



# GAIT Therapeutic Riding Center

Horses Connecting Humans in Mind, Body, & Spirit

## GAIT's MISSION:

To improve the quality of life of children & adults with special needs through equine activities & therapies, resulting in a more independent life in society.

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[www.gaittrc.org](http://www.gaittrc.org)  
[facebook.com/GAIT.TRC](https://facebook.com/GAIT.TRC)

## **Welcome to GAIT Therapeutic Riding Center!**

Thank you for your interest in participating in our programs!

GAIT TRC is a 501 (c)(3) non-profit organization and a Premier Accredited Center through PATH, Intl. (*Professional Association of Therapeutic Horsemanship, International*). All equine sessions are conducted by PATH Int'l Certified Instructors, Equine Specialists, licensed therapists, credentialed mental health professionals, and highly trained volunteers.

Please be sure your physician is aware of the participant's particular diagnoses for precautions and contraindications, whether it is shown on the below list or not. The following is a partial list of diagnoses of conditions, syndromes, disorders and problems as assessed by PATH Int'l to be precautions and contraindications for riding activities. *If you have any questions regarding this, please ask your physician:*

- Degenerative Joint Conditions
- Heart/Cardiac Conditions
- Atlantoaxial Instability (AAI)
- Indwelling Catheters
- Skin Integrity
- Spinal Stenosis

GAIT TRC accepts participants into one or more of the programs offered at this facility on an individual basis. Individuals are assessed by GAIT's professional staff, contracted therapists, or recommendations by professionals in the health and educational fields and accepted with parental and/or caregiver consent. Discharge of participants would follow the PATH Accreditation Standards A-11.

We look forward to providing you with our "Premier" Level of service! We hope you have as much fun at GAIT TRC as we do!

Sincerely,

GAIT's Board of Directors, Staff, Volunteers, and Horses!





## GAIT THERAPEUTIC RIDING CENTER

PO Box 69 Milford, PA 18337  
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# Equine Facilitated Psychotherapy (EFP) Forms

Please complete and sign all **four (4)** enclosed forms and return to GAIT TRC two weeks prior to the first class. **These forms are valid for the current year only, and must be updated each year.** Event calendars, program applications, and scholarship information is available via GAIT's website [www.gaittrc.org](http://www.gaittrc.org).

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## POLICIES OF GAIT TRC

In order to provide the safest conditions possible and quality services, we ask that all participants and their families adhere to our policies. Please review the following policies for GAIT TRC and sign all necessary forms. If you have any questions regarding this packet, please contact our office.

### I. Payment and Attendance

All EFP sessions are conducted by an Equine Specialist in Mental Health and Learning and a credentialed mental health professional. Specially trained volunteers may be asked to assist with the horses during sessions. All GAIT staff and volunteers shall keep confidential all medical, social, referral, personal and financial information regarding a participant and his/her family.

- Each Session consists of one meeting per week for 4 weeks
- Cost for each session is \$520 per participant. Please include payment prior to each new session
- Cancellations must be made 24 hours in advance. **There may be a cancellation fee of \$30 for missed sessions without 24 hour notice**
- GAIT TRC will remain open during holidays and classes will continue as scheduled. In the event of bad weather, classes will resume inside the indoor arena. Cancellations will only be made in the event of an emergency

### II. Safety Guidelines

- No smoking ANYWHERE on the premises
- Parents/ legal guardians/ authorized caregivers are responsible for the supervision of participants and non-participants while at GAIT and must remain on the premises
- Please refrain from using umbrellas while horses are in the arena. Also, loud noises such as shouting, clapping, or doors banging may distract the horses

### III. Attire

- Dress appropriately for outdoor weather conditions and barn work
- Please wear boots or hard soled shoe with a heel (*no open toed shoes or sandals*)
- Please wear long pants and t-shirts (*no tank tops or inappropriate logos*)
- Tuck scarves/ jewelry into clothing to prevent being snagged
- Please avoid ponchos, noisy clothing (ex: swishy pants), or baggy pants



# Participant Application and Contact Information (Form 1)



**Date:** \_\_\_\_\_

## Participant's Contact Information:

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County the Participant Lives In: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Preferred Method of Contact:**  Home Phone  Cell Phone  Work Phone  Email

*For communication purposes, please be sure to notify GAIT of any changes to contact information ASAP*

## Parent/Legal Guardian/Authorized Caregiver Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

*Your thoughts mean the world to us- please consider providing GAIT a testimonial about your experience. How has this program made an impact for you or your child?  
How may we help you to achieve your goals in the future?*

*Your feedback will help us request grants, spread the word about GAIT, and help us to continue providing the best services possible for our participants. Please attach your testimonial with this application, or email [gaitpa@gmail.com](mailto:gaitpa@gmail.com)*



# Participant's Health History and Goals (Form 3)



## **HEALTH HISTORY:**

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

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

## **MEDICATIONS:** *include prescription, over-the-counter; name, dose and frequency*

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**PHYSICAL FUNCTION:** Describe your abilities/difficulties in the following areas. Please include assistance required or equipment needed (*i.e. mobility skills such as transfers, walking, range of motion, wheelchair use, etc.*)

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**PSYCHO/SOCIAL FUNCTION:** *i.e. Work/school, favorite music, color, activities, etc., family structure, support systems, companion animals, fears/concerns, etc.*

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**GOALS:** Describe what personal goals or skills you would like to achieve. How can GAIT help you? *i.e. socialization, recreation, improve sensory awareness, increase core strength, etc.*

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# Authorization for Emergency Medical Treatment

(Form 4)



## **AUTHORIZATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

**In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of GAIT TRC, I authorize GAIT TRC to:**

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

### **CONSENT PLAN**

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

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Client/Parent/Legal Guardian/Authorized Caregiver)

### **NON-CONSENT PLAN**

*Parent/Legal Guardian/Authorized Caregiver must remain on site at all times during equine assisted activities.*

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 GAIT Therapeutic Riding Center

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

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Client/Parent/Legal Guardian/Authorized Caregiver)



# Liability and Photo/Media Release Form (Form 5)



## RELEASES:

There are 3 separate releases on this form. Please sign and date for each release separately.

### 1. LIABILITY RELEASE:

I would like to participate in GAIT TRC's program. I acknowledge the risks and potential for risks of horseback riding or working with or around horses. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legal bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against GAIT TRC, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Staff for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in any GAIT programs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**2. MEDIA RELEASE:** for all promotional materials including (*but not limited to*) photographs, audio/videos, testimonials for our use on our website or Facebook page and/or for print:

I, \_\_\_\_\_ (*print name*),

**DO**

**DO NOT** (*check one*)

consent to and authorize the use and reproduction by GAIT TRC of any and all audio/visual materials taken of me/my son/my daughter/my ward for promotional material, education activities, website, or for any other use for the benefit of the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 3. RIDING POLICY:

I understand that GAIT TRC reserves the right to determine if horseback riding is an appropriate option on an individual basis and that there are no guarantees that it will be offered. In the event that riding is offered,

I, \_\_\_\_\_ (*print name*), affirm that there is no medical or physical reason that would hinder me from participating. I understand that an ASTM-SEI approved helmet must be worn while riding and in the arena and, to preserve the longevity of GAIT's horses, all mounted activities are limited to a 180 lb. weight limit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_