



Indicate your 1st and 2nd choice

It is important to remember that when OG places our riders we must consider the rider's physical needs, weight & agility; 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.

CLASS REQUEST/SCHEDULE (*Proposed, subject to change*) Form 1

| |
|---|
| <u>Wednesdays:</u> Adults and Children Format- Group lessons |
| _____ Class 1: 2.30pm - 3.30pm _____ Class 2: 4.00pm - 5.00pm _____ Class 1: 5.30pm – 6.30pm _____ Class 2: 7.00pm – 8.00pm |
| <u>Fridays:</u> Adults Only Format- Group lessons |
| _____ Class 1: 9.30am - 10.30am _____ Class 2: 11.00pm - 12.00pm _____ Class 3: 1.00pm - 2.00pm _____ Class 4: 2.30pm - 3.30pm |
| <u>Saturday Morning:</u> Adults and Children Format - Group lessons |
| _____ Class 1: 9.30am – 10.30am |
| _____ Class 2: 11.00am – 12.00pm |
| <u>Saturday pm:</u> Adults and children Format - <i>individual lessons</i> |
| One on One teaching: 30 minutes of riding/tacking up & <i>possibly</i> grooming time. |
| _____ 12.30 – 4.00pm Class time will be confirmed once all registrations are in. |
| |



Opening Gaits Therapeutic Riding Society of Calgary (Established 1998)

Information and Participant Registration Package

Welcome to Opening Gaits Therapeutic Riding Society of Calgary (Opening Gaits). On behalf of the board, Operations manager, Equine Manager, Instructor, members, and volunteers of Opening Gaits, we extend a warm welcome and look forward to working with you.

Each session runs once a week for six weeks and we run four or five sessions per year. **Each Session cost is \$300.00.** Opening Gaits and its donors subsidizes each participant an average of \$900.00 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 reach out to Kidsport.

Riders must wear appropriate footwear, helmets and clothing when riding. The footwear must have a small heel to ensure proper grip of the stirrup and clothing must include long pants, preferably jeans. Each participant needs their own riding helmet, please make sure it is less than 5 years old. Opening Gaits can offer a discount card for Greenhawk if you need to purchase a helmet. Please avoid helmets from Decathlon as they are not adjustable. 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. (8 pages) 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 age of 5 years.
- ✓ Seizures must be well controlled by medication.
- ✓ Maximum recommended weight of 180 pounds.
- ✓ Physicians must give medical clearance for all participants. (valid for 5 years unless any significant changes)
- ✓ Negative finding of Atlantoaxial Instability (for persons with Down Syndrome)
- ✓ Flexion and extension X-ray showing cervical spine is stable (Athetoid Cerebral Palsy)
- ✓ Waivers are signed.

Please ensure your package contains the following 8 forms when you return it. Incomplete packages cannot be processed:

- Class request form 1 Registration form 2
 - Medical Information Form 3 Disability checklist Form 4
 - Physician signoff Form 5 (*If you already have one on file, please let us know. Physician forms are valid for 5 years*)
 - Media Release/volunteer Form 6
 - Membership Application Form 7, we ask that at least one member of the family needs to be a member of our society. Valid July 1 – June 30.
 - Waiver of Liability Form 8 (2 pages)
- + All Applicable Fees: session fee, membership fee, Session fees may be paid by EFT but do not guarantee a spot.
Fees ****MUST be paid 14 days prior to first class****.

Completed registration package may be, sent by mail
Opening Gaits Therapeutic Riding Society of Calgary
PO Box 76062, Millrise RPO, Calgary, Alberta T2Y 2Z9

or email to: openinggaitssociety@gmail.com



REGISTRATION FORM 2

Please print clearly

Name of participant: _____

Mailing Address: _____ **City/Town:** _____ **Postal Code:** _____

Telephone number(s): _____ **Date of Birth: (mm/dd/year)** _____

Age: _____ **Preferred name/pronouns:** _____

Parent/Legal Guardian Information: (Parents)

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/s: _____

Email Addresses: _____

Cell Number: _____ **Cell Number:** _____

Circle the Sessions you are riding in: You can choose to pay one session at a time or for the whole season.

We ask you to pay by EFT to openinggaitssociety@gmail.com We no longer offer credit card payments.

All payments must be received/processed 14 days prior to the session starting.

Do you require a receipt? Yes or No (Please indicate)

Session 1 (Oct-Nov) **Session 2 (Nov-Dec)** **Session 3 (Jan-Feb)** **Session 4 (Feb-Mar)**

Session 5 (April-May)

Office Use Only : Date Received: _____ Date Processed: _____



Medical Information FORM 3 - 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: _____ Chosen Name _____

Pronouns _____ 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: ****Each rider must have a parent/caregiver always present in case of an emergency****

1. Name and Relationship: _____ Cell Number _____

2. Name and Relationship: _____ 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 Form 4

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/Age | |
| | | Ability to Understand and Follow Instructions | |
| | | Hearing Ability | |
| | | Range of Motion | |
| | | Motor Impairment | |
| | | Bone/Joint Concerns | |
| | | Allergies To: | |
| | | 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 Form 5

All new participants need Dr sign off. 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 redone if there are any significant medical changes with the rider's health or mobility. If in doubt of the date please ask for confirmation.

Participant's Full Name: _____

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

Cervical X-Ray for Atlantoaxial Instability: **Must be filled in only if the Participant has Down Syndrome or applicable.**
(see attached)

X-Ray Date: _____ Results: _____

Curvature of the Spine: **Must be filled in only if the Participant has a severe curvature of the spine.** Degree of the spine
curvature: _____ Flexion

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

I, DR. _____, 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 Stamp:

If you have a medical form on file, please complete below:

Opening Gaits has a current (less than 5 years old) 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. *We will contact any new riders to have an assessment done prior to acceptance into the program. This takes around half an hour. (this may be available at our Open House event)*
2. Incomplete registration packages will not be processed without payment. Fees must be paid 14 days prior to sessions starting by bank transfer to openinggaitssociety@gmail.com (autodeposits)
3. Each participant is required to bring a volunteer (over 18 years old) to possibly sidewalk during the lesson in the event that the session is short volunteers. Volunteers should be dressed appropriately & be prepared to help.
4. Weather is a factor beyond our control. Opening Gaits reserves the right to cancel classes due to inclement/extreme weather. Unfortunately, due to program costs, refunds will not be given for *any type* of cancellation. We will endeavour to offer to reschedule classes whenever possible.
5. **Any absences to classes must be sent by text to Samantha (Operations Manager) at (403) 254-4184 as soon as you are aware you cannot attend.** The instructors will be made aware of any missing participants. We ask you not to attend classes if you are sick. Again, we do not issue refunds, thank you for your understanding.
6. **All riders must be at the barn "ready to ride" at least 15 mins before the class starts. Please text if you will be late. We cannot guarantee participation if you are late. Please do not come early.**

Program and Barn Policy

1. All contractors, participants, and volunteers must have current paperwork on file that is updated annually.
2. Horses must be treated with kindness and respect. We will not tolerate any abuse of our animals.
3. Everyone will use the "Buddy System" to turn out/bring in horses to/from the paddocks for safety.
4. Horses will never be tied to wire fences, moveable objects or by their bridle. No reins must be left dangling.
5. All riders MUST wear approved helmets, clothing, and safety equipment while mounted & around the horses.
6. All participants will wear long pants and have appropriate heeled footwear. No sandals in the barn.
7. Visitors or spectators are not permitted in the barn area and paddocks, unless invited to do so by the instructor. We are on private property, do not wander around. Do not drive over 20kmHr on property.
8. An instructor or operations/equine manager must be present for any program activity.
9. No running or screaming in barn, paddocks, or arena areas or around horses. **Turn all cell phones to vibrate only.**
10. Barn and arena areas must be kept clear and free of obstructions. Do not litter. Clean as you go.
11. Siblings and young visitors must be always supervised. No climbing, running, throwing balls, etc. Do not play with class props etc. in the viewing area or arena.
12. No pets allowed. Please advise if you have a 'therapy dog' accommodations will be made, if safe to do so.
13. All accidents, injuries, or hazardous conditions should be reported immediately to the Operations Manager, a Board Member or Instructor.
14. No photography or videography without the permission from the Operations Manager or Instructor, unless they are exclusively of your participant. Some participants have a no media requirement.
15. Please adhere to less than 20kmhr speed limit when driving on the property, & NO DOGS on the property.



Media Release Form Form 6

Occasionally, Opening Gaits or the media may take photographs, video of you and/or your participant, which may be used in, but not limited to displays, brochures, newspapers, magazines, television, and/or website/Social media.

I DO hereby **OR** DO NOT 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. *We can blur out faces, if you would like this option, for inclusive purposes, please initial here* _____

Signature: _____ Date: _____

Printed Name: _____

Volunteering Requirements

Opening Gaits and its donors subsidize each participant an average of \$900.00 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 20 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, fundraising, helping with the silent/live auction, volunteering at the casino, side walking, leading a horse, poop pickup and general cleaning.

Our biggest fundraiser is the Casino, which we need to fill all spots for two days. We ask that this be your main priority for helping us out. Also we may need help with sidewalking during classes, please come prepared to help.

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

Membership

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. We ask that at least one family member becomes a Member of Opening Gaits. 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 with legal voting requirements within the province of Alberta. Memberships are valid July 1st each year until June 30th of the next year.

Opening Gaits Therapeutic Riding Society of Calgary



Membership Application/Renewal Form Form 7

July 1, 2025 – June 30th, 2026

New or Renewal

Member 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? Yes / No If yes, please add the name/s below.

Rider's Name: _____

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

Signed: _____ Date: _____

Membership must be signed to be considered valid. Our AGM is November each year, as a member we encourage you to participate and vote.

Liability Waiver Form 8 (2 pages)

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 operations manager, board, members, contractors, volunteers, business operators, agents, and site property owners **(Christine & Mike Hansen)** or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to therapeutic riding, Equine facilitated learning, 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.

Name: _____

_____ 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 demand, 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 Infant'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 _____

Includes waiver for family and caregivers listed below:

____ Date: _____
(Signature of Participant or Parent/Guardian of Participant)