



Sebastian Riding Associates, Inc.
3589 Water Street Road ♦ Collegeville, PA 19426
610-489-3741 www.sebastianriding.org

WELCOME TO SEBASTIAN RIDING ASSOCIATES

Sebastian Riding Associates, Inc (SRA). was incorporated in 1975 as a non-profit organization to provide equine assisted activities and therapies (EAAT) for children and adults living with varied disabilities.

SRA is located on 27 acres in Evansburg State Park, leased from the PA Department of Conservation and Natural Resources which owns the Park. Our facility includes an indoor heated arena, covered outdoor arena as well as a sensory trail which allows us to offer year-round, seven days a week program availability.

The process for participation in our programs begins with the completion of the following forms. Once the completed forms have been received and reviewed by us, we will confirm that the forms have been accepted and the students name has been added to our waiting list. The length of the wait varies and we welcome you to periodically check in with us on the status. The new participant forms include:

- Registration Form
- Medical History (Update required annually)
- Medical Script
- Authorization for Emergency Medical Treatment
- Liability Release
- Photo Release
- Information Release
- Participant Handbook

Once the students name comes to the top of the list, we will contact you to schedule an evaluation with one of our physical therapists (PTs). Evaluations are not required for our Riding Free, Intro to Horses and Unmounted Horsemanship programs. We currently offer evaluations on Wednesdays and Fridays only. This evaluation is approximately a half hour in duration and includes movement/gait evaluation on the ground as well as on the horse. The PT will refer client to the appropriate program as well as formulate treatment strategies and goals based on this evaluation and client/caregiver input.

Current programs available include:

Therapeutic Riding/Driving: students are working with a PATH (Professional Assoc. on Therapeutic Horsemanship) and Autism (through the IBCCES) certified instructor. Students learn to groom, tack their horse in addition to riding skills.

Hippotherapy means “treatment with the help of a horse” and these students are working with a physical therapist and instructor to achieve physical goals using the movement of the horse.

Riding Free program was developed as a research study for adolescents with a PTSD diagnosis but now available to everyone who can benefit from this 12 week program with specific lesson objectives directed toward building trust, relationship skills and increasing self-confidence.

Intro to Horses: These sessions are unmounted and provide an introduction into the world of horses for groups who visit the farm. Program can be developed for the specific needs of a group.

Unmounted Horsemanship Program: An education and vocational program which allows students to expand their equine knowledge through unmounted hands on sessions with our trained staff and equine partners.

The entire staff at Sebastian Riding Associates welcomes you. If you are considering joining our program, you may wish to visit to observe the facility and the program first hand. Please give us a call in advance so that we may schedule a time for your visit.

PARTICIPANT HANDBOOK

Eligibility of Participants

SRA offers services to both children and adults living with physical and/or intellectual disabilities, cognitive impairment and/or mental illness diagnoses. Eligibility for participation in SRA programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, schedule availability and a horse that meets the individual's needs.

As an accredited PATH Int'l EAAT center, SRA fully ascribes to the precautions and contraindications as recommended by the Medical Committee of PATH Int'l as well as Professional Standards. Therefore our professional staff provides initial and ongoing evaluations for all prospective and active participants.

Due to the nature of equine assisted activities and therapies, there are individuals for whom the programs offered by SRA are deemed inappropriate during the evaluation process and are not accepted for enrollment or not eligible to continue in SRA programs as a result of physical and/or behavioral contraindications.

Individuals accepted into SRA programs are required to participate progress reviews and follow SRA rules and procedures. During these reviews, or as a result of unusual occurrence or change in status as a result of illness or injury, the SRA professional staff may find the continuance in the program for a given individual to be inappropriate. For this reason, SRA reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interest of SRA and the individual concerned.

Health conditions change on a regular basis and in an effort to keep everyone safe and informed, participants are required to provide and maintain updated medical history and script forms annually.

Weight restriction for participating in mounted riding programs at SRA is 200 lbs for ambulatory persons. Weight limitations may differ for persons requiring an assisted transfer and will be at the discretion of the SRA management staff. This is further subject to the conformation and ability of the equine staff at any given time.

Attire:

For safety and comfort, all riders should:

- Regardless of the time of year, long pants must be worn. Pants that are made of nylon, polyester or other “slippery” materials should be avoided.
- The safest foot attire for riders is a shoe with a low heel. While we permit our riders to wear sneakers, but we’d prefer to see shoes with heels.
- A helmet must be worn by all participants during their duration at SRA. This includes grooming/tacking as well as instruction. SRA will provide an ASTM/SEI certified helmet if the participant does not have their own. Helmets must be properly fitted for each participant. For students providing their own helmets, they must also be ASTM/SEI approved.
- During the winter months, it is cold on the farm and students should dress appropriately with gloves and jackets.

In the event the student arrives without appropriate attire, they may be unable to participate

Program Operations

Our therapeutic riding/driving program operates in 10 week semesters. A student participates on a weekly basis (10 lessons) or an every other week basis (5 lessons) during each semester. There are five semesters a year with a two week closure in December. We believe fully in the value of the grooming of the horse as well as tacking up the horse prior to our mounted lessons. Therefore our lesson model is an hour in duration. For those students who are unable to participate in the grooming and tacking process, a half hour ride only lesson is offered with the intention of working toward the hour long lesson. Your lesson time is your lesson time, if you arrive late, we are unable to add the time to the end of the lesson.

In the event a client chooses to sit out a semester, SRA is unable to hold that lesson day/time unless the client elects to pay the semester fee to reserve it until they return. If a client sits out a semester, when they return, they will be offered the next available lesson opening in the program. Thirty days (30) written notice is requested if a student wishes to sit out a semester (e.g. vacations, cannot tolerate cold, heat, etc.). Exceptions may be granted by the Executive Director for extenuating circumstances, such as illness or injury.

Our Hippotherapy program operates on a revolving basis, either weekly or every other week. Hippotherapy sessions are 45 minutes in duration.

Riding Free program is a 12 week program with weekly lessons, each 1 hour in duration. Once the program is completed, the student is permitted to continue participating and the therapeutic riding program conditions set forth above apply.

Unmounted Horsemanship program sessions are offered in a block of 4 one hour lessons. The cost is \$150 for the four sessions.

Our Program fees are outlined below and have remained the same since 2008! All of the programs at SRA cost well above the fees charged for services. A third of the cost of each and every lesson is subsidized through charitable revenue. This means that every client receives a charitable subsidy in order to have the opportunity to participate. We therefore, request your participation in fundraising events which help make this possible.

Fee Schedule

Initial Evaluation with Physical Therapist & Instructor	\$80
Hippotherapy Session with Physical/Occupational Therapist & Instructor	\$80
Therapeutic Riding/Driving 10 week session, weekly lessons	\$500
Therapeutic Riding/Driving 10 week session, bi-weekly lessons	\$250
Therapeutic Riding 10 wk session -30 minute Ride only weekly	\$350
Therapeutic Riding 10 wk session -30 minute Ride only bi weekly	\$175
Riding Free -12 week program	\$600
Intro to Horses	\$250 min
Unmounted Horsemanship – 5- one hour lessons	\$175

Invoicing and Payment Policy

Semester invoicing will be completed and emailed to families two weeks prior to the start of a new semester. If a student begins during a semester, the semester fee will be prorated for the lessons remaining in the semester. Payment is due prior to the start of the 10 week semester. Call please the office if special payment arrangements are needed. There will be no refunds for missed lessons. Accounts 60+ days overdue may result in dismissal from the program

Evaluation fees, Hippotherapy and Intro to Horses session fees are due at the time of service. **There is a \$25.00 cancellation fee for our Hippotherapy students in the event of cancellation less than 24 hours in advance.**

Financial Assistance Policy

SRA does offer a scholarship program funded through grants and donations. The fund operates on a revolving basis, i.e. as funds are received they are awarded. Completed scholarship applications are required for consideration and then annually to maintain the funding. Our experience has been that clients are more consistent in their attendance when they are financially vested and therefore, full funding is not offered. We receive more requests for funding than funds available, only those with regular attendance will be awarded continued semester funding. SRA reserves the right to discontinue funding as deemed necessary.

Cancellations Policy:

When YOU cancel: If for whatever reason you find it necessary to cancel a lesson, in consideration of our staff, horses and volunteers, we expect you to give us a minimum of 24 hour notice via phone or email to the office or your instructor.

If you participate in our therapeutic riding program and you cancel, we will offer up to one make up lesson per semester as lesson times become available.

If you participate in our Hippotherapy program and you cancel less than 24 hours in advance, a \$25.00 cancellation fee will be assessed.

We will not offer a make up lesson in the event of a “no show” which is defined as not showing up or calling to cancel a regularly scheduled lesson.

In the event of cancellation of lessons due to surgery or illness, your lesson time slot will be held during your absence but for your safety, an updated scripted from the doctor will be required to return.

Excessive cancellations may jeopardize your lesson time slot.

In the event WE cancel: In the event that we cancel lessons due to inclement weather or other reasons, we will notify you with as much notice as possible. We will either make up the lesson or offer credit for the missed lesson.

SRA does cancel lessons for the All Student Horse Show in September and this is taken into consideration when the semester invoicing is completed.

In the event of inclement weather, we will update the answering machine message and post of social media by 7:00am that the program has been cancelled.

Discharge of Participants from the Property:

Participants may be discharged from the program for the following reasons:

- Consistent absenteeism
- Develops a medical contraindication prohibiting participation in the programs
- No longer qualifies under the Participant Eligibility criteria
- Fails to remit fees for services according to our payment policy
- Consistent disregard for our safety policy
- SRA reserves the right to cancel, end or change a persons participation in any program if their behavior is a threat to their health and safety or to another participant, staff member or animal.

Safety

SRA supports all efforts to promote safe conditions at its facility. Working with horses is a high risk activity. The following rules must be adhered to at all times

- We are happy to have friends and family of participants observe as long as it does not cause interruption of the lesson.

- Students, children and guests that come to the farm with you, must be supervised by you at all times.
- Participants should remain in the lounge or waiting area until their instructor or assistant instructor comes to get them for their lesson.
- For the safety of all, only the student should be in the barn during the lesson without the permission of the instructor.
- Parents/caregivers or family members are not permitted in the arena without the prior permission of the instructor. Gates must remain closed at all times.
- Please do not feed the horses treats without prior permission from a staff member
- We discourage dogs on the property as they create a distraction. However, any dog must be leashed and must be kept away from ongoing lessons including but not limited to the barn, arena and sensory trail.
- There is absolutely no smoking on the property
- For the safety of all, please refrain from running or yelling in the barn and arena areas
- Please allow our instructors our staff to conduct the lesson without interruption.
- Anyone demonstrating inappropriate or unsafe behavior will be asked to leave the property

Signed: _____ Date: _____
(Parent/Guardian if participant is under 18 yrs.of age)



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PARTICIPANT REGISTRATION FORM

Date: _____

Name: _____ Male _____ Female _____

Race/Ethnicity: ___Caucasian ___Black/African American ___Hispanic ___Asian ___Mixed ___Other

Date of Birth: _____ Height _____ Weight _____

Home Phone: _____ Cell Phone: _____

Address: _____ City _____

County: _____ State _____ Zip _____

Email Address: _____

Is Participant over 21, legally competent and able to sign for him/herself? _____

If Participant is not, a legal guardian must sign all of the forms.

Parent/Spouse/Legal Guardian: _____

Relationship with Student: _____

Please Specify Student's Diagnosis: _____

School or Program Presently Attending: _____

How did you hear about SRA? _____

What are your expectations from the participating in our programs? _____

Applicant's Availability

SRA provides services 7 days a week. Please indicate your availability below.

	<i>Time(s) Available</i>		<i>Time(s) Available</i>
Sunday	_____	Thursday	_____
Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____		



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian (if under 18) _____

Address: (if different than above) _____

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies/Allergies to medication: _____

Current medications: _____

Are there any medical conditions requiring special precautions or treatment and medications and dosage?: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or being on the property of from Sebastian Riding Associates, I authorize Sebastian Riding Associates to:

1. Secure and retain medical treatment and transportation if needed
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by a physician. This provision will only be involved if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____
Parent/Guardian if participant is under 18 yrs. old

Non-Consent

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 Sebastian Riding Associates.

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

Non consent signature: _____ Date _____
(Parent/Guardian if participant is under 18 yrs. old)



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Date: _____

Dear Physician/Health Care Provider:

Your patient, _____, is interested in participating in supervised equine activities. In order to safely provide this service, our Center requests that you complete/update the attached Medical Clearance and Physician's Statement form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please circle any contraindications that are present and note to what degree.

Orthopedic

Atlantoaxial instability incl. neurologic symptoms
Coxa arthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint Subluxation/dislocation
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities
Neurologic
Hydrocephalus/Shunt
Seizure
Seizure
Spina Bifida/Chiari II Malformation /Tethered
Cord/Hydromyelia

Other

Age-under 4 years
Indwelling Catheters/Medical Equipment
Medications –e.g. photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of Medical Conditions
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities and therapies, please feel free to contact me at the phone listed above

Sincerely,

Chris

Chris Hanebury
Executive Director



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Medical Clearance and Physician Statement

To be completed by Participant's Physician

Participant: _____ DOB: _____

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

Diagnosis: _____

Date of onset: _____ Height: _____ Weight: _____

Past/Prospective surgeries: _____

Medications: _____

Seizure type: _____ Controlled: **Y N** Date of last seizure: _____

Shunt present: **Y N** Date of last revision: _____

Special precautions needs: _____

Mobility: Independent ambulation **Y N** Assisted Ambulation **Y N** Wheelchair **Y N**

Braces/Assistive Devices: _____

Verbal: **Y N** Assistive Device used: **Y N**

For participation with Down Syndrome:

AtlantoDens Interval X-rays, date: _____ Results: Positive Negative
 Neurological symptoms of Atlantoaxial Instability: Present Absent

Please indicate current or past special needs in the following systems/areas including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive Functioning			
Emotional/Psychological			
Pain			
Metabolic-GI/GU			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equine activities including horseback riding. However, I understand that the PATH International Center, Sebastian Riding Associates will weigh the medical information above against the existing precautions and contraindications.

Physician Name: _____ MD DO NP PA Other _____
Signature: _____ **Date:** _____
 Address: _____
 Phone: _____ License/UPIN Number: _____



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PHYSICIAN'S PRESCRIPTION

To be completed by Client's Physician

Client's Name: _____

Diagnosis: _____

_____ Prescription for therapeutic horseback riding with a therapeutic riding instructor and/or a prescription for evaluation and treatment by a physical/occupational therapist working in conjunction with a therapeutic riding instructor

Recommended Frequency: _____

Precautions:

Physician's Signature: _____ Date: _____

Physician's Name (please print): _____

Address: _____

Phone: _____



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LIABILITY WAIVER FOR PARTICIPANTS

“You assume the risk of equine activities pursuant to Pennsylvania law”

I (We, as parent/guardian of) _____ in consideration of the efforts
Name of participant
of Sebastian Riding Associates (herein referred to as “SRA”) do release and forever discharge
SRA, the Board of Directors, the employees of SRA, the volunteers of SRA, Evansburg State Park,
the Department of Conservation and Natural Resources and the Commonwealth of Pennsylvania from all
manner of actions, cause and causes of action, and suits, at law and/or in equity which may arise in any
manner whatsoever from said equine assisted learning and therapies including horseback riding
sessions. I (We) further promise not to institute any action at law or in equity against SRA or any of the
individuals serving on the Board of Directors, the employees of SRA, the volunteers of SRA, Evansburg
State Park, the Department of Conservation and Natural Resources and the Commonwealth of
Pennsylvania on account of any injury or other loss or damage that may be sustained by me(us or my
child) _____ as a consequence of said equine assisted learning and therapies
including horseback riding sessions.

I (We) understand that being on horseback and/or being around horses is an inherently dangerous
activity that can result in serious bodily injury and/or death of the participants. This waiver shall bind me
(us) and my (our) heirs and legal representatives.

I (We) have read this waiver and understand all the terms. I (We) am (are) executing it voluntarily and
with the knowledge this waiver will act as a complete bar to any claim resulting from said equine assisted
learning and therapies including horseback riding. Intending to be legally bound, I (we) have signed this
liability release on _____ 20__.

Signature: _____
(Adult Participant)

Signature: _____
(Parent/Guardian if participant is under 18 yrs of age)

No participant can participate in the equine assisted learning and therapy programs until this form has been completed by the participant and/or parent/guardian. If the participant is of legal age, (18) he/she may completed if he/she is competent to do so. All programs involving equines will be conducted under strict supervision and although every effort will be made to avoid any accident, it must be recognized that being on horseback or around horses is an inherently dangerous activity which could result in SERIOUS INJURY OR DEATH and no liability can be accepted by any of the individuals or organizations oncerned.



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Notice of Change

Any changes to the participants physical condition including but not limited to, surgery, illness, changes in treatment of medication, will require a new script signed by a physician prior to resuming program participation.

I agree to immediately notify Sebastian Riding Associates about changes in the physical condition of the student, surgery, changes in treatment or medication and understand a new script signed by a physician will be required.

Signed: _____
Client/Parent/Guardian

Photo Release

I DO DO NOT consent to and authorize the use and reproduction by Sebastian Riding Associates of any and all photos/audiovisual materials taken of me for promotional material, educational activities and exhibit displays.

Signed: _____ Date: _____
Client/Parent/Guardian

Authorization to Release Information

I hereby authorize Sebastian Riding Associates to release physical therapy evaluations and progress notes to any of the following sources:

Please place consenting initials.

_____ Medical personnel following the client's progress

_____ School currently attended by the client

_____ Community agencies providing services to the client

_____ Insurance companies processing claims for services rendered by Sebastian Riding Associates

I understand that this authorization is in effect unless the participant, parent or legal guardian notifies SRA in writing to the contrary:

SRA may not release information to: _____

Signed: _____ Date: _____
Participant if over 18, Parent or Legal Guardian