



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

Dear Participant,

Thank you for your interest in Great Plains Adaptive Riding Academy (Great Plains) Ground Program that we like to call GP². By focusing on activities such as grooming, leading, and understanding horse behavior through ground-based exercises; individuals with special abilities can develop foundational horsemanship skills and experience the therapeutic benefits of interacting with horses in a safe and accessible manner without riding.

Our program also uses an Equicizer (EQ) which was generously donated by special supporters. An EQ is a mechanical horse that allows participants to experience saddling and riding in a manner similar to horseback riding. Our program provides a range of benefits, including improved balance, coordination, muscle strength, confidence, social skills, and a special connection with one of our horses.

GP² is open to individuals aged 2 and older, with no weight restrictions, the program is available at a monthly fee of \$200 for four lessons, each lasting approximately 35-40 minutes. If interested, please fill out the application to get on the list. For questions about the program or scheduling, please reach out to us.

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.

Great Plains Executive Director
Laurie Mosier
573-355-1469 cell
admin@GreatPlainsARA.org



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Adaptive Riding Academy Participant Agreement

Date: _____

Participant Name: _____ Male or Female

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Primary Contact (*who should be contacted for timely information, class cancellations and emergencies*)

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 – please select one.

- I DO
- I DO NOT

Consent to and authorize Great Plains Adaptive Riding Academy (Great Plains) the use and reproduction of 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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**RELEASE OF LIABILITY
Assumption of Risk of Domestic Animal Activity Warning**

Name of participant and family members who will be onsite:

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 if an accident may occur.

Signature _____ Date: _____
Participant/Parent/Legal Guardian



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PARTICIPANT PAYMENT AND CANCELLATION POLICY

Payment of \$200 for the entire month is due by the 8th of the month. The entire balance must be paid before the Participant will be allowed to participate in lessons the following month.

Participants will receive credit for lessons that are canceled by Great Plains Adaptive Riding Academy. Participants 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 (if offered) must be completed in the same month the lessons are missed.

If a participant is a “no show” three times within a one-year period, the Participant 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.

Please check one:

- ACH or Check Payment
- Credit Card Payment

Signature _____ Date: _____
Participant/Parent/Legal Guardian



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Participant Profile

Participant's Special Needs (describe briefly) _____

Any specific sensitivities/fears? _____

How does participant 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 participant? What goals you're your participant have?



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Participant and Spectator Rules and Expectations

- Participants 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.
- Parents and family are encouraged to watch sessions, but please do not participate without approval from the instructor. Let the instructors do their job without interference or distraction. If you have questions or concerns, please feel free to discuss with the ED or Program Coordinator but please do not interrupt the lesson.
- We ask you to drive no more than 12 mph down the driveway to and from 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 participate, 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 your 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 participants. 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.
- Each lesson is approximately 35-40 minutes.
- Participants must be willing to wear the required safety equipment. Great Plains provides approved riding helmets. Please wear closed toed shoes (boots w/heel preferred) and weather appropriate clothing.
- This agreement is month to month, but we require 30 days' notice to cancel.
- We ask that our participants use the restroom before the lesson starts.
- If you choose to move to our riding program, please let us know.

Signature _____ **Date:** _____
Participant/Parent/Legal Guardian