



Opening Gaits Therapeutic Riding Society of Calgary Information and Participant Registration Package

Welcome to Opening Gaits Therapeutic Riding Society of Calgary (Opening Gaits). On behalf of the members, staff, and volunteers of Opening Gaits, we extend a warm welcome.

Sessions run once a week for six weeks. **Registration fee is \$250.00.** The registration fee is non-refundable. The registration fee will only be cashed when a rider is accepted into the program. Through our generous donors, Opening Gaits is able to pay the expenses associated with the program saving each participant an average of \$660.00 per riding session. We do our best to ensure that all riders have an opportunity to participate in our therapeutic riding program. Any rider requiring financial assistance is asked to contact the office at 403-254-4184.

A **\$150.00 volunteer cheque** post-dated for June 1, 2017 is required with the registration package (see volunteer requirement page below).

It is important to remember that when OG places its riders we must consider the rider's physical needs, weight, ability; the horses we have available and their weight restrictions; as well the availability of volunteers. This is why it is important to ensure you include a second choice when checking days/times. Although we do our best, we cannot promise you your first choice when scheduling classes.

Riders must wear appropriate footwear and clothing when riding. The footwear must have a small heel to ensure proper grip of the stirrup and clothing must include long pants. For safety reasons, riders who are not appropriately dressed will not be permitted to ride. **All riders must wear a helmet. Riders are encouraged to purchase their own equine riding helmet to ensure proper fit.**

Due to the nature of our program, it is important that you return your complete registration package in full. Incomplete packages will not be processed. All information gathered is protected under our personal information protection procedures.

Participant Criteria:

- ✓ Must be able to maintain a sitting position while the horse is in motion
- ✓ Minimum recommended age is 5 years
- ✓ Seizures must be controlled by medication
- ✓ Maximum recommended weight of 195 pounds
- ✓ Negative finding of Atlantoaxial Instability (for persons with Down Syndrome)
- ✓ Physician must give medical clearance for participant to participate
- ✓ Waiver is signed
- ✓ **Riders requiring a side walker must ensure one is present at each riding session. Side walkers must be dressed to volunteer. In the event we are short volunteers the side walker will be used to meet our safety requirements. Any rider who does not have a side walker will be unable to ride that lesson.**

Please ensure your package contains the following when you return it. Incomplete packages will not be processed:

- Registration Form
- Medical Information Form
- Physician Form (*If you already have one of file please let us know. Physician forms are valid for 5 years*)
- Disability Checklist Form
- Fundraising Form
- Liability Form
- Media Release Form
- Membership Application
- All Applicable Fees; registration fee, membership fee, and post-dated volunteer cheque (yearly)
Online payment may be made our website page (www.openinggaits.ca) once accepted. Fees paid prior to acceptance do not guarantee a spot in the program. Fees MUST be paid prior to first class.

Completed registration package may be dropped off at the stable during business hours, sent by mail or email to:

Opening Gaits Therapeutic Riding Society of Calgary
PO Box 76062, Millrise RPO
Calgary, Alberta, T2Y 2Z9

Email: openinggaitssociety@gmail.com



Participant Information: Please Print

Name: _____

Mailing Address: _____ City: _____

Postal Code: _____ Telephone number(s): _____

Date of Birth: (mm/dd/year) _____ Age: _____

Parent/Legal Guardian Information:

Name(s): _____

Home Telephone: _____ Cell Phone: _____

E-Mail Address: _____

Mailing Address if different than participants: _____

City: _____ Province: _____ Postal Code: _____

Other Contact Information (if applicable):

Community Support Worker Name: _____

Email Address: _____

Telephone Number: _____ Cell Number: _____

Indicate your 1st and 2nd choice of class.

_____ Monday 6:00 – 7:00 pm _____ Friday 10:00 – 11:00 am Adults only _____ Saturday 10:00 – 11:00 am

_____ Monday 7:30 – 8:30 pm _____ Friday 11:30 – 12:30 pm Adults only _____ Saturday 11.30 – 12.30pm

_____ Friday 1:30 – 2:30 pm Adults only _____ Saturday 1.30 – 2.30pm ***new***

_____ Friday 1:30 – 2:30 pm ***new Adults only***

Check the Sessions you are riding: Session 1 is the only payment due at this time. All other payments including the volunteer cheque must be received prior to the session starting. Riders with outstanding payments will not be permitted to ride.

_____ Session 1 (Sept – Oct) _____ Session 2 (Nov – Dec) _____ Session 3 (Jan – Feb)

_____ Session 4 (March – Apr)

Circle: Visa or MasterCard Name on Card: _____

Credit Card #: _____ Expiration date: _____ CVC: _____

Office Use Only: Date Received: _____ Date Paid On-Line: _____

Paid by: cheque _____ Credit Card: _____ Cash: _____ Online: _____



Medical Information Form - Confidential

Opening Gaits takes the safety of our Riders seriously

Our Instructors are First Aid and CPR trained.

In the event of a serious medical emergency our staff/volunteers will call 911.

Participant Information:

Full Legal Name: _____

Date of Birth: (mm/dd/year) _____

Sex: _____ Height: _____ Weight: _____

Alberta Health Care Number: _____

Disability Diagnosis: _____

Medications: _____

Mobility Aids Used: _____

Safety Information or Precautions that we should be aware of when working with this rider:

Emergency Contact Information:

1. Name and Relationship to Participant: _____

Telephone Number: _____ Cell Number: _____

2. Name and Relationship to Participant: _____

Telephone Number: _____ Cell Number: _____

Physician(s) Name: _____

To the best of my knowledge the information provided is true and correct.

Date: _____ Signature of Participant or Parent/Guardian: _____



Participant Disability Checklist –Confidential

Participant' Name: _____

Yes/Good	No/Poor	Disability	Comments/Description
		Seizures (severity/frequency)	
		Verbal or Non Verbal Speech Sign Language – level of skill	
		Mobility: Ambulatory	
		Cognitive Functioning Level	
		Ability to Understand and Follow Instructions	
		Hearing Ability	
		Range of Motion	
		Motor Impairment	
		Bone/Joint Concerns	
		Allergies	
		Heart/Blood Pressure Concerns	
		Fragility	
		Muscle Development	
		Balance Issues	
		Physical or Manipulative Behaviors	
		Spinal Injury or Instability (describe)	
		Feeding Tube/Indwelling Catheters	

To the best of my knowledge the information provided is true and correct.

Date: _____ Signature of Participant or Parent/Guardian: _____



Participant's Physician Statement

If OG has a physician statement that is 5 years old or less, then please sign the bottom section indicating we have one on file. OG reserves the right to ask any rider to complete this form anytime there is a health concern that may affect a rider participating in the therapeutic riding program. The health and safety of our riders remains our priority.

Participant's Full Name: _____

D.O.B.: _____ Height: _____ Weight: _____

Cervical X-Ray for Atlantoaxial Instability: Must be filled in if the Participant has Down Syndrome or applicable. (Please put N/A in the blanks if non-applicable.)

X-Ray Date: _____ Results: _____

Curvature of the Spine: Must be filled in if the Participant has a severe curvature of the spine.

Degree of the spine curvature: _____

I, _____, the physician of the above stated participant, give medical clearance for this patient to participate in Equine assisted Therapeutic Riding with Opening Gaits Therapeutic Riding Society of Calgary.

Physician signature

Date

Opening Gaits has a completed physician form on file for _____

Signature of Rider/Guardian _____ Date _____

Office Use Only : Date Received: _____

This form shall remain valid for five years from the signature date unless the medical status of the participant changes.



Please keep this page for reference purposes

Important Notes:

1. Applicants will be scheduled on a first come first serve basis. Once the classes are full the remaining applicants will be put on a waiting list, in the order that they were received. In the event of a wait list riders may be asked to sit out one session to ensure as many riders as possible are able to participate.
2. Incomplete registration packages will not be processed. Payments must be received prior to sessions starting.
3. Each participant is required to bring a volunteer (over 18 years old) to side-walk during the lesson in the event that the session is short volunteers. Volunteers should be dressed appropriately.
4. We are located at High Country Equestrian Center, 240024 Range Road 42, Calgary, AB, Calgary, AB T2P 2X3
5. Weather is a factor beyond our control. OG reserves the right to cancel classes due to inclement/extreme weather. OG will reschedule classes whenever possible. Riders are charged a non refundable registration fee.
6. Riders must supply a side walker, who is at least 18 years of age. Side walkers must be dressed appropriately for side walking. In the event that Opening Gaits is short on volunteers the side walkers will be asked to side walk to meet our safety requirements. Riders who do not have a side walker will be unable to ride that day.

Program and Barn Policy

It shall be the policy of OG that:

1. All contractors, participants, and volunteers must have completed, signed, current paperwork on file that is updated annually.
2. Horses must be treated with kindness and respect.
3. All volunteers will use the "Buddy System" to turn out/bring in horses to/from the paddocks
4. Horses will never be tied to wire fences or moveable objects.
5. All riders MUST wear approved helmets, clothing, and safety equipment while mounted.
6. All participants will use safety stirrups and have appropriate footwear. No sandals in the barn. Footwear for participants must have a heel.
7. Each participant is required to bring a volunteer (over 18 years old) to side-walk during the lesson in the event that the session is short volunteers. Volunteers should be dressed appropriately.
8. Visitors or spectators are not permitted in the barn area, paddocks, or arena unless invited to do so by the Instructor.
9. An Instructor must be present for any program activity.
10. No running or screaming in barn, paddock or arena areas or around horses.
11. Barn and arena areas must be kept clear and free of obstructions.
12. Siblings and young visitors must be supervised at all times. No climbing, running, throwing balls, etc. in the viewing area or arena.
13. No pets allowed unless service pets.
14. All accidents, injuries, occurrences or hazardous conditions should be reported immediately to an OG Director, Administrator, or Instructor.
15. No photography or videography without the permission from the OG Administrator or Instructor; unless they are exclusively of your participant.
16. Please adhere to posted speed limit.
17. Snacks supplied are for volunteers, instructors, and participants, only.
18. All posted barn and arena signs are to be adhered to.



Acknowledgement of Risk and Release of Liability

Warning: This Agreement Will Affect Your Legal Rights. Read it Carefully!

The Parent/Guardian Must Read and Understand this Waiver Prior to Underage Children or Mentally Challenged Adults Participating, hereby referred to as the "Participant", in Equine Activities. The Participant Must Read and Understand this Waiver Prior to Participating, hereby referred to as the "Participant" in Equine Activities.

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Participant named below with and for the benefit of: Opening Gaits Therapeutic Riding Society of Calgary, its director, members, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to therapeutic riding, arena riding, sleigh rides, or riding instruction provided by the "Host" to the "Participant".

Initial Each Item below after Reading and Understanding each item:

_____ 1. I am the Participant or Parent/Guardian of the "Participant" and am executing this waiver on behalf of the "Participant" in my capacity as Participant or Parent/Guardian and with the intent that this waiver be binding on me and the "Participant" for all legal purposes.

_____ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:

- (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
- (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
- (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.

_____ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the "Participant's" participation in "Equine Activities".

_____ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the "Participant", even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the "Participant" in the "Participant's" participation in "Equine Activities".

_____ 5. In addition to consideration given to the "Host" for the "Participant's" participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the "Participant" and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:

- (a) to waive all claims that the "Participant" has or may have in the future against the "Host";
- (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the "Participant" or our "Legal Representatives" might suffer as a result of the "Participant's" participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
- (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Participant's participation in "Equine Activities".

_____ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".

_____ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", me as the Participant or me as the Parent/Guardian, and the "Participant", and it is binding on myself, the "Participant" and our "Legal Representatives".

Please Print Clearly

Participant's Name _____ Parent/Guardian's Name _____

(Signature of Participant or Parent/Guardian of Participant) Signed this _____ day of _____, 20____



Media Release Form

From time to time, Opening Gaits or the media may take photographs, video, or film of you and/or your participant, which may be used in, but not limited to displays, brochures, newspapers, magazines, television, and/or website. Your participant will not be denied access to the program if this section is not signed.

I, _____ (participant or parent/guardian) hereby consent to and authorize the use and reproduction, by Opening Gaits Therapeutic Riding Society of Calgary, of any and all photographs and any other audio visual materials taken of me, my son, my daughter, or my ward for promotional printed material or for any other use for the benefit of the program.

Signature: _____ Date: _____



Volunteering Requirements

The riding program cannot happen without the support of our volunteers. Each participant, parent, and/or guardian is required to volunteer a minimum of 15 hours per year. You may recruit friends, families, etc. to meet this requirement. There are many ways to volunteer including; sitting on the board of directors, attending members meetings, volunteering for a committee, helping with the silent/live auction, volunteering at the casino, participating at the annual cleaning day, volunteering at the arena on days your rider is not riding, etc.. **Side walking for your rider is not considered volunteer hours as it is a program requirement.**

We require a post-dated cheque for **\$150.00** made out to Opening Gaits Therapeutic Riding Society of Calgary to be included with your registration package. Please post-date your cheque for June 1, 2017. **You will be notified by email in the event that we cash your volunteer cheque. All uncashed cheques will be destroyed at the end of the season.**

I have read the volunteer requirements and have prepared a postdated cheque that will be cashed if I do not fulfill my volunteer requirements as stated above.

_____ dated the _____ of _____, 20_____
Signature of participant or parent/guardian

The success of the society depends on the input of its members. A membership allows you one vote at any members meeting and to run for and/or elect the board of directors. One membership per person and you must be an Alberta resident, as per the bylaws. The cost of a membership is **\$20.00**. Please note: Only one individual's name may appear on the membership form and it must be signed by the membership holder. You must be able to vote in accordance to legal voting requirements within the province of Alberta. Memberships are valid until June 30th of each year.



Opening Gaits Therapeutic Riding Society of Calgary
Membership Application/Renewal Form
(Please Print)

Member's First and Last Name: _____

Full Mailing Address with Postal Code: _____

Contact Phone Number: _____

Email Address: _____

Are you or anyone in your family a rider in the program?

Rider's Name: _____

Enclose payment of \$20.00 (made payable to: Opening Gaits Therapeutic Riding Society of Calgary).

Signed: _____ **Date:** _____

Membership must be signed to be considered valid.

Circle: Visa or MasterCard Name on Card: _____

Credit Card #: _____ Expiration date: _____ CVC: _____

Office Use Only: Date Received: _____ Date Paid On-Line: _____

Paid by: cheque _____ Credit Card: _____ Cash: _____ Online: _____