

Naples Equestrian Challenge, Inc.
206 Ridge Drive, Naples, Florida 34108
Phone: (239) 596-2988 / Fax: (239) 514-2908
E-mail: info@naplesequestrianchallenge.org
Web: www.naplesequestrianchallenge.org

WELCOME!

Welcome to Naples Equestrian Challenge, Inc. equine therapeutic riding program. We teach basic riding skills to riders of all ages with disabilities. Our program is designed to benefit our riders physically, socially, and emotionally by using horses and volunteers who are trained to work with individuals of varying disabilities.

Included in your rider request package are the following items:

1. Welcome Page
2. Rules for Riding
3. Rider Request Form
4. Annual Physicians Referral Form
5. Emergency Medical Form
6. Photograph/Name Release Form
7. Release & Hold Harmless Agreement
8. Billing & Payment Policy
9. Physical or Occupational Therapy Evaluation Form
10. Family Volunteer Request Form

Upon completion of these forms, please return them to the office as quickly as possible. We ride on Saturday mornings from 7:30 until 12:15, Monday afternoons from 3:30 until 6:45 p.m., Wednesday afternoons from 4:15 – 6:45 p.m., Thursday mornings from 9:00 until 11:30 and Thursday afternoons from 4:15 until 6:15 p.m. Please check the calendar on our website for the most current riding schedule. After an assessment and an evaluation ride have been completed by our instructors, you will be placed on our waiting list. When an opening occurs, you will be scheduled in the most appropriate class according to the rider's abilities and age. There will be a one-time, non-refundable \$30.00 fee for the rider evaluation.

When you receive your scheduled riding time, please make sure you arrive at least 15 minutes prior to your lesson. This will give you the necessary preparation time before mounting. We do keep attendance records and expect you to let us know if you cannot attend a particular lesson. **IF YOU HAVE MORE THAN TWO ABSENCES WITHOUT PRIOR NOTIFICATION, YOU MAY BE TAKEN OUT OF THE PROGRAM.** In order to avoid disrupting the riding lessons and for safety reasons, when a rider arrives late he/she will not be permitted to ride when the class has already started and the gate to the arena is closed.

Evaluations are done periodically on the progress of riders. If a rider has been evaluated as not gaining benefit from riding therapy, he/she may be removed from the riders list in order to make room for another rider who may be able to benefit from riding therapy.

You may be excused due to minor surgery or illness that takes you out of the program for two months or less, longer than a two month absence will require you to move to the top of the waiting list. The only exception is during the summer sessions due to heat related problems.

Once again welcome to Naples Equestrian Challenge. We hope you will enjoy our program.

Please Keep This Page For Your Reference

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RULES FOR RIDING

1. For your safety, you must follow all of the instructor's directions.
2. **A safety helmet must be worn at all times when riding or in the arena. This helmet must be purchased by the rider/rider parent prior to commencement of riding at NEC. (Please ask a staff member about a local tack shop to purchase the helmet.)**
3. **For the safety of all riders, staff and volunteers, NEC requires the following:**
 - A) **Parent or guardian that understands and speaks English MUST accompany a rider at all times while on NEC property.**
 - B) **A parent or adult guardian must be present during the entire riding lesson for all riders under the age of 21 years old, all non-English speaking riders, and all non-verbal riders. NEC reserves the right to extend this policy to other riders as deemed necessary by a NEC designated representative.**
4. Long pants are recommended as well as shoes/boots with a low heel. Sneakers will be allowed but not recommended.
5. Remember this is Florida. Bring something cool to drink, a hat for shade and a sweat band or towel if needed.
6. Any bleeding or open sores must be covered with a bandage, or the rider cannot attend that session.
7. Please advise the instructor or Program Administrator if the rider has a behavior or medical problem so that assisting volunteers can be informed.
8. Please be sure to advise the instructor of any medical changes (ie: a recent seizure).
9. Please refrain from coaching your rider from the sidelines. It is important their focus remain on the instructor and assisting volunteers.
10. Please make sure that any visitors you bring (including siblings) are kept under your supervision. (No climbing/sitting/standing on the fence, no shouting or loud voices, no running around the riding arena or parking lot, etc.)
11. Please check with the instructor or a staff member before using a camera with a flash. Sometimes, the flash can cause a horse to startle and react suddenly.
12. Parents/Guardians of riders are expected to volunteer at least 5 hours per session. Please refer to the Family Volunteer Request Form to advise us of your interests.
13. Please do not hesitate to ask for help if you are unsure of something. The instructors, staff, and volunteers are always happy to assist.
14. Everyone on NEC property is asked to make themselves aware of and abide by our basic safety rules.

Thank You For Following Our Basic Safety Rules. Safety Is Our Number One Priority.

PLEASE KEEP THESE RULES FOR FUTURE REFERENCE

RIDER REQUEST FORM

Please print or type all information

RIDER'S FULL NAME _____

AGE _____ DATE OF BIRTH _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WHO TO CONTACT _____

RELATIONSHIP _____

PHONE NUMBERS:

_____ (HOME) _____ (WORK) _____ (CELL)

EMAIL ADDRESS _____

IS RIDER ABLE TO (accomplish the following items by themselves?):

	YES	NO
WALK		
SIT		
STAND		
SPEAK		
EAT		
DRINK		
GO TO THE BATHROOM		

CAN THEY RIDE A: _____ TRICYCLE _____ BICYCLE _____ HORSE

DO THEY HAVE ANY FEAR OF: _____ YES _____ NO

	YES	NO
FALLING		
SOUNDS		
HEIGHTS		
ANIMALS		
OTHER		

IS THERE A BEHAVIOR PROBLEM? IF SO, PLEASE DESCRIBE: _____

Signature of Rider/Parent/Guardian

Printed Name of Rider/Parent/Guardian

Dated this _____ day of _____, 20_____.

NEC Date Received: _____ Staff Initials: _____

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ANNUAL PHYSICIAN'S REFERRAL FORM

EXPIRES August 31, 2011

Rider's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Height: _____ Weight: _____

Parent/Guardian: _____ Phone: _____

Naples Equestrian Challenge, Inc. is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protections and greatest personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a rider.

Diagnosis: _____ Date of Onset: _____

Note: If the diagnosis is Down Syndrome, the first Physician's Referral Form ever submitted to NEC, Inc. must be accompanied by a negative diagnosis x-ray report for Atlantoaxial Instability. This must be a signed statement from a qualified physician giving the date and result of the x-ray. If you have questions, please call us.

Medical History: _____

Allergies: _____

Surgical Procedures: _____

Medications: _____

Prescribed For: _____

Present Impairments (Please Check Yes or No for each category):

Impairment	Yes	No
Sight		
Hearing		
Speech		
Sensory		
Balance		
Muscle Tone		
Coordination		
Mobility		
Braces or Assistive Devices		
Spasticity and/or Rigidity Present		
Seizures (if yes, date of last one)		

In my opinion this patient can receive riding instruction under supervision. In conjunction with the riding program, I concur in the referral of the patient to the physical therapist for evaluation of his/her physical abilities and/or limitations in performing exercises.

Precautions or Contraindications to Physical Therapy: _____

Physician's Signature: _____

Printed Name: _____

Dated this _____ day of _____, 20_____

(Physician's Stamp)

NEC Date Received: _____

Staff Initials: _____

Naples Equestrian Challenge, Inc.

EMERGENCY MEDICAL FORM

Rider's Full Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ Home Phone _____ Cell Phone _____ Work Phone

Rider's Date of Birth (mm/dd/yyyy): _____

Rider's Disability: _____ Date of Onset: _____

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Person who is authorized to give temporary assistance or care in the absence of parent or guardian:

(Name) (Relationship) (Phone)

Describe any medical condition requiring special precautions, treatment, and medications:

Condition: _____

Medication/Dosage: _____

In case of emergency, the undersigned authorizes _____
(Name of Person)

to provide such medical assistance as they determine to be necessary.

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EMERGENCY MEDICAL FORM CONTINUED

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the rider, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for riding instruction until this form has been completed by the parent/parents or guardian. If the person is of legal age (18), he or she may complete this form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Naples Equestrian Challenge, Inc.

Yes, I would like _____ (print full name) to have riding instruction, and I have discussed this with the rider's doctor. I understand that NO LIABILITY can be accepted by any organization in the event of any accident which may occur.

WARNING

UNDER CHAPTER 773, FLORIDA STATUTES, AN EQUINE ACTIVITY OR SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES:

Dated this _____ day of _____ 20_____.

Signature of parent/guardian: _____

Signature of rider if over 18: _____

NEC date received: _____

Staff Initials: _____

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PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) to the Naples Equestrian Challenge, Inc. permission to take or have taken, still and moving photographs and films including television pictures of _____ (print full name) and consents and authorizes Naples Equestrian Challenge, Inc., its advertising agents, news media, and any other persons interested in Naples Equestrian Challenge, Inc., its work, to the use and reproduction of the photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Naples Equestrian Challenge, Inc. to use or be in use or be used such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

Dated this _____ day of _____, 20_____.

Signature of parent/guardian _____

Signature of parent/guardian _____

NAME RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) to the Naples Equestrian Challenge, Inc. permission to use _____ 's (print full name) full name and consents and authorizes Naples Equestrian Challenge, Inc., its advertising agents, news media, and any other persons interested in Naples Equestrian Challenge, Inc., and or its work, to the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Naples Equestrian Challenge, Inc. to use or be in use or be used such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

Dated this _____ day of _____, 20_____.

Signature of parent/guardian _____

Signature of parent/guardian _____

NEC date received: _____

Staff Initials: _____

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EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS: That _____, (hereinafter referred to as "Volunteer/Rider/Participant"), for and in consideration of participation in any Naples Equestrian Challenge, Inc. programs and presence on any NEC property and for other good and valuable consideration in hand received by Volunteer/Rider/Participant, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Naples Equestrian Challenge, Inc., a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NEC") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Rider/Volunteer/Participant has or may have in the future from the signing of this release until the end of such Volunteer/Rider/Participant's participation in an NEC program or presence on NEC property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against NEC for, upon or by reason of any matter, cause or thing whatsoever, from the time of Volunteer/Rider/Participant participation in any NEC program or being present on any NEC property until such time as Volunteer/Rider/Participant is not participating in any NEC program or from a date forward that such Volunteer/Rider/Participant is not present on any NEC property, such release and hold harmless of NEC specifically includes, but not by way of limitation, the following:

- 1) All equine activities at the property owned by NEC located on the southwest corner of the intersection of Center Street and Goodlette Road, Naples, Collier County, Florida, including, handling, care, grooming, leading and riding of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on NEC property;
- 2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by NEC or death or injury of person occurring on NEC property or claim for damage to any Volunteer/Rider/Participant's personal property brought upon any NEC property by Volunteer/Rider/Participant.
- 3) Volunteer/Rider/Participant grants NEC the right and authority to perform a background check on Volunteer/Rider/Participant in advance of Volunteer/Rider/Participant's participation in any NEC activity or presence on NEC property and NEC may make future checks on background from time to time during the Volunteer/Rider/Participant's involvement in any NEC program or presence on NEC property. Volunteer/Rider/Participant releases NEC from any claim, cause of action or damages based upon NEC's authorized background check(s).
- 4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Volunteer/Rider/Participant who takes transport in any NEC agent vehicle as part of a sponsored NEC program occurring outside of the NEC property.

WARNING

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 200_____.

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RELEASE & HOLD HARMLESS AGREEMENT CONTINUED

Volunteer/Rider/Participant

Printed Name: _____

Address: _____

(Street)

(Apt/Ste)

(City)

(State)

(Zip)

Signature: _____ Date: _____

Email address: _____

Home Phone #: _____ Cell #: _____

Date of Birth: _____

Emergency Contact Person: _____

Relationship of Contact Person to participant: _____

Emergency Contact Phone: _____ Cell #: _____

Witness #1 Signature: _____ Printed Name: _____

Witness #2 Signature: _____ Printed Name: _____

**Signature REQUIRED if Volunteer/Rider/Participant is:
UNDER THE AGE OF 18 or IF AN ADULT AND UNDER GUARDIANSHIP**

Parent / Guardian Printed Name: _____

Signature: _____

Parent / Guardian Phone #: _____ Cell #: _____

Witness #1 Signature: _____ Printed Name: _____

Witness #2 Signature: _____ Printed Name: _____

NEC Date Received: _____

Staff Initials: _____

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Billing and Payment Policy

Naples Equestrian Challenge, Inc. has taken great care in setting fees for our services. Our fees are very modest because we subsidize approximately 90% of all riders' lesson costs each year. We do not bill insurance companies or third party payors. *The information below sets forth the financial policies of Naples Equestrian Challenge, Inc. This form may not be altered and must be signed in order for your riding session to begin.*

New Rider Evaluation: A one-time, non-refundable fee of \$30.00 is required at the time of all new rider evaluations.

Riding Sessions:

Lesson Cost: \$10.00 per 30 min lesson & \$20.00 per 60 min lesson
Lesson Sessions: 8-10 weeks
January to February (session 1)
March, April and May (session 2)
June, July, August (summer lessons)
September to October (session 3)
November to December (session 4)

You will be in advance billed for all scheduled riding days within each session. Payment will still be required for all unexcused and excused absences. Absences due to a medical emergency or other medical procedure will be taken into consideration on a case by case basis.

Scholarships: Scholarships are available to those who may have difficulty in paying for their riding sessions. An application must be filled out and turned into our billing department. Scholarships will be determined on a case by case basis.

Billing Cycle: Naples Equestrian Challenge has a 30-day billing cycle. You have 30 days from the date on the statement to make your payment. If payment is not received within the 30-day limit, a **\$10.00 late fee will be assessed each time** we must re-bill you for services rendered. You must contact our billing department if you are not able to make your payment when it is due. Payment plans may be set up only with authorization from our billing department.

Account Balance Limit: An account balance may not exceed \$100.00. Should your account become past due in amounts over \$100.00 the rider may be taken out of the program until the account balance is paid. Letters of financial hardship will be accepted towards account balances.

Returned Checks: Your account will be accessed a \$30.00 return check fee for each check that is returned to our office.

We accept cash, personal checks, debit cards, Visa, MasterCard, and American Express. If you have any questions, please do not hesitate to contact our Billing Department at (239) 596-2988.

I have read, understand, and agree to the above listed policy.

Printed Name of Rider/Parent/Guardian

Signature of Rider/Parent/Guardian

Date

Date Received: _____

Staff Initials: _____

Physical or Occupational Therapy Evaluation

Date of Eval: _____

Name of Rider: _____

Date of Birth: _____

Diagnosis: _____

Surgeries Performed (with dates):

Other Pertinent Medical History: _____

Muscle Strength (Gross): _____

Specific Weaknesses: _____

Joint ROM (Gross): _____

Specific Limitations: _____

Muscle Tone: _____

Balance

Sitting: _____

Standing: _____

Walking: _____

Running: _____

Coordination

Gross Motor: _____

Fine Motor: _____

Reflexes

Developmental: _____

Tendon: _____

Pain

Character/Level: _____

Caused by: _____

Received by: _____

Sensory Impairments

Perceptual Problems

Communication Difficulties

Functional Abilities/Mobility

PHYSICAL OR OCCUPATIONAL THERAPY EVALUATION CONTINUED

Transfers: _____

Skin Condition/s: _____

Additional Skills: _____

Problem List

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Plans & Goals

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Additional Comments: _____

Printed Name of Therapist

Therapist Signature

Contact Phone for Therapist: _____

NEC Date Received: _____

Staff Initials: _____

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FAMILY VOLUNTEER REQUEST FORM

As with all not-for-profit therapeutic riding programs, NEC's success is dependent on its dedicated team of volunteers. As the family of an NEC rider, you agree to volunteer 3-5 hours per session; your participation is an invaluable asset, showing your commitment to the program's long-term stability while motivating others in our community to donate their time and effort to help our special riders succeed.

Rider's Full Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ Home Phone _____ Work Phone _____ Cell Phone

Email Address: _____

(Please indicate preferred method of communication.)

Family's Professional / Employer Skills: _____

I would like to help with:

_____ Riding program (side-walking)

_____ Barn work

_____ Property improvements/repairs

_____ Fundraising

_____ Mailings

_____ Event organization/preparation

_____ On-site event assistance

_____ Public speaking

_____ Technical expertise

_____ Yard work and gardening

_____ Other _____ (please specify)

NEC date received: _____ Staff Initials: _____