

Indicate your 1st and 2nd choice of class.

Wednesday Evening: Adult and Children

Full Class 1: 6:00 – 7:00 pm

4 vacancies Class 2: 7.30 – 8.30pm

Fridays – Adults Only

Full Class 1: 10.30am – 11.30 am

Full Class 2: 12.00 - 1.00pm

Full Class 3: 2.00 – 3.00pm

Saturday Mornings: Adult and Children

Full Class 1: 9.00 – 10.00am

Full Class 2: 10.30 – 11.30pm

Saturday Afternoons: Adults and Children

**One to One teaching: 30 minutes of riding and
15 minutes grooming and tacking**

Full 12.00 –12.30pm

Full 12.30 -1.00pm

Full 1.00 – 1.30pm

Full 1.30 – 2.00pm

Full 2.00 – 2.30pm

Full 2.30 – 3.00pm

Mondays – Adults Only

Full Class 1: 10.00 – 11.00 am

4 vacancies Class 2: 11.30 - 12.00pm



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.

Each session runs once a week for six weeks. **Session cost is \$300.00.** Opening Gaits and its donors subsidizes each participant an average of \$855.00 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 please visit our website.

It is important to remember that when OG places our 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.

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 of 5 years
- ✓ Seizures must be controlled by medication
- ✓ Maximum recommended weight of 175 pounds
- ✓ Negative finding of Atlantoaxial Instability (for persons with Down Syndrome)
- ✓ Flexion and extension X-ray showing cervical spine is stable (Athetoid Cerebral Palsy)
- ✓ Physician must give medical clearance for participant to participate
- ✓ Waiver is signed

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

- Registration Form
- Medical Information Form
- Physician Form (*If you already have one on file, please let us know. Physician forms are valid for 2 years for children, 5 years for adults*)
- Disability Checklist Form
- Liability Form
- Media Release Form
- Membership Application
- All Applicable Fees; session fee, membership fee, and post-dated fundraising cheque (yearly)
Session fees may be paid online but do not guarantee a spot. Fees MUST be paid prior to first class.
- Bar None Ranches Waiver

Completed registration package may be, sent by mail or email to:

Opening Gaits Therapeutic Riding Society of Calgary

PO Box 76062, Millrise RPO

Calgary, Alberta

T2Y 2Z9

Email: openinggaitsociety@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 participant's: _____

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.

Wednesday Adults & Children

Friday Adults Only

Saturdays Adults & Children

_____ **Wednesday 6:00 – 7:00 pm**

_____ **Friday 10:30 – 11:30 am**

_____ **Saturday 10:30 – 11:30 am**

_____ **Wednesday 7:30 – 8:30pm**

_____ **Friday 12:00-1:00pm**

_____ **Saturday 12:00 – 1:00pm**

_____ **Friday 1:30 – 2:30 pm**

_____ **Saturday 1:30 – 2:30pm**

Check the Sessions you are riding: Session 1 is the only payment due at this time. All other payments must be received prior to the session starting.

Session 1 (Sep-Oct) Session 2 (Oct-Nov) Session 3 (Feb-Mar) Session 4 (Apr-May)

We do not offer E-Transfer payments at this moment

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: _____



OPENING GAITS
THERAPEUTIC RIDING SOCIETY

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 we currently have a form on file that is less than 5 years old please fill in the bottom section only.
OG requires that this form be filled out if there are any significant medical changes with the rider.

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. (see attached)**

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: _____

Flexion Extension X-Ray: **Must be filled in if the participant has Athetoid Cerebral Palsy (see attached)**

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

Office Use Only : Date Received: _____

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

Opening Gaits has a completed physician form on file for _____.

Signature of Rider/Guardian _____ Date _____

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. Fees must be paid 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 [Bar None Ranches, 322133 Hwy 552 W, De Winton, AB T0L 0X0](#)
5. Weather is a factor beyond our control. Opening Gaits reserves the right to cancel classes due to inclement/extreme weather. Refunds will not be given for weather related cancellations. We will reschedule classes whenever possible.

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. Visitors or spectators are not permitted in the barn area and paddocks, unless invited to do so by the Instructor.
8. An Instructor must be present for any program activity.
9. No running or screaming in barn, paddock or arena areas or around horses.
10. Barn and arena areas must be kept clear and free of obstructions.
11. Siblings and young visitors must be supervised at all times. No climbing, running, throwing balls, etc. in the viewing area or arena.
12. **No pets allowed.** Please advise if you have a 'therapy dog'.
13. All accidents, injuries, occurrences or hazardous conditions should be reported immediately to an OG Executive Director, Board Member or Instructor.
14. No photography or videography without the permission from the OG Executive Director or Instructor; unless they are exclusively of your participant.
15. Please adhere to posted speed limit.
16. 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 _____

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



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

Opening Gaits and its donors subsidize each participant an average of \$855.00, per riding session. To make this happen we rely on our volunteers. Each participant, parent, and/or guardian is required to volunteer a minimum of 30 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, volunteering for a committee, helping with the silent/live auction, volunteering at the casino, side walking, leading a horse, scooping, setting up and putting away snack, sweeping, etc..

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, 2024. **You will be notified 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 post dated 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)

2023-24

New or Renewal

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:** _____

BAR NONE RANCHES LTD(Opening Gaits Waiver) updated May 2022

MEMORANDUM OF ASSUMPTION OF RISK, WAIVER, RELEASE, INDEMNITY AND COVENANT NOT TO SUE

The Undersigned is a horse rider, volunteer, contract worker or the parent or legal guardian of a child under the age of 18 who has the opportunity to handle horses and/or ride horses (the “**Handler/Rider**”) at the equestrian facilities of Bar None Ranches Ltd (“**Bar None**”) located near DeWinton, Alberta (the “**Bar None Facilities**”).

In consideration for the privilege of the Handler/Rider being allowed to stable horse(s) at the Bar None Facilities, ride horse(s) at the Bar None Facilities, handle horse(s) Bar None Facilities and generally be involved in all or any number of equestrian activities and social events at the Bar None Facilities (collectively called the “**Bar None Equestrian Events**”), and as a condition precedent to the participation by the Handler/Rider in the Bar None Equestrian Activities, the Handler/Rider has agreed to provide this Memorandum of Assumption of Risk, Waiver, Release and Indemnity and Covenant Not to Sue (this “**Memorandum**”), and the Handler/Rider has committed to always wear, or to cause the said child to wear, a CSA approved equestrian helmet when riding any horse at the Bar None Facilities.

The Handler/Rider hereby acknowledges that there are certain risks to the Handler/Rider of physical injury, property damage, illness or even death that might arise from the Bar None Equestrian Activities. In addition, the Handler/Rider understands that there may be other risks to the Handler/Rider associated with the Bar None Equestrian Activities of which the Handler/Rider may not be presently aware including risks arising from the negligence of the persons for whom this Memorandum is intended to benefit. By signing this Memorandum, the Handler/Rider hereby expressly assumes all such risks, whether such risks are known or unknown to him or her at the time of signing.

The Handler/Rider hereby waives any and all claims that he, she, or they may have, or may have in the future, against Bar None and its directors, officers, agents, independent contractors, trainers, insurers, employees, representatives, corporate donors/sponsors, volunteers and their respective heirs, executors, administrators, successors and assigns (hereinafter collectively referred to as the “**Releasees**”). Accordingly, the Handler/Rider hereby releases, remises and forever discharges the Releasees from and in respect of all actions, causes of action, suits, debts, statutory obligations, sums of money, claims and demands of every nature and kind whatsoever, at law or in equity, which the Handler/Rider ever had, now has or which he or she may at any future time have against the Releasees, or any one or some of them, arising out of or in connection with the Bar None Equestrian Activities.

Additionally, the Handler/Rider hereby covenants that he or she shall not under any circumstances whatsoever, commence or pursue any suit, action, claim or other form of legal or administrative proceedings of any nature or kind whatsoever against the Releasees, or any one or some of them, with respect to any matter arising out of or in connection with the Bar None Equestrian Activities.

If for any reason whatsoever the Handler/Rider, even in face of this Memorandum, commences any suit, action, claim, or other form of legal or administrative proceedings of any nature or kind whatsoever (a “**Claim**”) against the Releasees, or any one or some of them, or if any other person or party commences any Claim against the Releasees or any one or some of them, as a result of or in connection with the Bar None Equestrian Activities, then the Handler/Rider shall and does hereby indemnify the Releasees from and in respect of all damages, costs, expenses and other liabilities of every nature and kind whatsoever, including without restriction, all legal costs on a solicitor and his or her own client basis, arising out of or in any way connected with any such Claim and/or the involvement of the Handler/Rider in the Bar None Equestrian Activities.

The Handler/Rider has executed and delivered this Memorandum with the intention that it shall be fully binding not only on him or her personally, but also on his or her heirs, executors, administrators, successors, assigns and insurers or those of the said child for whom the Handler/Rider has signed this Memorandum.

THE UNDERSIGNED HAS CAREFULLY READ AND HAS UNDERSTOOD THIS MEMORANDUM AND AGREES TO BE BOUND BY ALL OF ITS TERMS.

Dated this ____ day of _____, 202__.

Signature of the Handler/Rider or Parent if child is under 18

Witness to the signature of the Handler/Rider

Please print Name of Handler/Rider or Parent if child is under 18

Please print Name of witness

Please print Name of child Rider

Please print Name of Horse