



GAIT Equine Assisted Services

GAIT EAS's mission is to improve the quality of life of children & adults with special needs through equine assisted services, resulting in a more independent life in society.

PO Box 69 Milford, PA 18337 Phone: 570-409-1140 Email: info@gaittrc.org Website: www.gaittrc.org

Welcome to GAIT Equine Assisted Services!

Welcome to GAIT Equine Assisted Services! Thank you for your interest in participating in our programs.

GAIT EAS 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 Intl. Certified Therapeutic Riding Instructors, PATH Intl. Equine Specialists, licensed therapists, credentialed mental health professionals, and specially trained volunteers.

Please complete and sign all enclosed forms and review the Policies section carefully, as adherence is mandatory for safety and program continuation. Please return the entire packet to our office prior to the participant's first scheduled lesson/ session.

GAIT EAS 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/ caregiver consent. Discharge of participants would follow the PATH Intl. Accreditation Standards.

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

Sincerely,

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





GAIT EQUINE ASSISTED SERVICES

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Veterans Fellowship (VF) Forms

To ensure the safest environment and the highest quality of services, all participants must adhere to GAIT's established policies. Please review the following policies and sign all necessary forms. These forms are **valid for the current year only**, and must be updated annually. If you have any questions regarding this packet, please contact our office.

I. Attendance & Logistics

- **Fellowship Details:** This program focuses primarily on groundwork activities and horsemanship skills designed to foster personal growth, communication, and educational development. Activities include, but are not limited to: equine handling, grooming, and herd observation.
 - **Note:** This program **does not** include mounted activities.
- **Schedule/ Absences:** Participants meet on Fridays from 12 pm- 2 pm
 - Lunch and refreshments are included
 - Please contact the office to confirm your attendance/ absence so staff can make necessary arrangements for lunch
- **Parking:** Accessible parking is available next to the barn and indoor arena

II. Safety Guidelines

- No smoking ANYWHERE on the premises
- Please do not enter the stable area/ interact with horses without a PATH Intl. CTRI or ES present
- Please refrain from climbing/ sitting on fences or gates, making loud noises, using umbrellas, running, or throwing objects while horses are in the arena, as this may distract horses
- Please note that GAIT is a farm setting with uneven ground, gravel, dirt, concrete and sand surfaces, environmental sounds, sights, and tactile conditions.
- Please note that barn environments are unique and may not be possible to fully disinfect every item or equipment
- **Mandatory Footwear:** Please wear boots (*no steel toe*) or sneakers; riding boots or hard soled shoe with a heel are preferred. **Open toed shoes, sandals, or crocs are not permitted**
- **Clothing:** Wear long pants and t-shirts to protect skin; dress appropriately for weather

I affirm that I have reviewed and agree to adhere to all policies, safety guidelines, and requirements outlined by GAIT EAS. I understand that the information provided in this packet is accurate to the best of my knowledge. I know of no reason why I should not participate in GAIT EAS's programs.

Signature: _____

Date: _____



Participant Application and Contact Information (Form 1)



Date: _____

Participant's Contact Information:

Participant's Name: _____ DOB: _____ Age: _____

Mailing Address: _____ City _____ ST _____ ZIP _____

Employer/School: _____ Email: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

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

Would like your email to be added to GAIT's newsletter?: Yes No

("NO"- you will only receive emails in regards to billing, program updates, and session calendars. You will not receive emails about GAIT's newsletter, events, or fundraisers. You can opt in or out at any time)

Parent/Legal Guardian/Authorized Caregiver Contact Information:

Name: _____ Email: _____

Primary Phone: _____ Alternate Phone: _____

Emergency Contact Information:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____



Participant's Health History and Goals

(Form 2)



I. Health History:

Participation may include communicating with others, following directions, walking for extended periods of time on uneven terrain, jogging short distances, working in hot/cold conditions, lifting, and working around large animals.

If you have any limitations that may present a challenge to your participation, please let us know so we can do our best to accommodate you! Please use the space below to describe and current or past health conditions, physical limitations, or recent medical events (*i.e. surgeries, hospitalizations, or lifestyle changes*) that may affect your ability to safely and consistently participate in the activities outline above:

II. Personal Information:

- How did you learn about GAIT EQUINE ASSISTED SERVICES? _____

- Do you have any horse experience? **No** **Yes** If yes, please describe: _____

- What other skills/ interests do you have? _____

III. 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.



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 EAS, I authorize GAIT 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 Equine Assisted Services

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 print name/sign and date each section

1. **LIABILITY RELEASE:**

I would like to participate in GAIT EAS'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 EAS, 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 GAIT's and PATH Intl.'s website, social media sites, and/or for print:*

I, _____ **(print name),**

(check one) **DO**

or **DO NOT**

hereby consent to and authorize the use and reproduction by GAIT EAS and/or PATH Intl. of any and all audio/visual materials taken of me/my son/my daughter/my ward for promotional printed materials, website, social media sites, education activities and exhibitions or for any other use for the benefit of GAIT EAS, PATH Intl., and equine-assisted services.

Signature: _____

Date: _____