Participant Rules

1. All participants must wear...
   - A helmet at all times while riding and while in the arena or stall area.
   - Long pants when riding.
   - Hard-soled shoes or boots with a small heel while riding and while in the arena or stall area.
   - A yellow nametag.
   Participants are asked to refrain from wearing dangling jewelry or clothes that are excessively baggy.

2. Participants must be at least 4 years old to participate in riding lessons.

3. If you are unable to attend your scheduled lesson, call ASAP.

4. Lessons will be cancelled in the event of...
   - Severe Thunderstorms
   - Snowy/icy road conditions
   - Temperature above 90°F

An employee will contact you if lessons are cancelled. You may call to inquire about the status of lessons.

5. Arrive 5-10 minutes early for your lesson. If you are late, your lesson time will be cut short.
6. Sign in/out when entering and exiting the barn.

7. Parents are asked to stay outside of the arena during lessons. Parents and guests may view lessons from the classroom, where there is seating available.

8. There is NO SMOKING in the facility or on the grounds.

9. Do not feed anything to the horses unless approved by the director or an employee.

I have read and understand the Participant Rules.

__________________________________________ Date_________________
Signature (parent/guardian signature if under 18)
Participant Registration Information

Name___________________________ Date of Birth____________________
□ Female    □ Male    Address_________________________________________

School or Institution Presently Attending_____________________________________
Parent/Guardian Name (if under 18)__________________________________________
Home Phone__________________ Cell Phone___________________
Work Phone___________________ E-mail_____________________________________
I have either reviewed or decline reviewing the Zoonoses packet
(available on website or at center):  □ Yes  □ No

Liability Release

__________________________ (print name) would like to participate at the Storm
Harbor Equestrian Center. I acknowledge the risks of equine activities and
horseback riding. However, I feel that the possible benefits to myself/my
child/my ward are greater than the risk assumed. I hereby, intending to be
legally bound, for myself, my heirs, assigns, executors, and administrators,
waive and relinquish and release forever any and all claims for damages
against the Storm Harbor Equestrian Center, its board of directors,
instructors, therapists, aides, volunteers, and employees for any and all
injuries and/or losses that I/my child/my ward may sustain while
participating at the Storm Harbor Equestrian Center, or in programs run by
the center. I have read and understand all information provided.

_____________________________ Date_____________
Signature (parent/guardian signature
if under 18)

Photo Release

(Check one)  I □ DO □ DO NOT
consent to and authorize the use and reproduction by the Storm Harbor
Equestrian Center and Slippery Rock University of any and all photographs
and any other audio/visual materials taken of me/my child/my ward for
promotional materials, educational activities, exhibitions, or for any other use
for the benefit of the center or university.

_____________________________ Date_____________
Signature (parent/guardian signature if under 18)
Emergency Medical Treatment

Name__________________________ Phone________________
Date of Birth__________________ Physician’s Name_____________________
Preferred Medical Facility___________________________________________
Health Insurance Company________________ Policy #____________________
Last Tetanus Shot Date________________________

In case of emergency, contact:
Name__________________________ Phone________________
Name__________________________ Phone________________
Name__________________________ Phone________________

In the event that 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 Storm Harbor Equestrian Center, I authorize the Storm Harbor Equestrian Center 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.

Sign below ONE of the following plans:

Consent Plan
This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed “life-saving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

______________________________________
Signature (parent/guardian signature if under 18) 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: __________________________________

______________________________________
Signature (parent/guardian signature if under 18) Date
Confidentiality Policy

It is the policy of the Storm Harbor Equestrian Center to keep confidential all medical, social, referral, personal, and financial information regarding participants, volunteers, and staff. This information will not be shared or disclosed to individuals outside the operation of this center without the express written permission given by the individual concerned.

It is understood by all the individuals working or volunteering at this center that this confidentiality code will be maintained and adhered to in order to protect the privacy and personal dignity of all individuals associated with the day-to-day operations of this center.

Confidential information may be shared between center staff in cases where it will assist planning for the equestrian lesson.

Violation of this policy by anyone involved at the Storm Harbor Equestrian Center can result in immediate expulsion from all activities at the center, as determined by the program director and the board of directors.

I understand and will observe the confidentiality policy of the Storm Harbor Equestrian Center.

____________________________________  ______________
Signature (parent/guardian signature if under 18)  Date