUE: SEPTEMBER 6
- Session 5** November 1 – December 6, 2010
REGISTRATION DUE: OCTOBER 18

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- ❖ Riding sessions will be 6 weeks long
 - ❖ We MUST receive all forms by date indicated OR the rider will not be allowed to participate in the session.
 - ❖ Lesson slots will be filled based upon the rider’s suitability for a particular class. We will group lessons according to age, riding skills, and availability of horses.
 - ❖ The fee for Sessions for **2010** will be:
Lessons are **\$120.00** for 6 weeks
 - Must be paid in full at the first lesson
 - Non- Refundable

KEEP FOR YOUR RECORDS

Explanation of Lessons

LESSON REQUIREMENTS:

1. Minimum age is 4 years old- evaluated by an instructor
2. Weight limit of rider not to exceed **200lbs**
3. Rider is responsible for proper riding attire.
 - Hard soled boots with a drop down heel recommended. (Other footwear needs to be approved by instructor.)
 - Long pants – preferably jeans. **NO Shorts or Capri pants**
 - Layer clothing so you can adjust to weather conditions.
 - NO spaghetti strap tank tops or mid drifts.
4. Must wear an ASTM-SEI approved helmet at all times while mounted. Liberty Riders, Inc. has helmets available during lessons, but we recommend you to purchase your own helmet.
5. Lessons are approximately one hour –evaluated by the instructor.
6. Maximum class size is 6 riders
7. Lessons are offered Monday through Friday

IF A RIDER IS GOING TO BE LATE FOR A GROUP LESSON, THEY WILL NOT BE ABLE TO RIDE. HOWEVER, OBSERVING A LESSON CAN BE VERY BENEFICIAL TO A RIDER, AND IS RECOMMENDED. THE RIDER MAY ALSO BE ABLE TO ASSIST THE INSTRUCTOR WITH THE LESSON. WE WILL **NOT** HOLD LESSONS FOR LATE RIDERS.

IF LESSONS ARE CANCELLED BY LIBERTY RIDERS, INC. LESSONS WILL BE RESCHEDULED ACCORDING TO AVAILABILITY.

IF YOU NEED TO CANCEL YOUR LESSON PLEASE INFORM LIBERTY RIDERS, INC. AS SOON AS POSSIBLE. HOWEVER, THESE LESSONS **WILL NOT BE RESCHEDULED.**

If you have any questions about any forms or information, please feel free to call us at 810-367-6471 or Email us at libertyridersorg@comcast.net

Sue E. Cook
President

Sarah A. Cook
Instructor

KEEP FOR YOUR RECORDS

CLASS SCHEDULES AND REGISTRATION

RIDER LEVELS:

RIDERS WILL BE EVALUATED BY AN INSTRUCTOR TO CONFIRM ABILITIES AND THE LEVEL AT WHICH THEY WILL BE RIDING.

RIDING LESSON CLASS SCHEDULE:

PLEASE MARK YOUR CHOICE OF RIDING TIMES IN ORDER OF PREFERENCE BY WRITING 1ST, 2ND, 3RD, IN THE SPACE TO THE RIGHT OF THE TIME. PLEASE REMEMBER THERE ARE NO GUARANTEES THAT YOUR CHOICES WILL BE AVAILABLE, HOWEVER, WE WILL DO OUR BEST TO ACCOMMODATE YOUR PREFERENCES. AN INSTRUCTOR WILL CONTACT YOU TO SET UP A SCHEDULE ACCORDING TO THE TIME SLOTS AVAILABLE.

Please indicate which session you are applying for _____

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	Limited availability
Afternoon	Afternoon	Afternoon	Afternoon	
PM	PM	PM	PM	

NOTE:

- ❖ **Time includes grooming and tacking/ un-tacking horses**
- ❖ **Class size is maximum of 6 riders**
- ❖ **Style of riding determined by instructor and level of rider**
- ❖ **Lessons are determined by age and ability of rider**

Please answer the following questions?

1. What are your short-term goals, specifically for this session? _____
2. What are your long-term goals? _____

Please make checks payable to **Liberty Riders Inc.**

Return completed forms to:
 Liberty Riders Inc.
 7103 Gratiot
 St Clair, MI 48079
 Telephone. 810-367-6471
 Email. LibertyRidersOrg@comcast.net
 Website. www.LibertyRiders.org

Lesson Fee
 6 Weeks - \$120.00

Lesson Fees Must Be Paid in Full
at the First Lesson

PLEASE DO NOT PAY IN ADVANCE

*Paying in advance does not guarantee
 you a slot in a session*

Rider's Registration and Release Form

Name: _____ Date of Birth: _____ Age: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

School or Institution presently attending: _____

In case of emergency Contact: _____ Phone: _____

Contact: _____ Phone: _____

LIABILITY RELEASE

MUST BE FILLED OUT IN ORDER TO RIDE!!!

_____ (*Rider's Name*) would like to participate in the *Liberty Riders Inc.* therapeutic riding program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against *Liberty Riders Inc.*, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating in *Liberty Riders Inc.*

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.

Date: _____ Signature: _____

Client, Parent or Guardian

PHOTO RELEASE (OPTIONAL)

I hereby consent to and authorize the use and reproduction by *Liberty Riders Inc.* of any and all photographs and any other audiovisual materials taken of me/ my son / my daughter/ my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

Client, Parent, or Guardian

Emergency Medical Treatment Release Form

RIDER NAME: _____

PARENT/ LEGAL GUARDIAN: _____

ADDRESS: _____
(ZIP) (STREET) (CITY) (STATE)

PHONES: HOME: _____ WORK: _____ CELL: _____

RIDER DIAGNOSIS: _____ DATE OF ONSET: _____

DATE OF BIRTH: _____ GENDER: _____ AGE: _____

INSURANCE CARRIER _____ POLICY
NUMBER _____

MEDICAL FACILITY PREFERRED: _____

PHYSICIAN'S NAME: _____ PHONE: _____

OFFICE ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

NAME: _____

PHONES: _____ RELATIONSHIP: _____

Describe any medical conditions requiring special treatment, including allergies,
and any current medications and dosage:

Emergency Medical Treatment Release Form Continued

In case of medical emergency, the undersigned authorizes *Liberty Riders Inc.* to provide such medical assistance as they determine to be necessary. If the rider named above is younger than 18 years, the undersigned authorizes *Liberty Riders Inc.* acting through the adult on its staff who has actual care, control, and possession of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to *Liberty Riders Inc.* that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the child. The undersigned will indemnify and hold *Liberty Riders Inc.* it's officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for riding instruction until this form has been completed by the parent/parents or guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any organization concerned with this instruction, including *Liberty Riders Inc.* in the event of any accident that may occur.

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.

CONSENT SIGNATURE: _____ **DATE:** _____
(PARTICIPANT IF LEGALLY ABLE OR PARENT/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: _____

NON- CONSENT SIGNATURE: _____ DATE: _____
(PARTICIPANT IF LEGALLY ABLE OR PARENT/GUARDIAN)

PHYSICIAN'S STATEMENT AND MEDICAL HISTORY

*All application records must be updated annually

RIDER'S NAME: _____ DATE: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

BIRTH DATE: _____ AGE: _____

NAME OF [] PARENT OR [] GUARDIAN:

PRIMARY DIAGNOSIS: _____ ICD CODE: _____

ONSET (PLEASE CHECK ONE): [] BIRTH [] CHILDHOOD
[] ADOLESCENCE [] ADULTHOOD

SECONDARY DIAGNOSIS: _____ TERTIARY: _____

HEIGHT: _____ INCHES WEIGHT: _____ LBS.

TETANUS SHOT: [] YES [] NO DATE OF MOST RECENT: _____

PLEASE LIST ALL CURRENT MEDICATIONS

- 1. _____ TAKEN FOR _____
- 2. _____ TAKEN FOR _____
- 3. _____ TAKEN FOR _____

TYPE OF SEIZURE: _____ CONTROLLED? _____
DATE OF LAST SEIZURE: _____

MOBILITY: AMBULATORY: ___ YES ___ NO; WHEELCHAIR: ___ YES ___ NO;
CRUTCHES: ___ YES ___ NO; BRACES: ___ YES ___ NO

PLEASE DESCRIBE ANY SPECIAL PRECAUTIONS NEEDED:

SIGNATURE OF PARENT OR GUARDIAN (REQUIRED) DATE

OR

SIGNATURE OF ADULT RIDER (AGE 18 OR OLDER) (REQUIRED)

DATE

PHYSICIAN'S STATEMENT AND MEDICAL HISTORY CONTINUED

(PLEASE REVIEW AND COMPLETE THE INFORMATION ON NEXT PAGE)

When completed with all signatures, please return both forms to:**Liberty Rider's Inc. 7103 Gratiot Road., St Clair MI 48079****Tel: 810-367-6471 Fax. 810-367-6498****Email. LibertyRidersOrg@comcast.net****Website. www.libertyridersinc.org****This information must be completed by the physician**

RIDER'S NAME: _____

Physician, please note—The following conditions, if present, may represent Precautions or Contraindications to therapeutic horseback riding. Therefore when completing this form, please note whether these conditions are present, and to what degree. Please be as specific as possible so that we may best serve the rider's needs.

Orthopedic

Spinal Fusion
 Spinal Instabilities/ Abnormalities
 Atlantoaxial Instabilities
 Scoliosis
 Kyphosis
 Lordosis
 Hip Subluxation and Dislocation
 Osteoporosis
 Pathologic Fractures
 Coxas Arthrosis
 Heterotopic Ossification
 Ontogenesis Imperfecta
 Cranial Deficits
 Spinal Orthoses
 Internal spinal stabilization devices

Medical / surgical

Allergies
 Cancer
 Poor endurance
 Recent surgery
 Diabetes
 Peripheral vascular Disease
 Varicose Veins
 Hemophilia
 Hypertension
 Serious heart condition
 Stroke (Cerebrovascular Accident)

Secondary Concerns

Behavior problems
 Age Under 2 years
 Age 2-4 years
 Acute exacerbation of chronic disorder
 Indwelling Catheter

Neurologic

Hydrocephalus/ Shunt
 Spina Bifida
 Tethered Cord
 Chiari II Malformation
 Hydromyelia
 Paralysis due to Spinal Cord Injury
 Seizure Disorders

RIDERS WITH DOWN SYNDROME – PLEASE NOTE:

Due to the nature of the activity of horseback riding, no individual diagnosis with Down syndrome can be accepted for riding instruction without proof of a negative diagnosis x-ray for Atlantoaxial Instability. Please provide the following information:

a) Most recent cervical x-ray for AAI: [] Positive [] Negative ...Date of x-ray _____

b) Annual cervical exam for AAI: [] Positive [] Negative... Date of Exam _____

