

# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Volunteers Needed



TRRC, Inc. is currently seeking volunteers to assist with the therapeutic riding program.

### **Volunteer opportunities include but not limited to:**

- GROOMING AND TACKING HORSES
- LEADING HORSES
- SIDE-WALKING
- WORKING with the therapist
- ASSISTING STUDENTS with horses before and after lessons
- GARDENING, WORKING on trails

Tuesday, Wednesday, and Saturday shifts available...

No experience is necessary...

Volunteers must be at least 14 years of age...

**TRRC is located at 3750 Shady Lane, Glenwood, Maryland – 410-489-5100**

#### Directions:

##### *From Baltimore:*

Take 1-70 West to Rt. 32 South. Proceed 3 miles.  
Turn right onto Burntwoods Road. Drive 2.2 miles.  
Turn left at fork onto Shady Lane. Drive 1 mile.  
TRRC is on the right.

##### *From Washington, D.C.:*

Take Rt. 97 North (Georgia Ave) through Olney and Sunshine.  
Turn right onto Burntwoods Road. Drive .7 miles.  
Turn right onto Shady Lane. Drive 1 mile.  
TRRC is on the right.



Since 1983

# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Therapeutic Rider Packet Contents



Thank you for your interest in the Therapeutic and Recreational Riding Center, Inc. (TRRC), a Premier Accredited Program through the North American Riding for the Handicapped Association.

Enclosed you will find the forms necessary for Equine Assisted Therapy and/or Therapeutic Riding sessions.

**An initial Evaluation by a TRRC, Inc. Therapist is required to determine rider placement.**

Forms in Packet:

1. Equine Assisted Therapy and Therapeutic Rider Contract (2 pages)
2. Rider Application and Health History (2 pages)
3. Authorization for Emergency Medical Treatment
4. Physician Referral and Medical History
  - This form is to be completed by the rider's physician.
  - For riders with Down's syndrome, please have the physician complete the second section (block) of this form.
5. Therapy Assessment
  - This form should be completed by the rider's current therapist (not affiliated with TRRC, Inc.) if currently being seen for clinical therapy.
6. Rider's Consent for Release of Information
7. Therapy Payment Agreement
8. Confidentiality Policy and Agreement
9. Rider Behavior Contract
10. Fire Evacuation Procedure
11. Caregiver Information Sheet
12. Billing Information Sheet

**PLEASE BE SURE YOU READ AND UNDERSTAND THE TWELVE FORMS ABOVE!**

Forms 1, 2, 3, 6, 7, 8, 9, 10 & 11 require rider, parent or guardian signatures. Forms 4 & 5 require signature of the rider's physician and the rider's therapist respectively.

***Forms 1 – 12 must be completed and returned before your evaluation.***

13. Membership Application
  - Membership is optional
  - Membership donation fees along with grants and fundraisers subsidize 50% of program services. We deeply appreciate your donation, large or small. Your membership donation will help fund scholarships, purchase/maintain equipment, equine support, maintain/upgrade facilities and bring smiles to our many riders and their families.

TRRC, Inc. is a 501(c) (3) non-profit charitable organization. In an effort to keep costs at a minimum for our riders, TRRC, Inc. *depends* on the volunteer efforts of riders' family and friends. The Center is always in need of volunteers to donate an hour or two (or more) each week.

Volunteers can help in many ways, depending on their interest and skills, and on the needs of the Center. Leading, sidewalking, grooming and tacking the horses; stable management, fund-raising, special events and office work all offer excellent volunteer opportunities. Training, support and social events are available. If you are interested or know anyone who might be, please contact TRRC, Inc. at 410-489-5100.

TRRC, Inc. is a Premier Accredited Program through the North American Riding for the Handicapped Association (NARHA) and is a member of the Federation of Riding for the Disabled International.

We are a smoke, alcohol and drug-free environment!



# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Equine Assisted Therapy and Therapeutic Rider Contract



Rider's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Alt. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Billing Address (if different from above)\* \_\_\_\_\_

*\*TRRC, INC. does not have the capability to direct-bill any insurance company.*

### Equine Assisted Therapy Fees:

\$138.00 for the initial assessment treatment (evaluation)

\$69.00 per half-hour for each treatment session

**Pre-payment** of initial assessment treatment (evaluation) is requested **before** evaluation begins. TRRC, Inc. will bill you for any further therapy on a monthly statement. Payment is due and payable upon receipt of said statements. TRRC, Inc., reserves the right to change fees at any time.

**Therapeutic Rider Fees:** After the initial Equine Assisted Therapy evaluation and placement, a series of 6 (six) weekly riding lessons are requested for therapeutic riders.

#### Group:

One Hour - \$36.00  
Not available at this time

#### Semi-Private:

One Hour - \$61.00  
Half Hour - \$33.00

#### Private:

One Hour - \$73.00  
Half Hour - \$39.00

**Pre-payment** of 6 (six) sessions is required at initial visit. TRRC, Inc. will then bill you on a monthly statement for 6 (six) weeks. After a 6-session pre-payment is used up, another pre-payment charge occurs automatically. If you choose to withdraw before all prepaid sessions are used, the pre-payment will then be forfeited and donated to a scholarship fund to support a child in therapy. Payment is due and payable upon receipt of said statements. An **insurance liability surcharge** of \$40 **will be charged with the first six sessions and annually thereafter.** TRRC, Inc. reserves the right to change fees at any time.

- To keep Therapeutic Riding Lessons/Equine Assisted Therapy affordable to riders, 50% of the cost is subsidized by private donations, grants and fundraisers.
- To keep our costs down and our services on-going, TRRC, Inc. relies largely on family members to volunteer in the arena leading and sidewalking, and to volunteer time and assistance in fundraising events.

**Please come to the lesson 1/2 hour early to assist with tacking and grooming, and be prepared to stay 1/2 hour after class to assist with untacking and cooling of the horse.**

### CANCELLATIONS:

- Notice of cancellation is required at least **24 hours in advance** by calling the Center at 410-489-5100 or e-mailing Trrc01@aol.com
- In the event of a no-show, no call, lesson charge will be applied. (Hardship/medical absenteeism situations may receive special exception).
- Students taking private lessons are permitted one excused absence per month (calling 24 hrs. in advance).

*Please continue the **Equine Assisted Therapy and Therapeutic Rider Contract** on Page 2 . . .*

# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

Rider's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Medical Information & Approval for Riding:** TRRC, Inc. reserves the right to request yearly updates of medical histories and to make the final judgment of whether the applicant/rider is medically able to participate in equine activities. In addition, applicants/riders under age 20 with Down's Syndrome will be required to have a negative baseline x-ray prior to initial assessment treatment (evaluation).

**Prescription Medicine:** All non-emergency prescription medicine should be used before arrival at TRRC, Inc. Any persons (staff, volunteer, student/camper and family visitors) needing emergency medication due to a pre-existing condition, should have this noted in file by a physician. In order for TRRC, Inc. staff to administer emergency medication, release and emergency contact forms must be filled out and on file. Parents/Guardians and adult volunteers are responsible for keeping their own files current beyond TRRC's annual update. Any emergency medication should be carried at all times and include specific directions.

**Representation:** Rider and/or Responsible Party warrant and represent that Rider has no disability, impairment or ailment preventing him/her from engaging in active exercise or that will be detrimental to his/her health, safety or physical condition if he/she does so engage or participate. This representation is made by the Rider and Responsible Party knowing that TRRC, Inc. will rely upon same representation with respect to riding or other activities offered.

**Apparel:** **ALL RIDERS MUST WEAR A SAFETY HELMET THAT MEETS ASTM/SEI STANDARDS & USE SAFETY STIRRUPS.** Both are provided by TRRC, Inc. Proper clothing includes long pants and hard-soled shoes with a heel. Sneakers are prohibited. TRRC, Inc. staff reserves the right to inspect and approve/disapprove of gear and/or require additional gear for safety, weather and other conditions.

**Valuables:** Everyone is urged to avoid bringing valuables on the premises. TRRC, Inc., its agents or employees, shall not be liable for loss, theft or damage to personal property of riders, family members or guests.

**Liability:** Rider and/or rider's family and guests using the facilities and equipment, do so at their own risk. TRRC, Inc. shall not be liable for any damages arising from personal injuries or damages sustained in, on or about the premises. Rider and Responsible Party assume full responsibility for any injuries or damages, and do hereby and forever, release and discharge TRRC, Inc. and its owners, employees and agents, from any and all claims, demands, damages, rights or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the rider's, family's, or guests' use or intended use of facilities and/or equipment.

**Weight Restriction:** For the health and safety of rider, horse and staff, TRRC has a weight restriction of 190 pounds. All riders agree to be weighed prior to riding as a condition precedent to their participation.

**Rules and Regulations:** Rider and Responsible Party agree to abide by all TRRC, Inc. rules and regulations which may be issued or amended, orally or written, at TRRC's sole discretion.

**Right of Cancellation:** Rider or Responsible Party has the right to cancel this agreement and receive a full refund within three (3) business days after TRRC's receipt of the contract. Cancellation must be in writing and delivered in person, or sent by certified or registered mail, to: Therapeutic and Recreational Riding Center, Inc., 3750 Shady Lane, Glenwood, Maryland 21738.

\_\_\_\_\_  
Signature of Responsible Party from Page 1      Date

★ \_\_\_\_\_  
Required Signature of 2<sup>nd</sup> Parent/Guardian      Date

★ **TRRC's insurance requires the 2<sup>nd</sup> signature.**

***If there is a special circumstance, please contact Helen Tuel, TRRC, Inc. Director.***



# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Rider Application and Health History



**(Note: This form NEEDS 2 (two) signatures below)**

### GENERAL INFORMATION

Participant/Rider: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weight\*: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ **\* For the health and safety of rider, horse and staff, TRRC has a weight restriction of 190 pounds. All riders agree to be weighed prior to riding as a condition precedent to their participation.**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Title/Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Legal Guardian/Caregivers: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Riding Ability: \_\_\_\_\_ Beginner (Less than 2 yrs. experience) \_\_\_\_\_ Novice (2-6 yrs. experience) \_\_\_\_\_ Intermediate (6-12 yrs. experience)  
 \_\_\_\_\_ Advanced (12+ yrs. experience)

### HEALTH HISTORY

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

*Please indicate any current or past special needs/concerns in the following areas:*

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies (i.e. asthma, bee sting, dust)			
Other			

# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

Participant/Rider: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please list pertinent information under the appropriate heading:

**MEDICATIONS** (include prescription, over-the-counter & herbal; name, dose, and frequency):

**PHYSICAL FUNCTION** (describe abilities/difficulties; mobility skills):

**PSYCHO/SOCIAL FUNCTION** (describe abilities/difficulties; work/school issues, relationships-family structure, support systems; grades completed, hobbies, fears, companion animals, etc):

**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish?):

To my knowledge, there is no other information about the applicant that is pertinent to TRRC, Inc. and/or riding horses:

\_\_\_\_\_  
Signature of Responsible Party from Page 1

\_\_\_\_\_  
Date



\_\_\_\_\_  
Required Signature of 2<sup>nd</sup> Parent/Guardian

\_\_\_\_\_  
Date

**★ TRRC's insurance requires the 2<sup>nd</sup> signature.**

***If there is a special circumstance, please contact Helen Tuel, Director, TRRC, Inc.***

**It is understood** that photographs/videotapes are routinely made of riders, volunteers, staff members and other participants in the program. TRRC, Inc. is hereby granted permission to make use of such photos/videos in which the rider, family or guests may appear for TRRC's publications, presentations for public awareness, educational/research or other purposes.

## PHOTO RELEASE

I   DO     DO NOT   consent to and/or authorize the use and reproduction by TRRC, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

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

Rider, Parent or Legal Guardian  
**Signed in presence of Center staff**



# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Authorization for Emergency Medical Treatment



Rider's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

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

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

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

**CONSENT PLAN:** In the event emergency medical aid or treatment is required due to illness or injury while receiving services or while on the property of TRRC, Inc., I authorize TRRC, Inc. to:

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

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

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

Rider, Parent or Legal Guardian

**Signed in presence of Center staff**

Printed Name of Above: \_\_\_\_\_ Phone # \_\_\_\_\_

**NON-CONSENT PLAN:** I do not give my consent for emergency medical treatment/aid in the case of illness or injury while receiving services or while on the property of TRRC, Inc.

\_\_\_ Parent, legal guardian or caretaker will remain on site at all times during equine assisted activities

\_\_\_ In the event emergency treatment/aid is required, I wish alternate procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Rider, Parent or Legal Guardian

**Signed in presence of Center staff**

Printed Name of Above: \_\_\_\_\_ Phone # \_\_\_\_\_



# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Physician's Referral and Medical History



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

**Diagnosis Code: ICD-9**

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure type: \_\_\_\_\_ Controlled: Y\_\_ N\_\_ Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_ Date of last: \_\_\_\_\_

Shunt Present: Y\_\_ N\_\_ Date of last revision: \_\_\_\_\_ Braces/Assistive Devices: \_\_\_\_\_

Mobility: Independent Ambulation Y\_\_ N\_\_ Assisted Ambulation Y\_\_ N\_\_ Wheelchair Y\_\_ N\_\_

Special Precautions/Needs: \_\_\_\_\_

*TRRC, Inc. requires that individuals with Down's syndrome be fully examined for atlantoaxial instability. Once a negative baseline is established, further x-rays are at the discretion of the parents and physician.*

Date of x-rays: \_\_\_\_\_ Radiologist: \_\_\_\_\_ Results: + -

Neurological symptoms of atlantoaxial instability: \_\_\_\_\_

Please indicate any special needs/concerns:	Yes	No	Comments (if necessary, continue on back)
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies (i.e. asthma, bee sting, dust)			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the NARHA accredited center, TRRC, Inc., will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



Since 1983

# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Therapy Assessment



*(To be completed by Rider's current therapist **IF** currently being seen for clinical therapy)*

Patient's Name: _____	Date of Birth: _____
Diagnosis: _____	Date of Onset: _____
Adaptive Equipment: _____	

Other Pertinent Medical History:

Tolerance & Endurance:

\_\_\_\_\_ Low      \_\_\_\_\_ Medium      \_\_\_\_\_ High

ROM:

Muscle Strength:

Sensory:

Present Level of Function:

Spasticity:

Pain:

Balance Sitting:

Balance Standing:

Ambulation/Gait:

W/C Mobility:

Transfers:

Sitting to Standing:

Standing to Sitting:

Car to W/C:

Self-Care:

Personal Hygiene:

Eating:

Dressing:

Precautions/Contraindications:

Problem Areas:

Goals

Short Term:

Long Term:

Therapist: \_\_\_\_\_

Considerations for Mounting:

Date of Evaluation: \_\_\_\_\_



Since 1983

# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Rider's Consent for Release of Information



I hereby authorize: \_\_\_\_\_  
*(Person or Facility)*

to release information from the records of: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Rider's Name*

The information is to be released to: \_\_\_\_\_  
*TRRC or Therapist's Name*

for the purpose of developing an equine activity program for the above named rider. The information to be released is indicated below:

- Medical History
- Physical Therapy evaluation, assessment and program plan
- Occupational Therapy evaluation, assessment and program plan
- Speech Therapy evaluation, assessment and program plan
- Mental Health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-Behavioral Management Plan
- Other:

\_\_\_\_\_

This release is valid for one year and can be revoked, in writing, at my request.

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



Printed Name of Above: \_\_\_\_\_

Relation to Rider: \_\_\_\_\_

Please send materials to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**Confidentiality Policy and Agreement**



TRRC, Inc. shall preserve the right of confidentiality for all individuals in its program. Any and all full and part-time staff, independent contractors, temporary employees, board members, volunteers, and others, shall keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family.

TRRC, Inc. recognizes that a rider of his/her family members may not have legal authority to disseminate information, whether due to age or mental capacity. As a general rule, infants and children under the age of 18 years DO NOT have legal authority to consent to disclosure. Only parents, legal guardians, or others (as defined by the state statute) have this authority. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision-maker has been appointed, TRRC, Inc., and its representatives, must obtain specific and informed written consent from that individual.

The policy extends to all situations involving TRRC, Inc. and its clients, whether or not any information was disseminated accidentally or on purpose.

TRRC, Inc. shall not disseminate to its employees or others, knowledge of a person's medical or sensitive information unless there is a risk to others through casual contact and permission has been obtained.

TRRC, Inc. shall reserve the right to use universal precautions for all situations in which staff may be exposed to the blood of a rider. TRRC, Inc. shall act under the assumption that all riders may have a blood borne disease. Such actions do not indicate a breach of confidentiality, but rather a general policy for use in all situations in which persons are exposed to another's blood.

TRRC, Inc. shall only disclose information to outside agencies/individuals with the specific written consent of the rider/legal representative. In cases of medical emergency due to illness or injury while receiving services or while on the property of TRRC, Inc., this policy shall recognize to the required Authorization for Emergency Medical Treatment as such required written consent.

Any breach of the above confidentiality policy by staff, volunteers, and other persons will result in:

- 1) a documented verbal warning;
- 2) a formal written reprimand;
- 3) dismissal.

**Confidentiality Statement**

*By signing below, I certify that I understand and will observe the confidentiality policy of TRRC, Inc.*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC. Therapeutic Rider Behavior Contract



**THE BOTTOM PORTION MUST BE SIGNED and RETURNED TO TRRC!**

At TRRC, Inc., safety is our top priority. To ensure the safety of the riders, staff and horses, we ask that you review the following guidelines with your child. Both the parent/guardian and student should sign the contract and return the bottom segment to TRRC, Inc. If the rider is an adult, we ask you to sign this as well.

1. Arrive 30 minutes before your lesson to allow time to find your helmet and be prepared for your lesson.
2. Students will wear a properly fitted ASTM/SEI approved helmet at **ALL** times while mounted. Helmets are the most important piece of equipment you will have. Although we do have spare helmets, we strongly recommend you purchase your own properly fitted helmet.
3. Students will wear shoes with a heel (preferably boots) and long pants.
4. Students should not mount until they are instructed to do so
5. We encourage the students to take responsibility for their horses. Students should (when appropriate) bring their horses to the arena. They may help groom, tack, and after their ride, untack and take out the horses if they are done. This should always be done with the permission and supervision of the staff.
6. **NO ONE** will be allowed to hurt or abuse the horses, staff or fellow riders. Unacceptable behavior will result in early dismissal from the class. If such behavior is not corrected, the student may be asked to leave the program.
7. The student agrees to listen to the instructor/therapist and follow directions.
8. Students are encouraged to ask questions and ask for help when needed.
9. No running or roughhousing in the rider support building, arena, barn and other areas where horses are present.
10. Touching another rider or instructor in an inappropriate manner may be grounds for removal from the program.
11. Please do not enter stalls without the permission of the instructor/therapist or paid staff.
12. When offering horses a treat, we require you to use the "carrotting method" of placing the treat in a dish and slipping it under the door. Putting your hand through the bars can be dangerous as the horses may mistake your fingers for a treat. Carrots, apples and horse cookies are all welcome. No sugar cubes or candy, please - it hurts their teeth.
13. When in the observation room, please speak quietly and do not tap on the glass – it scares the horses.
14. **NO SMOKING, NO DRUGS** (except prescription medication) and **NO ALCOHOL** use prior to riding.
15. Please be respectful of the horses, equipment and people while you are at TRRC, Inc.
16. **HAVE FUN!!!!!!**

I (we) have read the above contract and agree to follow the above rules set by TRRC, Inc. I understand that failure to follow the above rules may lead to dismissal from the program.

\_\_\_\_\_

Rider Signature Date

\_\_\_\_\_

Parent/Guardian Date

**YOUR COPY**

**Cut Here**

Please sign and return **this portion** to TRRC, Inc. If the rider is a minor, both the parent and child should sign the contract.

I (we) have read the above contract and agree to follow the above rules set by TRRC, Inc. I understand that failure to follow the above rules may lead to dismissal from the program.

\_\_\_\_\_

Rider Signature Date Printed Name of Rider

\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_

Parent/Guardian Date

**TRRC'S COPY**  
(TH Rider Behavior Contract)



**TRRC Fire Evacuation Procedure**

**THE BOTTOM PORTION MUST BE SIGNED and RETURNED TO TRRC!**

**When the FIRE ALARM sounds:**

- All riders and family members must immediately and orderly exit the Rider Support Building, stalls or arena and proceed to the **flag court** at the top of the hill. Delay in exiting the building could interfere with trained staff assisting riders needing support, and the horses.
- Exit the building at the nearest **EXIT** (marked with the red EXIT sign and a spot light).
- All riders on the trails will dismount and remain in radio contact to await further instruction.
- Do NOT return into any building, stall or arena again for ANY REASON.
- A senior staff member has been assigned to sweep the building and assure that every single person is out of the building and all rooms are vacated. Once the building has been checked, the staff will be able to assist with the horses.
- Do NOT go into any of the riding arenas or stalls to help the staff, or to retrieve riders or horses. The staff has been trained on the proper emergency evacuation procedures and will join family members at the flag court. NO HORSES WILL BE RESCUED UNTIL ALL PEOPLE ARE SECURED SAFELY.
- Do NOT attempt to assist with the horses. They could become very unpredictable and dangerous with all of the activity, noise and smells. Allow only trained staff members to work with the horses.
- Do NOT drive away from TRRC when the fire alarm sounds even if you have your rider. Moving vehicles will add to the confusion and are too dangerous with all of the movement of people and horses.
- All vehicles and debris must stay clear of the fire lanes and driveway to allow access by Emergency Vehicles.
- Once the "All Clear" is given, staff, riders, and family members can proceed back to the buildings for normal operations.

***Thank you for following these life-saving procedures to assure the safety of our loved ones, both human and animal.***

**By signing below, I agree to follow the Fire Evacuation Procedures**

\_\_\_\_\_

Rider/Guardian Signature Date

**YOUR COPY**

-----  
*Cut Here*

**By signing below, I agree to the Fire Evacuation Procedures**

\_\_\_\_\_

Rider/Guardian Signature Date

\_\_\_\_\_

**Printed Name of Rider**

**TRRC'S COPY**  
**(Fire Evacuation)**

## Parent/Guardian/Caregiver Information Sheet

Thank you for choosing TRRC, Inc. Our primary goal at TRRC is **safety**. You can help us to keep your child safe by following a few simple rules:

- Please arrive 30 minutes before your child's lesson to allow sufficient time to be ready for the lesson.
- **Remember to have your child wear the proper riding clothing: ASTM/SEI approved helmet, boots and long pants. Students will not be allowed to ride in sneakers or shorts. She/he must always wear an ASTM/SEI approved helmet when mounted.**
- No dangling jewelry. No perfumes, as they attract bees and biting insects.
- Assist your child with getting their horse only if you feel comfortable and the student has been approved for this activity. Allow the student to do the job as much as possible.
- Please do not mount the student unless requested to do so by the instructor or therapist.
- The relationship between the instructor/therapist and rider is very important. If your child is having any problems or has special needs, please inform the staff about it. We are here for you.
- Please do not enter stalls or allow your child, siblings, and friends to do so unless supervised by staff.
- Do not put your hands or allow your child, siblings, and friends to put hands through the bars of the stall. Horses are strong and might mistake a finger for a carrot. Please follow our "carrotting policy" and place the treat on a dish and slip it under the door.
- You are welcome to bring treats for the horses. Carrots, apples and horse cookies are all welcome; no sugar cubes or candy, please - it hurts their teeth.
- Please remind your child, siblings, and friends not to run or make loud noises in the rider support building, arena and around the horses.
- When in the observation room, do not tap on the glass – it scares the horses. Encourage children to speak, move quietly in this area – strong sounds can scare the horses.
- Please no flash photography. The flash may frighten the horses. Staff will be happy to take the horse outside into better lighting if time allows.
- No dogs are allowed in or around the barn and arenas (indoors or outdoors). If you bring your dog and need to walk it, please keep it on the leash and well away from the horses and riders.
- If you see anything that might be unsafe or dangerous, such as reins that are hanging loose or someone in trouble, PLEASE notify a staff member immediately.
- **We encourage all family members to be current in CPR/First Aid.** The Center has an AED (Automated External Defibrillator) – an oxygen tank is located with the AED. Staff is certified annually in its use.
- We welcome your help. If you would like to volunteer, please let us know.
- If there is anything you need, please do not hesitate to ask.



# Therapeutic and Recreational Riding Center, Inc.



## Billing Information Sheet (TH)

PRINT ALL INFORMATION

Rider Name:  
(PRINT)

\_\_\_\_\_

Last

\_\_\_\_\_

First

Address:  
(PRINT)

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Home Phone:

\_\_\_\_\_

Work/Alt. Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

*TRRC utilizes an automated calling and texting service for emergency notifications, including closure due to inclement weather. Indicate preferred contact number(s) with an asterisk (\*) - maximum two please.*

E-mail address: *PRINT CLEARLY!*

\_\_\_\_\_

Rider DOB:

\_\_\_\_\_

*mm/dd*

Health Insurance Provider:

\_\_\_\_\_

Diagnosis Code:

\_\_\_\_\_

Preferred method to  
receive monthly statement:

Email

\_\_\_\_\_

Hard mail

\_\_\_\_\_

Printed Names of  
Parent(s)/Guardian(s):

\_\_\_\_\_

*Therapeutic and Recreational Riding Center, Inc. 3750 Shady Lane, Glenwood, MD 21738*

Office: 410-489-5100

Fax: 410-489-3663

trrc01@aol.com

www.trrcmd.org



# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Membership Agreement



TRRC, Inc. is a 501 (c) (3) non-profit charitable organization. We could not offer quality services without support from the community. The private donations, grants, and fundraisers subsidize 50% of program services. We deeply appreciate your donation, large or small. Your membership donation will help fund scholarships, purchase/maintain equipment, equine support, maintain/upgrade facilities, and bring smiles to our many riders and their families.

I would like to become a Member. I have enclosed \$ \_\_\_\_\_ for the membership level checked below:

_____ Hoofprints	\$ 35
_____ Pony	under \$100
_____ Mustang	\$100
_____ Stallion	\$500
_____ Thoroughbred	\$1,000

Name: \_\_\_\_\_  
Last First

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

Home Phone: \_\_\_\_\_ Work/Alt. Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (PLEASE PRINT)

Parents/Guardians: \_\_\_\_\_

My employer has a matching gift program: Y \_\_\_\_\_ N \_\_\_\_\_ (If yes, please forward a copy of the policy)

I am a Federal Employee (The CFC Campaign accepts TRRC, Inc.): Y \_\_\_\_\_ N \_\_\_\_\_

Please fill in below if this is a gift membership:

Name: \_\_\_\_\_  
Last First

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