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

Sprout Therapeutic Riding and Education Center – www.sproutcenter.org

Please send paperwork to SPROUT at PO Box 8, Aldie, VA 20105
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
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)
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

Sprout Therapeutic Riding and Education Center – www.sproutcenter.org

Please send paperwork to SPROUT at PO Box 8, Aldie, VA 20105
Special precautions needed with this student:

____________________________________________________________________

____________________________________________________________________

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

<table>
<thead>
<tr>
<th>System/Area</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies (incl. asthma)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circulatory (incl. hemophilia)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional/psychological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary/skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tactile sensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual (including glasses)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following may suggest precautions or contraindicate therapeutic horseback riding.

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

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.
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 __________

Sprout Therapeutic Riding and Education Center – www.sproutcenter.org
Please send paperwork to SPROUT at PO Box 8, Aldie, VA 20105
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, 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

PLEASE INITIAL
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/APPROVED REPRESENTATIVE SIGNATURE: _______________________

IF UNDER 18
LEGAL GUARDIAN/APPROVED REPRESENTATIVE SIGNATURE: ______________________

DATE ________________________ TELEPHONE ________________________

PLEASE INITIAL ________________________