



Mailing Address:

P.O. Box 413
Valhalla, NY 10595
(914) 234-9000
info@accessequestrian.org

Program Locations:

Thornbrook Farm
Bedford, NY

Twin Lakes Farm-North Campus
Bronxville, NY

Dear Prospective Participant:

Thank you for your interest in Access Equestrian, an adaptive equine program for individuals with disabilities. We are located at Thornbrook Farm in Bedford, NY and at Twin Lakes Farm-North Campus in Bronxville, NY. We provide year-round individualized adaptive riding lessons for children and adults with physical, cognitive and emotional disabilities. We also offer an unmounted equine learning program for adults and children with disabilities who want to work with horses but cannot or choose not to ride, or would like to expand their equine activities and knowledge.

More information about our program may be found on our website at accessequestrian.org, or by joining our Facebook page at "Access Equestrian."

If you are interested in participating in our program, please complete the enclosed application forms and return them to the Mailing Address listed. Once we receive and review all your completed forms we will contact you to set up a pre-riding assessment appointment to help us decide which of our programs is right for you or your child. Acceptance into our program is determined based upon the needs of the individual and the availability of appropriate horses, staff and other resources.

Should you have any questions regarding our program or the application and assessment process please feel free to contact me directly. I look forward to hearing from you soon.

Best regards,

Denise Avolio

Access Equestrian, Inc.

Program Director and PATH Int'l Advanced Certified Instructor

Access Equestrian, Inc. is a 501.c.3 federally recognized not-for-profit organization

Our mission is to provide the therapeutic benefits of adaptive riding, horsemanship programs and other equine assisted activities to improve the lives of individuals with disabilities and other life challenges.



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APPLICATION PROCESS AND PARTICIPATION POLICIES

Age Requirement: The minimum age to participate in adaptive riding lessons is 4 years old. Participation in other programs is dependent upon the suitability of that activity for the individual. There is no upper age restriction to be accepted into the program.

Application Process: Please complete, sign and return the following forms

- Participant Application which includes the Liability and Photo Release Form
- Medical History and Physician's Statement

Please note that the Medical History and Physician's Statement MUST be signed by your medical provider. Once all completed forms are received and reviewed, prospective participants will be contacted for a pre-riding assessment. This meeting takes approximately one hour and includes a tour the facility and a chance to meet our program staff and horses. Participants will NOT be put on a horse during this initial meeting.

Scheduling: At Thornbrook Farm, individual private lessons are offered year round on a weekly basis (dependent on weather conditions and available resources). At Twin Lakes Farm, eight week sessions are scheduled in both Spring and Fall. Lesson content and length will be determined based upon individual needs and goals. If deemed appropriate, participants with similar goals and abilities may be scheduled in semi-private or small group lessons.

Attendance: If unable to attend a regularly scheduled lesson, we ask that you provide a minimum of 24 hour notice so that we can inform staff and volunteers. At our discretion, a fee may be charged for lessons cancelled with less than 24 hour notice.

Lesson Cancellations: Lessons may be cancelled in the event of severe inclement weather. During periods of high or low temperatures or unexpected severe weather (such as thunderstorms), unmounted activities such as grooming and ground skills may take place in the stable area instead of riding if deemed appropriate, or lessons will be rescheduled for another day if resources are available.

Attire: Participants should dress weather appropriate and always wear long pants (even during the summer months), with sturdy-soled boots or shoes with a quarter inch heel. Jackets and gloves are required during cold weather. ASTM approved, properly secured helmets are required by all participants during both mounted and unmounted activities. You may purchase your own helmet or one will be provided for you.

Fees and Payment: Fees range from \$55-\$75 per lesson depending on the length and type of program provided. Some programs require an additional charge to cover insurance and administration costs. Checks may be addressed to ACCESS EQUESTRIAN. Weekly sessions are paid at the time of service, and 8 week semester programs must be paid prior to the start of the semester.

STATEMENT OF PARTICIPANT ELIGIBILITY OR DISMISSAL

ACCESS EQUESTRIAN, Inc. offers services to individuals with special needs. Eligibility for participation in Access Equestrian's programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, horse, volunteers and class availability that meets an individual's needs. Financial consideration is not taken into account when determining an individual's eligibility for participation.

ACCESS EQUESTRIAN fully ascribes to PATH Int'l's (the national organization that develops industry standards and certifies instructors) Precautions and Contraindications as recommended by the Medical Committee of PATH Int'l as well as its Professional Standards. Therefore, our professional staff provides both initial and ongoing evaluations for all prospective and active participants in the program.

Due to the nature of adaptive horseback riding and other equine related activities, there are individuals for whom Access Equestrian's program may not be deemed appropriate on the basis of physical, behavioral or other limitations.

ACCESS EQUESTRIAN reserves the right to determine we are unable to accept an applicant into our programs due to unavailable resource(s) and/or safety concerns.

Individuals accepted into Access Equestrian's programs are required to take part in periodic reviews and follow Access Equestrian's rules and participation policies. During these reviews, or as a result of unusual occurrences during a program session, the Access Equestrian professional staff may find that the continuance in the program for a given individual is inappropriate. For this reason, ACCESS EQUESTRIAN reserves the right to discontinue the participation of an individual in its programs when it is deemed in the best interest of Access Equestrian and/or the individual involved.



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Which programs are you interested in participating?

_____ Adaptive Riding Lessons _____ Both
 _____ Equine Learning Program

At which location?

_____ Thornbrook Farm _____ Twin Lakes Farm

PARTICIPANT APPLICATION

Participant Name: _____ DOB: _____

Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Home Phone: _____ Email: _____ Cell Phone: _____

Employer/School: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

(If different than above) Phone: _____ Email: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Alternate Phone: _____

How did you hear about the program? _____

Physician's Name: _____ Telephone: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____ Plan/Policy No: _____

Existing Medical Conditions/Disability Diagnosis: _____

HEALTH HISTORY - Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS (include prescription and over-the-counter; name, dose and frequency) _____

Describe abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding) _____

PSYCHO/SOCIAL FUNCTION (e.g., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. why are you applying for participation? What would you like to accomplish?) _____

Signature: _____ Date: _____
Participant, Parent or Legal Guardian

PHOTO RELEASE: I DO DO NOT
consent to and authorize the use and reproduction by ACCESS EQUESTRIAN of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Participant, Parent or Legal Guardian

LIABILITY RELEASE: The above named person would like to participate in ACCESS EQUESTRIAN's horsemanship/riding program. I/my child(ren) fully understand and acknowledge that risks and dangers exist in horseback riding and working with horses, and my/my children's participation in such activities may result in my/my children's injury or illness, including grievous bodily harm. However, I feel the possible benefits to myself/my child(ren) are greater than the risks assumed. I hereby, intending to be legally bound for myself/ child(ren), my heirs and assigns, executors or administrators, voluntarily waive, discharge, hold harmless, and release forever all claims for damages against ACCESS EQUESTRIAN, its Owners, Instructors, Volunteers and/or Employees for any and all injuries and/or losses I/my child(ren) may sustain while participating at ACCESS EQUESTRIAN from whatever cause, including but not limited to the negligence of these related parties.

THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE READ THIS APPLICATION IN ITS ENTIRETY; THAT THEY UNDERSTAND THE TERMS OF THIS RELEASE AND HAS SIGNED THIS RELEASE VOLUNTARILY AND WITH FULL KNOWLEDGE OF THE EFFECTS THEREOF.

Signature: _____ Date: _____
Participant, Parent or Legal Guardian



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Date: _____

Dear Health Care Provider:

Your patient _____ is interested in participating in supervised equine activities.

In order to safely provide this service, our program requests that you complete/update the enclosed Medical History 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 note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossifications/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Join Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
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 – e.g. RA, MS
Fire Setting
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 activities, please feel free to contact our program.

PARTICIPANT MEDICAL HISTORY AND PHYSICIAN STATEMENT

Name: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizures? Y N Type: _____ Controlled: Y N Date of Last Seizure: _____
 Shunt Present? Y N Date of Last Revision: _____
 Special Precautions (Diet/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: _____

***For those with Down Syndrome:** AtlantoDens Interval X-rays Date: _____ Result: + --
 Neurological Symptoms of AtlantoAxial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities

	Y	N	Comments:
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

IMPORTANT NOTE TO DOCTOR/MEDICAL FACILITY:

If you prefer to provide the requested information on your own medical form, we will accept that as long as the top and bottom sections of this form are also completed, signed and dated and stapled to your form.

Given the above diagnosis and medical information this person is not medically precluded from participation in equine activities. I understand that the adaptive riding program will weigh the medical information above against existing precautions and contraindications. Therefore I refer this person to the program for ongoing evaluation to determine eligibility for participation.

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