



Athelas Therapeutic Riding, Inc. • 1179 County Hwy 5•  
Otego, NY 13825

607-783-2321 • [www.AthelasTherapeuticRiding.org](http://www.AthelasTherapeuticRiding.org)

January 9, 2017

Dear Participant,

Welcome to our new and returning riders! Since Athelas will be introducing additional programming this year that will include other horse related activities besides riding, we will now refer to everyone as a "participant".

Our riding lesson fees for 2017 will remain at \$40.00 per lesson during the months of January, February and March. During these months the participants will be billed per lesson attended at the end of the month for which they participated. Payment will be due upon receipt of the bill. In April our "Sessions" begin with six 5-week sessions plus a make-up week, running to the end of the year. The cost per session is \$200.00 and is pre-paid prior to attending. The cost of any additional programs will be provided as those programs are further developed.

We are happy to offer scholarship opportunities through our Jo-Ann Currie Scholarship Foundation if you need assistance. Applications for scholarships may be picked up at our office located at Northfield Farms, 1179 County Highway 5, Otego, NY 13825 or printed from our website [www.Athelastherapeuticriding.org](http://www.Athelastherapeuticriding.org). Please call (607) 783-2321 for further information.

We have included our Participant Agreement packet with this letter. *New and returning* participants to our program must complete and submit each page of this Participant Agreement packet prior to being scheduled for lessons and full sessions. Once it has been reviewed and approved by Athelas, the Lead Instructor will notify the participant to arrange a schedule and a start date.

Remember, 2017 sessions start on April 3<sup>rd</sup> and lessons cannot be scheduled until the completed paperwork is received and approved so please get your paperwork in early. Each Session runs for 5 weeks and includes an additional week to be used to make up one "called-in absence". Remember, if an absence is not "called in" 2 hours in advance, it cannot be made up.

Again we wish to thank you for choosing Athelas Therapeutic Riding for your therapeutic needs and for supporting our program. We are looking forward to an exciting year of equine therapy!

Sincerely,

Allison Mosher  
Board President

Athelas Therapeutic Riding, Inc. is a not-for-profit organization registered with the New York State Attorney General's Charities Bureau pursuant to both Article 8 of the Estates, Powers and Trusts Law and Article 7-A of the Executive Law. Athelas Therapeutic Riding, Inc.'s Charities Registration Annual Report can be obtained from the State of New York Office of the Attorney General Charities Bureau 120 Broadway, New York, New York 10271.

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**Board of Directors:** Betty Ann Morley, Brenda Seery, Chris Slonaker, Kirt Mykytyn, Tish Roach and  
**Officers:** Allison M. Mosher, President; Ilene Goulette, Vice President; Shannon Hyzer, Secretary & Treasurer



2017

**Athelas Therapeutic Riding, Inc.**  
1179 County Highway 5, Otego, NY 13825  
(607) 783-2321  
[www.athelastherapeuticriding.org](http://www.athelastherapeuticriding.org)

**Mission:** Athelas Therapeutic Riding, Inc. is dedicated to enriching and improving the lives of individuals with special needs through interactive experiences with horses. We believe that individuals with almost any cognitive, physical and/or emotional challenges can benefit from therapeutic riding, driving, or other purposeful, safe, and supervised interaction with horses. We are dedicated to always providing a caring, supportive, safe and relaxed atmosphere for our participants.

Participant's Name \_\_\_\_\_ Organization \_\_\_\_\_  
Best telephone number to contact for schedule changes, etc. \_\_\_\_\_  
Can we text you with schedule changes, etc.? ( ) yes, ( ) no-If yes, telephone number \_\_\_\_\_  
Mailing address for billing \_\_\_\_\_  
E-mail address \_\_\_\_\_

Dear Participant, Parent or Guardian,

Thank you for your interest in our programming. Athelas Therapeutic Riding, Inc. has a mission to provide services to assist those with special challenges to grow, develop, and enjoy therapeutic interaction with horses in order to improve their health, and physical and mental well-being.

We do offer scholarships through our Jo-Ann Currie Scholarship Foundation. We would encourage participants to consider applying for these funds. Applications for the scholarship can be found in the office at Northfield Farm where you come to have your riding lesson or you can apply at our website at [www.athelastherapeuticriding.org](http://www.athelastherapeuticriding.org). Scholarships may also be available through Southern Tier Alternative Therapies (STAT). Speak with a staff person at Athelas about receiving STAT vouchers.

Please review the following terms and policies for Athelas Therapeutic Riding, Inc. In order to maintain our excellence in programming and the safety of our programs, we ask that all participants and their families adhere to our policies. Failure to commit to these policies will result in loss of riding and/or barn time at the participant's cost. **Please initial next to each term and policy to indicate that you have read and understand it, as well as signing and dating at the bottom of this agreement.**

**The following are the terms for enrollment in a Session(s):**

1. A Session must be Pre-Paid two weeks before the Session begins in order to attend the Session. The cost of a 5-week Session is \$200.00. \_\_\_\_\_ **Initial**
2. If a rider is ill or cannot attend their lesson for any reason Athelas must be notified at least 2 hours in advance of the lesson. \_\_\_\_\_ **Initial**
3. Weather conditions or instances of illness which affect the presence of the Instructor or proper coverage by volunteers will result in the cancellation of lessons by Athelas. \_\_\_\_\_ **Initial**
4. The Make-Up week is set up to allow the rider to make-up 1 lesson that has been called in by the rider as an absence. \_\_\_\_\_ **Initial**
5. Please note there is no credit given or make-up given for an absence that has not been called in. This is considered a No-Show, with horses tacked and waiting and volunteers and staff in place to carry out the lesson. **Remember, there is no credit given or make-up available in this case.** \_\_\_\_\_ **Initial**

6. If Athelas cancels a lesson there will be no monetary refund. Clients have the option to use the make-up week or credit will be given toward the next session at the Instructor's discretion.  
\_\_\_\_\_ **initial**
  
7. If the rider is not going to participate in the upcoming Session, Athelas needs to be notified 2 weeks prior to the end of the current Session. This allows us to serve a rider from our waiting list. \_\_\_\_\_ **Initial**

**The following are the policies for enrollment in a Session(s):**

**Bad Weather Policy:** Lessons will only be cancelled in the event of dangerous or threatening weather (e.g. thunder storms, snow storms, very low temperatures). To determine cancellations, you can call the Athelas barn directly at (607) 783-2321, or call or text Anneliese's cell (607) 287-2468. **No credit will be given for spontaneous weather events.** \_\_\_\_\_ **Initial**

**Clothing Requirements Policy:** Long pants and closed-toes shoes (with heels if possible) are required for riders. For safety reasons, we highly recommend that any parents, guardians or staff who will be standing near the horses should also wear closed-toes shoes. **No sandals or flip-flops.** During the winter months, we require riders to have warm coats, gloves/mittens and socks that come above the ankles. \_\_\_\_\_ **Initial**

**Helmet Policy:** When near or on a horse, participants must wear a ASTM-SEI approved riding helmet. Athelas provides these helmets to those who need them. Please note that bike helmets, motorcycle helmets, or ski helmets are not acceptable. \_\_\_\_\_ **Initial**

**Late Rider Policy:** It is important for riders to arrive 5 minutes prior to their scheduled lesson time. If a rider is more than 15 minutes late to a lesson, Athelas cannot guarantee they will be able to ride. Horses will be un-tacked and volunteers will be released 15 minutes after the scheduled start time of the lesson. In addition, the participant (rider) will be charged the full lesson fee. If, however, an Athelas Instructor is running late, the full lesson time will be granted.  
\_\_\_\_\_ **Initial**

**Safety Policy:** Athelas reserves, at any time, the right to refuse any participants that it cannot accommodate safely. \_\_\_\_\_ **Initial**

**Upon Arrival:** Participants, parents, guardians or staff must remain in the viewing room. An Athelas staff person will escort the participant, parent, guardian or staff person to the mounting block for the lesson. \_\_\_\_\_ **Initial**

**Non-client visitors accompanying the Athelas participant:** Any individuals arriving with the Athelas participant, other than the participant's parent, guardian or staff, must remain in the viewing room during the therapy lesson. We do not allow individuals to enter the barn area or walk about on the property unattended by Athelas or Northfield Farms staff. \_\_\_\_\_ **Initial**

**Weight Limit Policy:** Rider weight limit is 215 pounds. Those who wish to participate in activities with horses, but are above this limit may be involved in other equine assisted programs. Talk with staff about those opportunities. \_\_\_\_\_ **Initial**

**Your signature below indicates that you have read, understand and will abide by the aforementioned terms and policies of this agreement.**

\_\_\_\_\_ Printed name of Signee

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



Phone (607) 783-2321 [www.athelastherapeuticriding.org](http://www.athelastherapeuticriding.org)

## Annual Medical History and Physician's Statement for participants

*This must be completed by a physician*

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Surgeries in the past 12 months: \_\_\_\_\_

**Circle Y for "yes" and N for "no"**

Seizures: Y N Type of seizure: \_\_\_\_\_ Controlled? Y N Date of last seizure: \_\_\_\_\_  
 Photosensitivity: Y N Precautions: \_\_\_\_\_  
 Allergies: Y N Precautions: \_\_\_\_\_  
 Shunt Present: Y N Precautions: \_\_\_\_\_  
 Any other special precautions needed: Y N Please list precautions: \_\_\_\_\_

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair use: Y N  
 List any other mobility assistive devices: \_\_\_\_\_

Those with Down syndrome: AtlantoDens Interval X-rays: Date of last one: \_\_\_\_\_

Results: + -

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

Area	Yes	No	Comments
Auditory			
Visual			
Cardiac			
Pulmonary			
Neurologic			
Orthopedic			
Psychological			
Other			

To my knowledge, there is no reason this person cannot participate in a supervised therapeutic riding program.

Provider Name: \_\_\_\_\_ MD DO Other \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 License/UPIN Number: \_\_\_\_\_

Please add any addition information you feel we should be aware of on the back!

**Athelas Therapeutic Riding, Inc.**  
**Payment Form - 2017**



**Participant Name:** \_\_\_\_\_

Please complete either the "Self-pay" section and/or the "Pay through Agency" section below to indicate how your therapy lesson fees will be paid.

**( ) Self-pay**

Are you using any vouchers or scholarships to assist with your payment? Check appropriate type.

( ) Springbrook vouchers      ( ) JCS

\*Contact: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \* State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Email Address (if we can send your bill via email): \_\_\_\_\_

\* Denotes required field

**( ) Pay through Agency** (By checking this box, the information below must be completed in full or the application will be returned as incomplete.)

**Primary Agency**

Agency Name: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

CSS Broker (if applicable): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Is there a Secondary Agency? ( ) yes, ( ) no** If yes, complete below information.

Agency Name: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

CSS Broker (if applicable): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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



## Athelas Therapeutic Riding

1179 County Highway 5

Otego, NY 13825

### Personal Information and Goals – 2017

**Participant name:** \_\_\_\_\_

Please tell us a little more about the participant so we can personalize the lesson to meet the needs and interests of this individual.

**Social:** tell us about fears or concerns, etc.

**Interests:** tell us about favorite games, hobbies, TV shows, songs, etc.

**Goals for Riding:**

**Sensory:** tell us about difficulty with touch, eye contact, wearing hat/helmets, etc.

**Additional:** tell us any other information that would be helpful for staff to meet the needs of this rider.



## 2017 Participant Background Sheet

**Participant's Name** \_\_\_\_\_ **County of Residence** \_\_\_\_\_

**Gender:** Boy/Man \_\_\_\_\_ Girl/Woman \_\_\_\_\_

**Age or Date of Birth:** \_\_\_\_\_ **Returning Participant?:** \_\_\_ YES \_\_\_ NO

**Race/Ethnicity:** White/European American African American Hispanic/Latino

(Circle all that apply) Asian/Pacific Islander American Indian

Additional \_\_\_\_\_

**Benefits Received by the Participant:** SSI SSD Medicaid

**Rider Diagnosis:**

ADHD Nonverbal Paralysis Mental Retardation/Intellectually Impaired Autism Depression Mood Disorder

Down Syndrome Cerebral Palsy Muscular Dystrophy Multiple Sclerosis Learning Disabilities Brain Injury

Additional: \_\_\_\_\_

**Family Size and Income: 2017 Federal Poverty Guidelines**

Circle the number of people in your household (first row). Looking in the column below the number(s) of people in your household, determine where your income falls and circle that number. For example, if there are 3 people in your household and your income is \$23,000, then you would circle \$25,200 in the column for "3 Persons", because \$23,000 is equal to or less than \$25,200. Or if there are 5 people in your household and your income is \$40,200, then you would circle the \$42,660 in the column for "5 Persons", because \$40,200 is equal to or less than \$42,660.

Number in Family	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Income Equal to or Less Than	\$11,880	\$16,020	\$20,160	\$24,300	\$28,440	\$32,580	\$36,730	\$40,890
Income Equal to or Less Than	\$14,850	\$20,025	\$25,200	\$30,375	\$35,550	\$40,725	\$45,913	\$51,113
Income Equal to or Less Than	\$17,820	\$24,030	\$30,240	\$36,450	\$42,660	\$48,870	\$55,095	\$61,335
Income Equal to or Less Than	\$20,790	\$28,035	\$35,280	\$42,525	\$49,770	\$57,015	\$64,278	\$71,558
Income Equal to or Less Than	\$21,978	\$29,637	\$37,297	\$44,955	\$52,614	\$60,273	\$67,951	\$75,647
Income Greater Than	\$23,760	\$32,040	\$40,320	\$48,600	\$56,880	\$65,160	\$73,460	\$81,780



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Name: \_\_\_\_\_

I/We are:                      Participant/Rider                      Volunteer                      Student Intern  
Please circle one

### Release and Hold Harmless Agreement - 2017

I/We acknowledge the inherent risks which are involved in riding and working around horses. The risks may include, but are not limited to, damage to personal property, illness, bodily harm, trauma, or death resulting from a fall while riding or being in close proximity to horses.

I/We further understand that both horse and rider can be injured in the normal course of events while riding, riding in a cart, or grooming, interacting with or feeding horses, and therefore agree to indemnify and hold harmless Athelas Therapeutic Riding, Inc. (Athelas), its Board of Directors, Northfield Farms, LLC, its employees, staff and volunteers and further release them from any liability or responsibility for any accident, injury, damage, or death to the Participant and any person accompanying the participant while on the premises of Athelas' contractor Northfield Farm, LLC located at 1179 County Highway 5, Otego, NY 13825.

I/We understand that Athelas will provide protective headgear (equestrian helmet) and it must be worn by all participants when they are *on* or *near* horses.

#### Permission for Medical Treatment Agreement

In the event that the Participant or any person accompanying the Participant needs emergency medical attention while at Athelas: (must check one option below)

\_\_\_\_ I/We give permission for the instructors and staff of Athelas to give emergency first aid if needed.

\_\_\_\_ I/We do not give permission for emergency first aid to be given and understand in choosing this option I/We will hold Athelas harmless. I/We do understand that Athelas will call 911 if they feel the injury warrants it.

#### Permission for Photo Release Agreement

Athelas occasionally takes photos or videos during therapy lessons or special events and they may be used for educational or promotional purposes. (Must check one option below)

\_\_\_\_ I/We give permission for photos or videos to be taken. May we use your name with photos and videos? ( ) yes, ( ) no

\_\_\_\_ I/We do not give permission for photos or videos to be taken.

**I/We have read, had the opportunity to ask questions, understand, and agree to the above agreements**

Participant or Parent/Guardian printed name: \_\_\_\_\_

Participant or Parent Guardian contact information: Mailing address: \_\_\_\_\_

\_\_\_\_\_ Email address: \_\_\_\_\_

Participant or Parent/Guardian Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature of Participant or Parent/Guardian: \_\_\_\_\_ Date of signature: \_\_\_\_\_

**Please immediately notify Athelas in the event of any changes in contact information. Thank you.**

Release and Hold Harmless (R 10/2/2016)