



Dear Caregivers, Parents and/or Participants,

Welcome to Grace Under the Oaks! We look forward to your participation in our program and sharing our wonderful horses with you. Grace Under the Oaks (GUTO) provides adaptive riding lessons and Equine Assisted Activities (EAA) to youth and adults experiencing a variety of challenges. Many of whom will find their participation in these activities and the connections made with our horses to be very therapeutic. Please carefully read all of the information in this application and don't hesitate to contact us with any questions.

We are currently accepting applications for our program. GUTO offers lessons once a week on a rotational "A and B week" basis on Monday mornings and Tuesday afternoons. We have limited riding times and spots fill up fast so get your paperwork in quickly!

One of our goals is to keep our program affordable to all our participants and families. In order to make this possible, we will have several fundraising opportunities throughout the year. We also constantly look for grants, donations, and corporate sponsorships for our program and events. Please consider helping with these opportunities in an effort to keep our rates affordable for all.

We have high hopes for the road ahead! Please complete this application and return it to us as soon as possible to help ensure your/your participant's spot in our program. Once we receive your application, an evaluation appointment will be scheduled. Evaluations last approximately 30min and cost \$30.

**** Please note that this program is located at a private residence and any visits to the property are by appointment only****

Applications can be mailed to: 2831 State Road 13, Saint Johns, FL 32259 or scanned and emailed to ride@graceundertheoaks.org. We look forward to serving you soon!

Thank you,

Jennifer Lang

Executive Director
PATH Intl. Certified Instructor
ride@graceundertheoaks.org
904-237-5879

Location Address: 2831-2 State Road 13, Saint Johns, FL 32259

Rider Policies

1. Riders must follow posted Barn/Property rules and safety guidelines at all times.
2. Riders must wear close-toed shoes (boots preferred). Long pants are recommended on rider lesson days. Please dress yourself / your child appropriately to the weather.
3. Riders will be required to wear appropriately fitting riding helmets provided by the center or personal helmets that meet safety requirements and are approved by our Instructors.
4. Riders may not participate in riding without a completed physical form every two years. Riders with Down Syndrome must complete a form yearly.
5. Lessons will continue in the case of rain. However, in the case of severe weather such as extreme heat, thunderstorms, hurricane or very windy conditions, lessons are to be cancelled at the discretion of Grace Under the Oaks. GUTO will also cancel lessons if the temperature high for the day is below 40 degrees. These lessons will not be made up.
6. Riders must give a minimum of 24 hours notice if they need to cancel a lesson. More time is better so we can alert the volunteers.
7. If a rider is 15 minutes late, the rider's horse will be untacked and they will be able to participate in non-mounted activities for the remainder of their assigned lesson time.
8. If a student does **not call** and does **not show up for class, a NO CALL/NO SHOW FEE of \$15.00** will be *charged* to the student for that day's lesson. After three (3) No Call/No Shows you will be dropped from your appointment time and will have to re-register. If you are on any form scholarship, you will have to reapply.
9. Parents must remain with any siblings at all times and should not allow them to wander unattended. They must watch from the designated gazebo or remain in their car without interfering with the lesson.
10. If, at any point in the participant's enrollment at GUTO, the instructor believes that adaptive riding is no longer applicable to the participant, the instructor has the right to **discharge** them. The following are some of the factors that may lead to being discharged:
 - * Participant no longer meets the weight limit.
 - * The participant's doctor advises against riding
 - * If the instructor believes the safety of the participant, horse, or volunteers is at risk.
 - * Participant no longer benefits from adaptive riding lessons and/or has developed skills to participate in general lessons in the community

Please sign below saying that you have read the above Policies and understand them.

** The following page is an additional copy that you may keep for your reference. **

Signature: _____ Date: _____

**** PARTICIPANT COPY****

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Participant Registration (PLEASE PRINT)

Participant's Name: _____ Current date: _____

Date of Birth: _____ Male/Female: _____ *Age: _____ **Weight: _____ Height: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary number: _____ (is texting ok for notifications? YES NO)

Primary Email: _____

For Minors:

Legal Guardian's Name: _____ Relationship to Participant: _____

Home phone: _____ Work: _____ Cell: _____

E-mail address: _____

Legal Guardian's Name: _____ Relationship to Participant: _____

Home phone: _____ Work: _____ Cell: _____

E-mail address: _____

Participant Resides with: _____

**Riders must be at least four years of age. **A rider's maximum weight may not exceed 220 lbs for balanced riders and 150 for unbalanced riders requiring side walkers. These limitations assure the wellness and optimum soundness of GUTO horses, and provides a safe environment for staff, volunteers, and participants. Participants over the maximum weight are encouraged to participate in un-mounted activities such as groundwork or and Equine Assisted Activities.*

How did you hear about Grace Under the Oaks? _____

Does the participant have any prior experience with horses? If so, Please explain (Experience is not required):

Describe Physical Function (e.g., gross and fine motor skills, limitations)

Describe Psycho-social Function (e.g., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

Please describe your goals for participation in this program (i.e. why are you applying? / What do you want to work towards?)

EMERGENCY INFORMATION

In case of Emergency Contact Name: _____

Home Phone: _____ Contact Work Phone: _____

Contact Address: _____

Authorization of Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Grace Under the Oaks Inc. to Secure and retain medical treatment and transportation if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy#: _____

Consent Plan: Signing this gives consent to an x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Consent Signature (Client / 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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature (Client / Guardian): _____ Date: _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Grace Under the Oaks Inc. of any and all photographs as well as any and all audio-visual materials taken of me and/or my child for promotional material including social media platforms, educational activities, exhibitions or any other use for the benefit of this program.

Signature: _____ Date: _____

OR

I **DO NOT** consent to and authorize the use and reproduction by Grace Under the Oaks Inc. of any and all photographs as well as any and all audio-visual materials taken of me and/or my child for promotional material including social media platforms, educational activities, exhibitions or any other use for the benefit of this program.

Signature: _____ Date: _____

Participant Consent for Release of Information

I _____, authorize Grace Under the Oaks Inc. to release the following information about the participant _____:

I will allow the following information to be released (check all that apply):

- Name
- Contact Information
- Age/Basic description
- Medical History (only to be released to designated Medical facility)
- Testimonials/Riders' progress made through Therapeutic Riding)
- Other (please describe) _____

This information may be released to (check all that apply):

- Newspaper/Magazine or other Publication to Promote Grace Under the Oaks
- Newsletter to GUTO contacts
- Website/Social Media
- Other _____

Special Instructions:

By signing this form, I am agreeing to allow the information described to be released regarding the participant to the designated parties.

Name of Participant: _____

Signature (Parent or Guardian if under 18): _____ Date _____

Grace Under the Oaks Billing Policies

GUTO is committed to providing quality adaptive riding lessons and equine assisted activities at an affordable rate. The majority of our incurred expenses are financed through private donations, grants and fundraisers. It costs the program approximately \$80 to provide a single lesson for our students and we pride ourselves on our ability to offer these services at reduced rates.

Fees

****GUTO does not bill Insurance or Medicaid****
Payments can be made via check, cash or PayPal.

Evaluations: Evaluations are performed by one of the GUTO PATH Int. certified instructors for all new participants desiring to enter the program. Evaluation fees for new participants are \$30.

Lesson Rates: Adaptive riding lessons and equine assisted activities are billed at a rate of \$55 per session. Full payment is required prior to the start of the riding lesson unless other arrangements have been made. Financial support is available through scholarships based on financial need and household/rider need. If you would like to see if you qualify for reduced rate pricing, please complete the form below.

I agree to the billing policies set forth by Grace Under the Oaks.

Participant/Guardian Signature: _____ Date: _____

Financial Support / Scholarship Application**

Participant's Name: _____

Responsible party for payment: _____

Address: _____ Phone: _____

Family's Estimated Annual Income: _____

Number of dependents in the household: _____

Do you receive government assistance? YES NO What type? _____

I attest that all of the information I have provided is true and accurate to the best of my knowledge.

*** If the Financial support / Scholarship application was completed on this page, GUTO will review the Information to determine eligibility and inform you of your designated rate prior to your first scheduled visit. Please note that scholarships are awarded based on available funds and the information listed above. Scholarships will be reassessed annually. ***

To be completed by GUTO:

Income Score: _____ + Dependent Score: _____ + GA Score: _____ = Total Score: _____

Based on the information provided above, this participant qualifies for the following rate: \$55 \$40 \$25

Rate has been reviewed and confirmed by the following parties (Please initial):

Ex. Director: _____ Client/Responsible party: _____ Date: _____

Grace Under the Oaks Inc.

LIABILITY RELEASE

I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Grace Under the Oaks Inc. I understand that this Release and Hold Harmless Agreement is a waiver of any and all liability. I understand the potential dangers that I and/or the minor that I am the parent/ legal guardian of could incur while interacting with horses. Understanding those risks I hereby release Grace Under the Oaks Inc., the property owners, Board of Directors, volunteers, Instructors, contractors and anyone else directly or indirectly connected with Grace Under the Oaks Inc. from any liability whatsoever in the event of death, injury or damage of any nature to me or anyone else caused by or incidental to my electing to interact with the horse owned, leased or utilized by Grace Under the Oaks or Under the Oaks Farm. I understand, recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: interacting with and feeding the horse during activities lead by Instructors/Professionals with GUTO or my failure to understand any equine professional's directions relating to my interactions or otherwise use and control, or lack thereof, of the horse involved in activities.

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. (FL Statute 773)

Please select the appropriate response and sign accordingly.

I, _____ am voluntarily entering into this Release and Hold Harmless Agreement.

Participant's Signature: _____ Date: _____

OR

I, _____ am the parent/legal guardian of _____.
I have read the agreement above, and give permission for him/her to participate in all equine activities.

Parent / Guardian's Signature: _____ Date: _____



INFORMATION FOR PHYSICIAN

Please provide this sheet, along with the following forms to your physician.

The following conditions, if present, may represent precautions or contraindications to adaptive/therapeutic horseback riding. Therefore, when completing the following forms, please note whether these conditions are present and, if so, to what degree.

ORTHOPEDIC

Spinal Fusion
Spinal Instabilities/Abnormalities
Atlantoaxial Instabilities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation and Dislocation
Osteoporosis
Pathologic Fractures
Coxs Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Disease

MEDICAL / SURGICAL

Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Hypertension
Serious Heart Condition
Stroke (Cerebrovascular Accident)
Allergies

NEUROLOGIC

Hydrocephalus/shunt
Spina bifida
Tethered Cord
Chiari I Malformation
Hydromyelia
Paralysis due to Spinal Cord Injury
Seizure Disorders

SECONDARY CONCERNS

Behavior Problems
Age under 2 years
Age 2 - 4 years
Acute exacerbation of Chronic disorder
Indwelling catheter

Client Medical History & Physicians' Statement

Participant Name:	*Height:	*Weight:
Diagnosis:	Date of Onset:	Last Exam Date:

Medications: _____

Past/Prospective Surgeries: _____

Shunt Present? Y N Date of last revision: _____

Special Precautions, Diets/Needs/Allergies: _____

__ May participate in all activities __ May participate except for: _____

Mobility: Independent Ambulation? Y N Assisted Ambulation? Y N Wheelchair? Y N

Braces/Assistive Devices: _____

Please indicate if patient has a problem and/or surgical history in any of the following areas:

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Tactile Sensation			
Speech			
Skin			
Cardiac			
Circulatory			
Learning Disability			
Mental Impairment			
Allergies			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Orthopedic			
Cognitive			
Emotional/Psychological			
Other			

Physician Must Sign and Date this Form Below

I have seen and provided an exam for this individual within the last 12 months and to my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that Grace Under the Oaks will weigh the medical information above against the existing precautions and contraindications. Therefore, I refer this person to Grace Under the Oaks for ongoing evaluation to determine eligibility for participation. I have read the attached precautions and contraindications.

Licensed Medical Examiner's Signature:	Date:
Name (please print):	Phone:
Address:	Email:

If participant has Down Syndrome or a history of seizures please continue onto next Page.

Physician Statement Continued

*Participants with Down syndrome

Does the individual have an annual medical clearance from a licensed physician that includes a neurological exam that specifically denies any symptoms consistent with atlanto-axial instability? Yes No

Has there been a neurological exam that specifically denies any symptoms consistent with atlantoaxial instability (AAI) in the last year? Yes No

By signing below I confirm that the participant has revealed no signs of AAI or decrease in neurological function. To my knowledge there is no reason why this person cannot participate in supervised equestrian activities:

Licensed Medical Examiner's Signature:	Date of EXAM:
Physician's Name (please print):	Phone:
Address:	

*Participants with Seizure Disorders

PATH (Professional Association of Therapeutic Horsemanship Intl) recommends the following information for PATH operating Centers for riders with seizure disorders.

Would you consider _____'s seizures to be:
 _____ Completely controlled _____ Very well controlled _____ Not controlled by medication

Note that the following are contraindications to riding:

- Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or drop attack seizures due to their sudden and complete loss of postural muscle tone
- A change of frequency or type of seizure until the condition is evaluated
- Inability to manage a participant during an emergency dismount should a seizure occur.

Type of seizure:	
Typical motor activity during seizure:	
Description of clients behavior during seizure state:	
Specific directions as to what to do if a seizure should occur at Grace Under the Oaks:	
Physicians signature	Date: