



Great Plains Adaptive Riding Academy
P.O. Box 197
Basehor, KS 66007
lessons@GreatPlainsARA.org

Dear Potential Rider,

Thank you for your interest in Great Plains Adaptive Riding Academy (Great Plains). Founded in 2012, Great Plains' mission is to teach foundational riding skills, and to improve rider's physical and emotional well-being. Through equine adaptive riding, participants will learn horsemanship skills, gain body strength, coordination and flexibility, while improving their social and emotional skills and fostering confidence and self-esteem.

Currently our teaching schedule is Monday & Thursday evenings and Saturday morning. We do our best to pair each rider with students with similar ages and skill levels. Great Plains is a member center of Professional Association of Therapeutic Horsemanship International (PATH) an internationally recognized top credentialing and accrediting entity for therapeutic riding facilities and their instructors.

Great Plains Adaptive Riding Academy is a non-profit organization whose success depends not only on financial contributions from our community partners but also on the countless hours of hard work provided by our dedicated volunteers.

Please complete the attached rider application. Once completed, please email the forms to lessons@GreatPlainsARA.org. Our Program Coordinator will contact you to schedule your first onsite introductory meeting and facility tour. You will not be contacted until all forms are returned, including the signed physician's form.

Thank you for your interest in riding with us. We are looking forward to hearing from you soon!

Great Plains' Program Coordinator
913-608-6746



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Adaptive Riding Center Riding Agreement

Date: _____

Participant Name: _____ Male or Female

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Mobile Phone: _____

Primary Contact (*who should be contacted for timely information & class cancellations*)

Name: _____

Email: _____ Phone: _____

If Participant is under 18 years of age or has a legal guardian, please provide the following information:

Mother/Legal Guardian Full Name: _____

Mailing Address (if different from participant): _____

City: _____ State: _____ Zip: _____

Home/Mobile Phone: _____

Father/Legal Guardian Full Name: _____

Mailing Address (if different from participant): _____

City: _____ State: _____ Zip: _____

Home/Mobile Phone: _____

PHOTO RELEASE

- I DO
- I DO NOT

Consent to and authorize Great Plains Adaptive Riding Academy (Great Plains) the use and reproduction of any and all photographs, other audio/visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Signature: _____
(Participant, or Parent/Legal Guardian if participant is under 18 years of age)



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EMERGENCY MEDICAL TREATMENT

Name: _____

Participant Diagnosis: _____

Physician's Name: _____ Phone: _____

PREFERRED Medical Facility: _____

Emergency Contact Information:

Name: _____ Relation: _____ Phone: _____

In the event of an emergency where medical aid is required due to illness or injury either while riding or on the premises at Great Plains Adaptive Riding Academy, I authorize Great Plains to call 911 (on my behalf) and request EMS services.

Signature of Participant or Parent/Guardian if under 18

Date:

Insurance Carrier

Policy Number

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

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: _____

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability: Present Absent

Physician's Signature: _____

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			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted services. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA

Physician Signature: _____ Date: _____

Address: _____

Phone: (____) _____ License/UPIN Number: _____



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**RELEASE OF LIABILITY
Assumption of Risk of Domestic Animal Activity Warning**

Name of Participant _____

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic activity. Inherent risks of domestic animal activities include, but shall not be limited to:

1. The propensity of a domestic animal to behave in ways, i.e., running, bucking, biting, kicking, shying, rearing, falling or stepping on, that may result in an injury, harm or death to a person on or around them;
2. The unpredictability of a domestic animal's reaction to such things such as sounds, sudden movement and unfamiliar objects, persons or other animals;
3. Certain hazards such as surface and subsurface conditions;
4. Collisions with other domestic animals or objections; and
5. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.
6. "Participant" means any person who engages in a domestic animal activity.

I acknowledge the potential for risk of horseback riding and working with horses. However, I feel that the possible benefits for myself, son, daughter, and/or ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself legally heirs and their assigns, executors or administrators, waive and forever release all claims for damages or otherwise against Great Plains Adaptive Riding Academy, its Board of Directors, Officers, Instructors, Therapists, Aides, Volunteers, Contractors of any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at Great Plains Adaptive Riding Academy.

Yes, I would like the above person named to participate in an equestrian program at Great Plains Adaptive Riding Academy. All activities will be under supervision, and reasonable effort will be made to avoid any accident, Great Plains Adaptive Riding Academy will have no Liability in the event that an accident may occur.

Signature _____ Date: _____

Participant/Parent/Legal Guardian



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RIDER PAYMENT AND CANCELLATION POLICY

Payment for the entire month is due by the 8th of the month. If payment is not received, a \$25 late fee will be assessed the following month. The entire balance must be paid before the Rider will be allowed to participate in lessons the following month.

Riders will receive credit for lessons that are canceled by Great Plains Adaptive Riding Academy. Riders will **not** receive credit for lessons that are missed due to illness, vacations, etc. even if advance notice is given. Due to the complexity of scheduling instructors, horses and volunteers, make up sessions will be attempted but are **not** guaranteed. Make-up lessons must be completed in the same month the lessons are missed.

If a rider is a "no show" three times within a one year period, the Rider will be dismissed from the program. A minimum of 3 hours notice is required, otherwise it is considered a "no call-no show." A \$20 no show fee will be applied the following month.

Payments are accepted electronically via ACH or Credit Card through our invoicing system. Check payments can be mailed to GPARA P.O. Box 197, Basehor KS 66007 or placed in the locked drop box in the lounge. Do NOT give payments to instructors or volunteers. Due to the high fees associated with credit card payments, there is a \$7.00 charge for credit card payments. Please select your method of payment as you will be billed accordingly. Email billing@GreatPlainsARA.org with any questions.

- ACH or Check Payment
- Credit Card Payment

Signature _____ Date: _____
Participant/Parent/Legal Guardian



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PARTICIPANT REQUIREMENTS

Participants must have all required forms completed and turned into the office at least 2 weeks prior to participation in Great Plains lessons or activities. An onsite visit is mandatory prior to scheduling the first lesson.

Great Plains Adaptive Riding Academy has a strict 180 lb weight limit (fully clothed). This is for the safety of our instructors, horses and volunteers. Participants will be weighed at the initial onsite visit. Weigh-ins occur biannually in February and August.

Participants must be willing to wear required safety equipment. Great Plains provides approved riding helmets. Please wear closed toed shoes (boots w/heel preferred) and weather appropriate clothing. Riders over the age of 10 must wear long pants (not slick athletic wear). Riders loping or cantering are required to wear long pants and boots with heel.

Signature _____ Date: _____
Participant/Parent/Legal Guardian



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Participant Profile

New Riders Only (existing riders do not need to fill out)

Participant's Special Needs (describe briefly) _____

Any specific sensitivities/fears? _____

How does rider express:

Happiness _____

Fear _____

Frustration _____

Anger _____

Pain _____

Previous Riding Experience _____

Other activities participant is involved in _____

Cognitive Skills:

Knows Left and Right _____

Reads (what level) _____

Counts (how high) _____

Knows colors _____

Knows shapes _____

Verbal _____

Makes eye contact _____

What goals do you have for your rider?



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Rider and Spectator Rules and Expectations

- Riders must always wear a helmet in the crosstie area, working with horses and while in the arena.
- Spectators/Parents are allowed in the lounge and the north side of the arena. You are welcome to walk along during trail rides. We ask that you not come into the crosstie area or barn area.
- We ask you to drive slowly down the road to the barn. There are farm animals and kids on premises so it's important we keep everyone safe.
- If there are 5 days in the month that you are scheduled to ride, we will take one of those days off. The program coordinator will determine the day off.
- It's important if you are going to miss a lesson to notify the program coordinator/instructor ASAP so we can notify volunteers. We have volunteers that take time off work, hire babysitters and drive a long distance to work with the riders. Let's respect their time and energy. We will do our best to provide make-up lessons, but they are not guaranteed. They are subject to volunteer and horse availability. Missed lessons cannot be carried over to the following month. (please see cancellation/make up policy)
- Lessons are currently \$200/month for 4 lessons.
- We will host two horse shows per year. They will typically be in April and September. We encourage all of the riders to participate.
- We have a strict 180 lb weight limit. We reserve the right to weigh the rider at any time and if they are over the weight limit, they will not be allowed to ride the following month. This is for the safety of the horses, volunteers and instructors.
- We ask that our riders use the restroom before the lesson starts.
- Payment is due by the 8th of the month. You will receive an email to pay via bank draft or credit card. Cash is NOT accepted. Check payments are accepted by mail to P.O. Box 197 Basehor, KS 66007 or can be dropped off in the locked box in the lounge. DO NOT give checks to instructors or volunteers. Payments are also accepted electronically via ACH or Credit Card through our invoicing system. Due to the high fees associated with credit card payments, there is a \$7.00 charge for credit card payments.

Contact information:

Kim O'Connor - program coordinator/instructor
913-226-5906
lessons@GreatPlainsARA.org

Caitlyn Hentzel - instructor
816-501-5796
cait1211@gmail.com