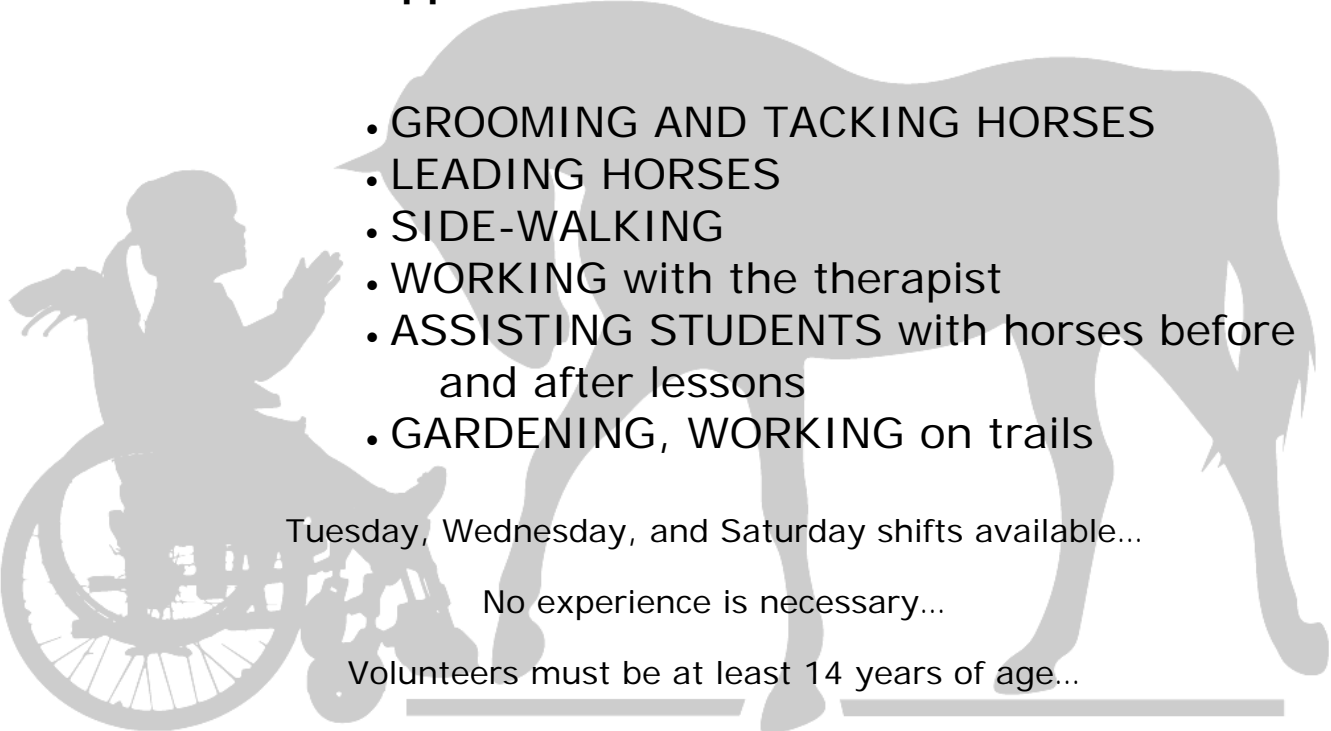


**THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.**

**Volunteers Wanted**

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** 

**DIRECTIONS:**

***From Baltimore:***

Take 1-70 West to Rt. 32 South.  
Take the exit toward Ten Oaks Rd/Burntwoods Rd.  
At the traffic circle, take the 2nd exit.  
At the next traffic circle, take the 1st exit onto Burntwoods Rd.  
Turn left at fork onto Shady Lane. Drive 1 mile.  
TRRC is on the right.

***From Washington, DC:***

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



# 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 Professional Association of Therapeutic Horsemanship International (PATH).

Enclosed you will find the forms necessary for therapeutic riding lessons.

### Forms in Packet:

1. Therapeutic Rider Contract (2 pages)
2. Rider Application and Health History (2 pages)
3. Authorization for Emergency Medical Treatment
4. Medical History and Physician's Statement
  - 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. Payment Agreement
6. Confidentiality Policy and Agreement
7. Rider Behavior Contract
8. Fire Evacuation Procedure
9. Caregiver Information Sheet
10. Billing Information Sheet

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

Forms 1, 2, 3, 6, 7, 8, 9, & 10 require rider, parent or guardian signatures. Form 4 requires signature of the rider's physician.

***Forms 1 – 10 must be completed and returned BEFORE your evaluation.***

11. 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, side-walking, 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 Professional Association of Therapeutic Horsemanship International (PATH) 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.



## Therapeutic Rider Contract

**(Note: Page 2 of this form needs 2 (two) signatures)**

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

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

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

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

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

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

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

### Therapeutic Rider Fees:

**Group:**  
One Hour - \$45.00

**Semi-Private:**  
One Hour - \$70.00  
Half Hour - \$38.00

**Private:**  
One Hour - \$82.00  
Half Hour - \$44.00

**Pre-payment** of 6 (six) sessions is required at initial visit. TRRC, Inc. will then bill you on a monthly statement for 4 (four) weeks. After a 4-session pre-payment is used up, another pre-payment charge occurs automatically. If you choose to withdraw before all prepaid sessions are used, the credit 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.

### Credit Balances:

*Any credit balance for lessons not used within a six-month period will be donated to the TRRC, Inc. Scholarship Fund.*

- To keep Therapeutic Riding Lessons 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.**

### **TRRC Cancellation Policy**

- TRRC, Inc. requires 24 hour notice for the cancellation of a lesson by calling the Center at 410-489-5100 or e-mailing Trrc01@aol.com and trrcrobin@verizon.net. Due to the complexity of the team's preparation for each lesson, less than 24 hour notice negatively impacts both efficiency of lessons that day and resources available. TRRC, Inc. reserves the right to charge a \$40 cancellation fee if sufficient notice is not given. An occurrence of 3 consecutive lessons cancelled without appropriate notice will result in forfeiture of the time slot held to allow for TRRC, Inc. to best serve all clients in need of services.
- In the event of a no-show, no call, a lesson charge will be applied. (Hardship/medical absenteeism situations may receive special exception).

*Please continue the Therapeutic Rider Contract on Page 2 . . .*

# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

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

DOB: \_\_\_\_\_

**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.

This Agreement constitutes the entire and exclusive agreement between the parties. Any promises, representations, understandings, oral or written, pertaining directly or indirectly to the Agreement which are not contained herein, are hereby waived. This Agreement may be modified only by an instrument in writing and signed by all parties.

 \_\_\_\_\_  
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 Dr. Helen Tuel, Founding Director, TRRC, Inc.**



# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## TR Rider Application and Health History

**(Note: This form NEEDS 2 (two) signatures on Page 2)**



### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ 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: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent/Legal Guardian: \_\_\_\_\_

Caregivers: \_\_\_\_\_

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               |     |    |          |
| Other                   |     |    |          |



# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



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

DOB: \_\_\_\_\_

Please list pertinent information under the appropriate heading:

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

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

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

**PHYSICAL FUNCTION** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding):

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

**PSYCHOSOCIAL FUNCTION** (e.g., work/school issues, grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, 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 Dr. Helen Tuel, Founding 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.



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

Dear Health Care Provider:

Your patient, \_\_\_\_\_  
(participant's name)

is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

## Orthopedic

Atlantoaxial Instability - include neurologic symptoms  
Coxarthrosis  
Cranial Defects  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

## Neurologic

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/Tethered  
Coed/Hydromyelia

## Other

Age - under 4 years  
Indwelling Catheters/Medical Equipment  
Medications - e.g., Photosensitivity  
Poor Endurance  
Skin Breakdown

## Medical/Psychological

Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions (e.g., RA, MS)  
Fire Setting  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact TRRC Inc. at the address/phone listed below.

Sincerely,

DR. HELEN TUEL, Founding Director, TRRC, Inc.  
410-489-5100





Medical History and Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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

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

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

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

Shunt Present: Y N Date of last revision: \_\_\_\_\_

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

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

Braces/Assistive Devices: \_\_\_\_\_

TRRC, Inc. requires that individuals with Down syndrome be fully examined annually 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 Atlanto-Axial Instability: Present Absent

Table with 4 columns: Please indicate any special needs/concerns, Yes, No, Comments (if necessary, continue on back). Rows include Auditory, Visual, Tactile Sensation, Speech, Cardiac, Circulatory, Integumentary/Skin, Immunity, Pulmonary, Neurologic, Muscular, Balance, Orthopedic, Allergies, Learning Disability, Cognitive, Emotional/Psychological, Pain, Other.

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities. I understand that the PATH Intl. accredited center, TRRC, Inc., will weigh the medical information given against the existing precautions and contraindications. Therefore I refer this person to TRRC, Inc. for ongoing evaluation to determine eligibility for participation.

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

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

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

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_



# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

## Payment Agreement



Participant/Rider Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Payment Information:

Social Security Number of Responsible Party: \_\_\_\_\_

I plan that payment will be made by:

\_\_\_\_\_ Rider      \_\_\_\_\_ Parent      \_\_\_\_\_ Legal Guardian  
\_\_\_\_\_ Organization \_\_\_\_\_)

By signing this document, I certify that any service the above receives at TRRC, Inc. will be paid by me, the Responsible Party. All services rendered by TRRC, Inc. must be paid in full.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Responsible Party



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/participant 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.

## 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.

Participant 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.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name of Participant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

# THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



## 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/Participant**

**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 "carroting 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 (TR)

(Goes to Robin Horton)



### PRINT All Information

DATE: \_\_\_\_\_

Rider Name:  
(PRINT)

\_\_\_\_\_ Last

\_\_\_\_\_ First

Address:  
(PRINT)

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

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

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

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

***TRRC utilizes an automated calling service for emergency notifications, including closure due to inclement weather. Indicate preferred contact number with an asterisk (\*).***

E-mail address: ***PRINT CLEARLY!*** \_\_\_\_\_

Rider DOB: \_\_\_\_\_ (*mm/dd/yyyy*)

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