

Dear Prospective Rider,

Welcome to Sprout Therapeutic Riding and Education Center! The mission of Sprout Therapeutic Riding and Education Center (Sprout) is to provide equine assisted activities and therapies to individuals with special needs. Sprout Therapeutic Riding and Education Center aims to raise public awareness about special needs, and to provide growth opportunities for individuals and groups in a farm environment.

The equine programs at Sprout Therapeutic Riding and Education Center are uniquely designed to meet the educational, behavioral, social and physical goals of individuals with special needs. Lessons center around the instruction of a riding skill.

Therapeutic riding has been found to be beneficial for individuals with:

Physical Disabilities - The horse's unique, three-dimensional movement replicates the movement that the human body experiences while walking. Therefore, sitting on a horse helps to strengthen and stimulate core muscles, which often improves walking ability.

Cognitive Disabilities – Programming is created by a VA state licensed teacher. The result is a creative, progressive, experiential learning opportunity, which can directly relate to students' state-mandated academic goals.

Psychosocial Disorders – Horses provide motivation and encouragement to riders. The relationship that develops between participant and horse nurtures the development of skills such as responsibility, increased self-esteem, honesty and respect.

A PATH (Professional Association of Therapeutic Horsemanship, formerly NARHA), certified instructor will lead a lesson that is designed for the specific needs of the rider(s). During that lesson, the rider will be instructed on horsemanship, grooming, tacking and mounted riding skills. The skills addressed each week are determined by the rider's capabilities, goals and their instructor. Our primary goal at Sprout is to move each rider towards greater independence, and to be there to support them in whatever way needed as they pursue their goals. Volunteers will be utilized as horse leaders and side walkers to individuals who need support.

Eligibility guidelines at Sprout Therapeutic Riding and Education Center include:

For Riding:

- Weigh less than 225 pounds
- Are able to be effectively supported by sidewalkers

For all Sprout Therapeutic Riding and Education Center programs:

- Do not exhibit conditions that are contraindicated
- Have current signed and dated paperwork
- Benefit physically, emotionally, socially and/or cognitively from a program at Sprout Therapeutic Riding and Education Center
- Complete an intake assessment where it is determined that eligibility criteria are met
- Do not threaten the health or well-being of other participants, horses, volunteers or staff



40685 John Mosby Hwy
Aldie, VA 20105
Phone: 571.367.4555
www.sproutcenter.org

PARTICIPANT APPLICATION

1. GENERAL INFORMATION

Participant: _____ Date: _____

DOB: _____ Age: _____ Height: _____ Weight: _____

Male () Female () Ethnicity: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email address: _____

Parent/Legal Guardian/Caregiver: _____

Address (if different from above): _____

Phone (if different from above): _____

Parent/Participant Employer: _____

Participants School: _____

Referral source: _____

Contact numbers: _____

2. MEDIA RELEASE

I () DO

() DO NOT

consent to and authorize the use and reproduction by *Sprout Therapeutic Riding and Education Center* of any and all photographs, any other audio/visual materials taken of me and/or my child, and any artwork produced by me and/or my child or other family members for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Participant (if 18 or older), Parent or Legal Guardian



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3. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Physician's Name: _____ Preferred Medical Facility : _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications : _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in events or programs held by Sprout Therapeutic Riding and Education Center, or while being on the property of Mustard Seed Stables, I authorize the Sprout Therapeutic Riding and Education Center staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. Allow x-ray, surgery, hospitalization, medication and any procedure deemed "life saving" by the physician.

Consent Signature: _____ Date: _____

(Participant, Parent or 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.

____ Parent or Legal Guardian will remain on site at all times during equine assisted activities.

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

Non-consent Signature: _____ Date: _____

(Participant, Parent or Guardian)



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PARTICIPANTS MEDICAL HISTORY/PHYSICIAN RELEASE
****Parents/Guardians, please complete the top of this form****
PLEASE PROVIDE YOUR PHYSICIAN WITH THE FOLLOWING INFORMATION

Date: _____
Deal Health Care Provider: _____
Your patient _____
Is interested in participating in supervised equine activities. In order to safely provide this service, Sprout Therapeutic Riding and Education Center requests that you complete the attached Medical Physician’s Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Thank you very much for your assistance. If you have any questions or concerns regarding your patient’s participation in equine activities, please feel free to contact the center at info@sproutcenter.org.

Participant: _____ Date: _____

Address: _____

Primary Diagnosis: _____ ICD Code: _____

Onset (please check one) [] Birth [] Childhood [] Adolescence [] Adult

Secondary _____ ICD Code _____ Tertiary _____ ICD Code _____

Date of Birth _____ Current Height _____ Current Weight _____

Tetanus Shot [] no [] yes Date: _____

PLEASE LIST ALL CURRENT MEDICATIONS

1. _____ taken for _____

2. _____ taken for _____

3. _____ taken for _____

Seizure type _____ Controlled? _____ Date of last seizure _____

Ambulatory: [] yes [] no Uses: [] Crutches [] Braces [] Cane [] Walker [] Wheelchair

Special precautions needed with this student:

Please indicate current or past difficulties in the following systems/areas (including surgeries.)

System/Area	Yes	No	Comments
Allergies (incl. asthma)			
Auditory			
Balance			
Cardiac			
Circulatory (incl. hemophilia)			
Cognitive problems			
Emotional/psychological			
Immunity			
Integumentary/skin			
Learning Disability			
Muscular			
Neurologic			
Orthopedic			
Pain			
Pulmonary			
Speech			
Tactile sensation			
Visual (including glasses)			
Other			

The following may suggest precautions or contraindicate therapeutic horseback riding.

Orthopedic	Medical/Psychological
Atlantoaxial Instability-include neurologic symptoms	Allergies
Coxa Arthrosis	Animal Abuse
Cranial Deficits	Cancer
Heterotopic Ossifications/Myositis Ossificans	Cardiac Condition
Internal Spinal Stabilization Device	Physical/Sexual/Emotional Abuse
Joint subluxation/dislocation	Blood Pressure Control
Pathological Fractures	Dangerous to Self or Others
Spinal Joint Fusion/Fixation	Exacerbations of medical conditions (e.g. MS, RA)
Spinal Joint Instability/Abnormalities	Fire settings
Neurologic	Hemophilia
Hydrocephalus/Shunt/Shunt revision	Medical Instability
Paralysis Due to Spinal Cord Injury	Migraines
Seizures	Peripheral Vascular Disease
Spinal Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia	Respiratory Compromise
Stroke	Recent Surgeries
Other	Substance Abuse
Age—under 4 years for therapeutic riding	Thought Control Disorders
Indwelling catheters/medical equipment	Weight Control Disorders
Medication side effects (e.g. photosensitivity)	
Poor endurance	
Skin breakdown	

Please indicate if any of the aforementioned conditions are present and to what degree.

******FOR PERSONS WITH DOWN SYNDROME******

Atlantodens Interval X-Rays: Positive ___ Negative ___ X-Ray Date _____
Neurological symptoms of Atlantoaxial Instability? []Yes []No

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. I understand that the therapeutic riding center will weigh this medical information against the existing precautions and contraindications. Therefore, I refer this person to the therapeutic riding center for ongoing evaluation to determine eligibility for participation.

Name (Please print): _____ Title: MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

SPROUT THERAPEUTIC RIDING AND EDUCATION CENTER
RULES AND POLICIES

APPAREL:

1. Leather shoes with heels to prevent the foot from sliding through the stirrup are preferred, rather than tennis shoes. Sandals and slip-on shoes are not allowed. Braces and prostheses may be worn with shoes are required for them.
2. Long pants are required. (***Never wear shorts or dresses/skirts***). The saddle can bruise unprotected legs. Stretch pants or riding pants are recommend for comfort. Corduroy and parachute pants are too slippery for safety.
3. All riders must wear an ASTM/SEI approved riding helmet. We will provide an approved helmet until such time as you are able to purchase one. We suggest you purchase your own helmet.

ATTENDANCE:

1. It is the attendance policy of Sprout Therapeutic Riding and Education Center that following three (3) unexcused and/or unnotified absences, a student will be terminated from the program.
2. We must be notified 24 hours before the scheduled lesson time for the absence to be excused. The expectation to this is for an emergency or sudden illness, which will also be considered an excused absence if we are notified as soon as possible after the onset of the illness or emergency.
3. ***One lesson may be made up per session. Excused lessons, weather and horse related cancellations are reasons for lessons to be made up. All other cancellations will not be made up.***

PROGRAM FEE POLICY:

1. The fee for the term is listed on your letter.
2. Payment for the term is due PRIOR to the start of the term. If payment is not received by the day before term starts, or financial arrangements have not been made with the Program Director, that slot may be given to another potential rider.
3. Riding fees may be reduced or waived in case of financial need.
4. There are no refunds.
5. There will be a non-refundable \$25 deposit required at the time of the parent meeting.

*Program fees pay for the feed and board on our horses, as well as other center expenses. **The program fee pay covers less than 30% of the actual cost the lesson.** Sprout appreciates dedicated parents and family members who help us raise funds to support our program.*

GENERAL POLICY:

1. Absolutely NO SMOKING on the premises.
2. Dogs should not be brought to the center.
3. Children must be supervised at all times. The center is not secure, and there are many inherent dangers in and around the center.
4. Please remind your children: No rock throwing. No digging. No running. No yelling.

5. No one is allowed near a horse unless directly supervised by a volunteer or instructor. **Please do not allow your children to run up to a horse or to feed them. Any horse can bite or kick, and some horses are on special diets.**
6. We have a well-stocked medical kit. Please report any injuries to us so that we may attend to them. Even a scratch can become infected.
7. Please do not come to the center wearing open toed shoes or sandals (including babies)

RIDER FORMS:

Application forms must be completed each year. Liability and Medical Releases forms are required for be updated annually. The Physician's statement must also be updated annually. *Please inform us of any changes in address, phone numbers, or medical condition, including changes in medications.*

All Rider forms are due at the time of the parent meeting or your spot will not be reserved!

THE FIRST DAY:

Please bring the following with you when you come for your evaluation or first day of class:

- Signed and completed Application Form
- Signed and completed Authorization for Emergency Medical Treatment
- Signed and completed Participant's Medical History and Physician's Statement
- Signed and completed Release and Waiver
- Appropriate riding apparel:
 - Jeans, britches, or long pants
 - Closed shoes (preferably hard soled shoes with heels-no loafers, flats or sandals)
 - ASTM/SEI approved riding helmet if you have one. If not, one will be provided for you for the first session of lessons.

A responsible adult must remain with all minor children at the center at all times. Riders who have guardians must have their guardian or other approved adult stay with the rider at the center at all times.

I have read these rules and agreed to follow them. The Program Director has gone over it and has answered any question that I may have.

Signature

Date

Program Director

Date

ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS AGREEMENT

NOTICE: Please read this Agreement before signing. Signing this Agreement affirms that you have read it and understand it in its entirety.

The Equine Activity Liability Act of the Commonwealth of Virginia, VA. Code Ann. § 3.2-6200 et.seq. (the "Act"), states among its statutory provisions that "Intrinsic dangers in equine activities, include (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability." The Act further provides for participants and their parents, guardians, or representatives to assume all risks and waive any claim against or recovery from any "equine activity sponsor," "equine professional," or any other person for injury, loss, damage, or death of a participant resulting from any of the intrinsic dangers of equine activities."

BY SIGNING THIS AGREEMENT, YOU AGREE THAT YOU HAVE (I) FULLY READ AND FULLY UNDERSTAND THIS RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS, (II) HAVE CONSULTED AND RELIED UPON YOUR OWN ADVISORS ON ALL QUESTIONS IN CONNECTION HEREWITH, (III) HAVE NOT RELIED UPON THE SPONSOR/PROFESSIONAL OR ANY OWNER FOR ANY ADVICE OR EXPLANATION IN CONNECTION HEREWITH, (IV) ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUINE AND OTHER ACTIVITIES ON SPIRIT FARM, AND (V) DETERMINED THAT THE POSSIBLE BENEFITS TO MYSELF/MINOR CHILD ARE GREATER THAN THE RISKS ASSUMED.

Sprout Therapeutic Riding and Education Center, Inc. ("Sprout"), a non-profit entity providing horseback riding and other activities for individuals with disabilities, and Mustard Seed Stables, LLC ("Stables"), a for-profit entity for boarding horses and providing horseback riding and other activities for individuals without disabilities, both operate on the farm property (the "Farm") owned by Spirit Farm, LLC (the "Property Owner"). While Sprout and Stables are operated separately, they do have certain facilities, equipment, horses and personnel in common. Sprout, Stables and Property Owner are "equine activity sponsors" and/or "equine professionals" within the meaning of the Act, and together with their respective officers, directors, board members, agents, owners, employees, representatives, successors, and assigns are herein individually and collectively referred to as the "Released Parties". Other activities that may be conducted by one or more of the Released Parties may include (a) hippotherapy and therapeutic riding programs, animal assisted therapy and horticultural and other farm-related activities, in each case, for individuals with and without disabilities, (b) educating the public by raising awareness about the special needs of individuals with disabilities (c) creating and providing fun and memorable instruction in a farm environment for children and adults in order to stimulate curiosity and inspire learning. By signing this Agreement, you agree, on your own behalf and on behalf of your minor participants to release and waive all rights for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now or in the future have against any of the Released Parties on account of any personal injuries, physical or mental condition, known or unknown, to the person of said minor, and the treatment thereof, as a result or, or in any way growing out of the acts of any of the Released Parties, including but not limited to their negligence or gross negligence, in providing services and/or activities above described or in any way incidental thereto, and you assume all risks in connection therewith.

Additional terms and conditions:

1. This Agreement is given in part under the Virginia Equine Activity Liability Act (Code of Virginia 3.2-6200 et seq.) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Released Parties the fullest protection of a release, waiver of right to sue and assumption of all risks, which is afforded by the Act and by general law.
2. All pronouns shall be construed to include the masculine, feminine or neuter as well as the plural or singular, as may be appropriate to facilitate the construction of this Agreement in the light of the facts presented.
3. The party executing this Agreement, on his own behalf and on behalf of his minors (such person(s) are sometimes herein referred to as a "participant"), hereby acknowledges that he has full and complete notice and understanding of the Act and of all the risks inherent in equine activities which may cause, contribute to or result

in the death or personal injury of the participant or damage to the participant's property (the "Risks"), including, but not limited to: (i) the propensity of an equine to behave in dangerous ways or to trip and/or fall; (ii) the inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, persons, animals, reptiles, birds or insects, and the effects of such reaction; (iii) the hazards of surface or subsurface conditions, including but not limited to objects or conditions on, under or protruding from the surface, both latent and patent; (iv) the hazards which rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches and other debris and obstacles, and any equine activity in connection therewith, may foreseeably or unforeseeably present; (v) the dangers and risks of tack or harness slipping or breaking for whatever reason; (vi) the dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity; (vii) the risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason; (viii) the dangers of being struck by an equine, by a rider or by a hound; (ix) any negligent act or omission by any of the Released Parties which causes or results in the death or personal injury of the participant or damage to the participant's property; and all other risks associated with horse back riding, ground work and all related activities.

4. The participant hereby RELEASES and WAIVES all rights which he may have or hereafter against all of the Released Parties for death, personal injury or property damage which is in any way associated with the Risks; he does hereby WAIVE his right to sue or bring any action against all of the Released Parties in connection therewith; he agrees to INDEMNIFY and DEFEND the Released Parties from and to HOLD the Released Parties HARMLESS against any such suit or action; and he hereby expressly ASSUMES ALL RISKS AND DANGERS of death, personal injury and property damage which are in any way associated with the Risks enumerated in paragraph 3, above.

5. The participant hereby authorizes and consents to any emergency, medical care that may at the time appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of any activity while on the Farm, including, any equine activity.

6. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the participant until expressly revoked by the participant in a written notice personally delivered to Sprout, Stables and the Property Owner.

7. To the extent possible, this Agreement shall be construed in such a manner as will render it, and each provision of it, fully enforceable; but if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect.

8. If this Agreement is executed by the undersigned participant for an on behalf of a minor participant named below; the undersigned participant hereby warrants and represents that he is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor participant, his heirs, personal representatives, successors and assigns; and the undersigned participant further agrees that this Agreement shall also be as fully binding on the undersigned participant as if it were entered solely on his own behalf.

9. This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the participant.

PARTICIPANT NAME:

ADDRESS:

18 OR OLDER:

PARTICIPANT/AUTHORIZED REPRESENTATIVE SIGNATURE: _____

IF UNDER 18

LEGAL GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE: _____

DATE _____ TELEPHONE _____