



# 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.

## BOARD OF DIRECTORS

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GAIT TRC  
PO Box 69  
Milford, PA 18337

Phone: 570-409-1140  
Fax: 570-300-2288  
Email: [info@gaittrc.org](mailto:info@gaittrc.org)

[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-9.

### NEW POLICY AT GAIT TRC 2020

- To become more uniform in GAIT TRC classes, the Board of Directors is requesting that all programs will be in 7 week increments (*see calendar for Session dates on website*), with the 8<sup>th</sup> week being free for horses and volunteers.
- Billing will be more uniform for participants and our business office. This time will also allow horses to re-group and "be horses" again.
- All programs will run as is, with no increase in service costs for 2020; fees will be based on 7 week sessions.

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  
(Phone) 570-409-1140 (Fax) 570-300-2288  
(Email) info@gaittrc.org (Web) www.gaittrc.org



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## Vocational Training (VOC) Forms

Please complete and sign the 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

This program is designed for transitioning from school/ home to a work environment. It is open to any participant who desires learning vocational skills including appropriate social interactions with coworkers/ boss, following directions, completing tasks in a safe manner, problem solving, self- motivation, and promptness. Stable work is physically demanding and may involve bending, lifting, pushing, and sweeping in order to complete tasks such as mucking stalls/ pastures, cleaning feed/ water buckets, and cleaning the barn aisle/ stalls.

In order to provide the safest conditions possible and quality services, we ask that all participants and their families/ caregivers 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

Please arrive on time for your scheduled appointment. If you are unable to keep your appointment, please email or call ahead so we can make proper arrangements for our horses and staff/ volunteers.

- Each Session costs \$350 and consists of one 1 hr. lesson per week for 7 weeks
- GAIT TRC will remain open during holidays and classes will continue as scheduled. Cancellations will only be made in the event of an emergency- please call ahead if you are unsure or if you cannot make a scheduled class: 570-409-1140

### 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 loud noises, using umbrellas, running, or throwing objects while horses are in the arena, as this may distract horses from giving a safe ride
- For your safety, please refrain from climbing/ sitting on fences or gates

### III. Attire

- Dress appropriately for outdoor weather conditions and barn work
- No open toed shoes or sandals. Please wear boots (no steel toe) or sneakers
- Please wear long pants and t-shirts (no tank tops or inappropriate logos)
- Tuck scarves/ jewelry into clothing to prevent being snagged on equipment
- 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

*GAIT is going paperless! **Please provide a current email address** to receive invoices and important notifications.*

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

*GAIT TRC would love to showcase your success stories on our website- please consider providing a testimonial about you and/or your child's experience here. What challenges were you facing before taking lessons? What makes GAIT's programs different? What is life like now that you are reaching your goals/ overcoming challenges? Which horse is your favorite, and why?*

*Send us a picture of you and your horse doing your thing! Your success makes what we do rewarding! Please let us know if you have any questions about submitting a testimonial.*



# Participant's Health History and Goals

(Form 2)



## **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 3)



## **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 4)



## RELEASES:

There are 2 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: \_\_\_\_\_