



2017 Season

Dear Prospective Participant:

Thank you for your interest in the Therapeutic Horsemanship programs of Equi-librium. We were pleased to hear from you and look forward to your participation.

Cheryl Baker, CEO

Board of Directors:

Robert Makos, *Chairperson*

Colleen Krcelich, *Vice Chairperson*

Denise deMena, *Treasurer*

Adele E. Fagan, *Secretary*

Alice Balsone

Wenda Boyer

Ronald F. Brubaker

Bernard Bujnowski

Diane Cavanagh, Ed.D.

Mark Culp, P.E., LEED A

Timothy J. Duckworth, Esq.

Mark Hartney

Kimberly Hirschman

Casey Noble

Lynne Paul

Elizabeth Scofield

Enclosed are the Registration forms for you to fill out. You may access our Participant Handbook by going our website, www.equi-librium.org. If, after reviewing the information, you wish to apply for acceptance into any of Equi-librium's programs, please complete all the information requested and return the forms to our office.

Upon receipt of your forms, we will contact you to discuss program options, fees, payment arrangements, and the days and times available to you. An evaluation may be required prior to participation to determine which program is best for you and your participant. Evaluations are conducted by one of our certified instructors or therapists. We also encourage you to come and visit our center at any time prior to your evaluation or start of session.

Applicants are admitted into program on a first come, first serve basis depending upon the openings we have and the availability of instructors, volunteers, horses and the day and time you can come. Every effort will be made to provide an opportunity within as short a time as possible. You will be kept informed of the progress of your application by phone or email.

The registration fee of \$20.00 is due at time of registration. Fees for service are due prior to the start of the session. We have provided a payment instruction sheet for you that outlines procedures and methods of payment.

If you should have any questions or concerns, please do not hesitate to call me at 610-365-2266. We look forward to serving you.

Polly Beste, *Chairperson Emeritus*

524 Fehr Rd.

Nazareth, PA 18064

Tel. 610-365-2266

Fax 610-365-2263

www.equi-librium.org

Best Regards,

Debra Hutchison
Program Director



Partner Agency

An approved Educational Improvement Organization (EIO) under the PA Department of Community and Economic Development EITC program.

The official registration and financial information of Equi-librium may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania, 1- 800-732-0999. Registration does not imply endorsement.



524 Fehr Rd.
Nazareth PA 18064
Office (610)-365-2266
Fax (610)-365-2263
Email: debbie@equi-librium.org
Website: www.equi-librium.org

ADULT/INDEPENDENT PARTICIPANT APPLICATION/REGISTRATION - 2017

First Name: _____ MI: _____ Last Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

County: _____ Township: _____

Date of Birth: _____

Diagnosis: _____

Phones: Home: _____ Email: _____

Cell: _____

Fax: _____

For Statistical Purposes Only

Gender (Male/Female): _____ Ethnicity (Caucasian, African American, Hispanic, etc.): _____

Primary Language (English, Spanish, French, etc.): _____

How did you hear of Equi-librium? _____

Have you attended another therapeutic riding/driving program? Yes No

If so, where and what were you doing? _____

Have you previously had experience riding or driving horses? Yes No

What was your experience? _____

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

**Participant Authorization
for Emergency Medical Treatment**
Please read and sign one of the Consent Plans Below

CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency or program site, **I authorize**

Equi-librium to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name of Participant _____ Phone: _____

Address: _____

In the event I am not able to offer my own information, please contact the following Emergency contact person(s):

Contact _____ Phone: _____

Contact _____ Phone: _____

Physician's Name: _____

Physician Address: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the contact person listed above is unable to be reached.

Date: _____ **Print Name:** _____

Consent Signature: _____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency or program site. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ **Print Name:** _____

Non-Consent Signature: _____

EQUI-LIBRIUM, INC.

ADULT/INDEPENDENT PARTICIPANT SESSION, DAY/TIME PREFERENCE - 2017

Name of Participant: _____

Date: _____

Please indicate which program you are applying for, and check off your preferred day and/or time as indicated. Please note the descriptions on Method of Payment form.

Session Selection

Please refer to the Program Calendar on the back of this form for the 10 Week Session Dates. Please indicate the session(s) for which you are registering. Please make sure you check all of the sessions in which you wish to participate.

Winter **Spring** **Summer** **Fall** **Extended Fall**

Program Selection

_____ **Silver Saddles/Group Sessions - - (One instructor, 3-4 in a group) \$350**

Please number your Day and Time Preferences with a 1, 2, or 3.

Day Preference: Monday Tuesday Wednesday, Thursday
 Friday Saturday Morning Afternoon

_____ **Semi-Private Instruction - \$400 (By arrangement)**

_____ **Private Instruction - \$450 (For independent riders/by arrangement)**

_____ **Therapeutic Cart/Carriage Driving - (One on one) \$450**
(Times will be scheduled by arrangement.)

Day Preference: Monday Tuesday Wednesday, Thursday
 Friday Saturday Morning Afternoon

_____ **Horsemanship for Heroes/Group Sessions - (One instructor, 3-4 in a group) \$350**

Please number your Day and Time Preferences with a 1, 2 or 3.

Monday Tuesday Wednesday Thursday Friday Saturday

Monday - Friday Times: 4:00pm 5:00pm 6:00pm 7:00pm

Saturday Times: 9:00 10:00am 11:00am 1:00pm 2:00pm

_____ **Semi-Private Instruction - \$400 (By arrangement)**

_____ **Private Instruction - \$450 (For independent riders/by arrangement)**



Equi-librium, Inc. 524 Fehr Rd. Nazareth PA 18064
 Office (610)-365-2266, Fax (610)-365-2263
 E-mail: debbie@equi-librium.org

PARTICIPANT HEALTH HISTORY
 (To be completed by participant)

Name: _____ Date of Birth: _____
 Age: _____ Weight: _____ Height: _____ Gender: M F
 Address: _____ City _____ State _____ Zip _____
 Phone: Cell _____ Home _____ Work _____
 Signature of Person filling out form: _____ Date: _____

HEALTH HISTORY

Diagnosis: _____

Date of Onset: _____

**Please indicate current or past special needs and/or surgeries in any of the following areas by checking yes or no.
 If yes, please comment.**

| Areas | Yes | No | Comments |
|-------------------------|-----|----|----------|
| Vision | | | |
| Hearing | | | |
| Sensation | | | |
| Communication | | | |
| Heart | | | |
| Breathing | | | |
| Digestion | | | |
| Elimination | | | |
| Circulation | | | |
| Emotional/Mental Health | | | |
| Balance | | | |
| Allergies | | | |
| Learning Disability | | | |
| Thinking/Cognition | | | |
| Pain | | | |
| Muscles | | | |
| Skin Sensitivity | | | |
| Other | | | |

EQUI-LIBRIUM, INC.
Therapeutic Horsemanship
524 Fehr Rd. Nazareth PA 18064
(ph)610-365-2266; (fax)610-365-2263

MEDIA RELEASE

PARTICIPANT

Our Equi-librium participants, families and volunteers are our best advocates! We occasionally have the opportunity to feature one of our Equi-librium children or adult participants or volunteers in the media, including printed material, television, newspaper, radio or the Internet, to promote Equi-librium programs and services.

Please indicate your Media Consent or Non-Consent Below

CONSENT: Please check box

I hereby grant permission for Equi-librium, Inc. to use photographs, videos, quotes, or information regarding:

_____ for Equi-librium promotional purposes.
(Name of Participant- Print)

NON-CONSENT: Please check box

I do not grant permission for Equi-librium, Inc. to use photographs, videos, quotes or information regarding:

_____ for Equi-librium promotional purposes.
(Name of Participant – Print)

Signature of Participant (18 or over only) _____

Signature of Parent(s)/Guardian _____
(Mother's Signature)

(Father's Signature)

(Legal Guardian)

Date _____

Please Note: The person or persons having legal custody of the participant must sign this form. In cases of joint or shared custody both persons must sign this form.

PARTICIPANT
ACKNOWLEDGEMENT OF RISK
ACCEPTANCE OF RESPONSIBILITY, RELEASE OF LIABILITY AND IDENTIFICATION

I, the undersigned, hereby acknowledge that I have voluntarily applied to have myself or my son/my daughter/my ward engage in equine-assisted activities that include horseback riding with Equi-librium, Inc.

I understand the activity of horseback riding and other equine-assisted activities involves numerous inherent risks of injury both known and unknown that are an integral part of such an activity. I knowingly and freely assume full responsibility for myself or for my son/ my daughter/ my ward for all such risks, whatever the cause even if arising from the negligence of Releasees (as herein after defined) or others.

I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times, and I also assume such risks for myself or my son/ my daughter/ my ward.

As consideration for being permitted by Equi-librium, Inc. to engage in equine-assisted activities including horseback riding, I, for myself and on behalf of my heirs, successors, assigns, personal representatives, executors and next of kin, do hereby waive any claim and release, indemnify Equi-librium, Inc. and all of their owners, officers, members, affiliated organizations, agents and/or employees other participants, successors, assigns, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used for the equine-assisted activities (Releasees) with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation in equine-assisted activities including horseback riding whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

This contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians, and my personal representatives.

On February 21, 2006, Pennsylvania's Equine Activity Act went into effect. This act applies to an individual, group, club or business entity that sponsors, organizes, conducts or provides the facilities for an equine activity where a sign indicating that "You assume the risk of equine activities pursuant to Pennsylvania law." This sign is conspicuously posted at the Equi-librium Therapeutic Horsemanship Center.

I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract in behalf of myself and/or my family of my own free will.

Name of Participant: _____

Signature of Participant: _____

(18 or over only)

Signature of Parent(s)/Legal Guardian: _____
(Mother's Signature)

(Father's Signature)

(Legal Guardian)

Date: _____

Please Note: The person or persons having legal custody of the participant must sign this form. In cases of join or shared custody both persons must sign this form.

2017 PROGRAM CALENDAR

Dates are subject to change depending on weather conditions, horse changes, or other circumstances. The following holidays are observed: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas. Exact session dates may end on different dates depending on the day and when holidays fall. There also may be changes due to special Equi-librium activities or cancellations. Weekly schedules start on Monday.

All Therapeutic Horsemanship Programs for 2017:

Winter: Start: Week of January 9th

End: Week of March 13th

No makeups: You will be billed in advance for 5 lessons; pay as you go for balance

Spring: Start: Week of March 20th

End: Week of May 22nd

Make-ups: Week of May 29th (Monday participants will be billed for 9 weeks due to Memorial Day)

Summer: Start: Week of June 5th

End: Week of August 7th

Make-ups: Week of August 14th (Tuesday participants billed for 9 weeks due to July 4th)

Summer Break: Week of August 21st

Summer Camps: June 19-23 ages 4-7; July 10-14 ages 8-12;

July 24-28 ages 13-18+; August 14-18 ages 4-7

Fall: Start: Week of August 28th

End: Week of October 30th

Make-ups: Week of November 6th (Monday and Saturday participants billed for 9 weeks due to Labor Day and Horse Show)

Horse Show: September 30th

Extended Fall: Start: Week of November 13th

End: Week of December 18th

(No Make-up sessions for Extended Fall)

Volunteer Training Schedule: BASIC: March 11th; March 18th; April 8th; May 13th; June 10th; July 8th; August 12th; September 9th; October 14th; All are held from 12:30pm-3:30

Additional Trainings will be held throughout the year as needed; see Volunteer board and volunteer news page on website for topics and dates/times.

Equi-librium, Inc.

PAYMENT INSTRUCTIONS – 2017

Due to the need for timely payment of fees to Equi-librium, we are asking all registrants to review the following information and fill out the attached form. Include payments or vouchers along with your registration as applicable. Once your registration has been received, you will be billed for your first session. *If you have signed up for multiple or later sessions during the year, you will be billed one month prior to those sessions.* Payment will be due upon receipt of the invoice.

All Registrants:

- Enclose the **annual registration fee of \$20.00** along with your Registration Information Update.

Outstanding fee balances from previous sessions must be paid in full prior to starting any sessions in 2017.

- **All fees must be paid, vouchers received or payment arrangements made prior to the start of any 2017 session.**
- Except for Winter and Extended Fall sessions, **all programs are 10 week tuition based programs. ONE absence will be allowed (unless otherwise noted due to holiday) and a make-up week will be offered at the end of each session. Any absences occurring through Equi-librium cancellations will be credited to your account and may be used for a riding lesson within the 2017 program year. No refunds will be given.**

- If for any reason late payments occur, a 1.5% interest charge will be added to any overdue balances of 60 days.

SILVER SADDLES AND HORSEMANSHIP FOR HEROES PROGRAMS ARE THERAPEUTIC BY DESIGN AND ARE THEREFORE DIFFERENT THAN ANY RIDING EXPERIENCE YOU'VE HAD

Participants should come into the sessions having no preconceived notions about riding, techniques, grooming, and basic horsemanship. These sessions are designed to achieve specific results, and as such, you may be asked to ride, groom, hold reins, and work with our horses and instructors very differently than you have before. We ask that you are receptive to new ideas, new ways, and trust that there are time-honored and industry-wide principles for what we will ask you to do. We may require volunteers to be involved in the session in addition to an instructor. This is not an indication of inability, but simply due to the nature of what we might be trying to accomplish within a lesson. We have your safety and goals in mind; these are not riding lessons, but therapy.

If your expectation is to ride as you may have previously, you may be disappointed in that we are asking for you to do things in a different way. Please carefully consider your registrations; if you do not feel you can adapt to the changes, this may not be for you.

PLEASE FILL OUT METHOD OF PAYMENT FORM ON NEXT PAGE

→→→→→

EQUI-LIBRIUM, INC.
METHOD OF PAYMENT FORM
To be returned with Registration Information

Name of Participant: _____

Signature of Person Filling out this Form: _____

As a participant in the program(s) of Equi-librium, it is your understanding and commitment to pay the applicable fees for service. Indicated below is the method of payment by which these fees are to be paid. Please place your INITIALS next to the check (✓) mark the method you are using, and complete accordingly.

Registration Payment **Amount**

✓ _____ **\$20.00 Registration Fee Enclosed, All Participants** _____
 (This fee is to be paid with registration.)

_____ **Payment by Check Enclosed** Check # _____

_____ **Payment by Credit Card**
 (Please call the office to provide your card information, (610-365-2266))

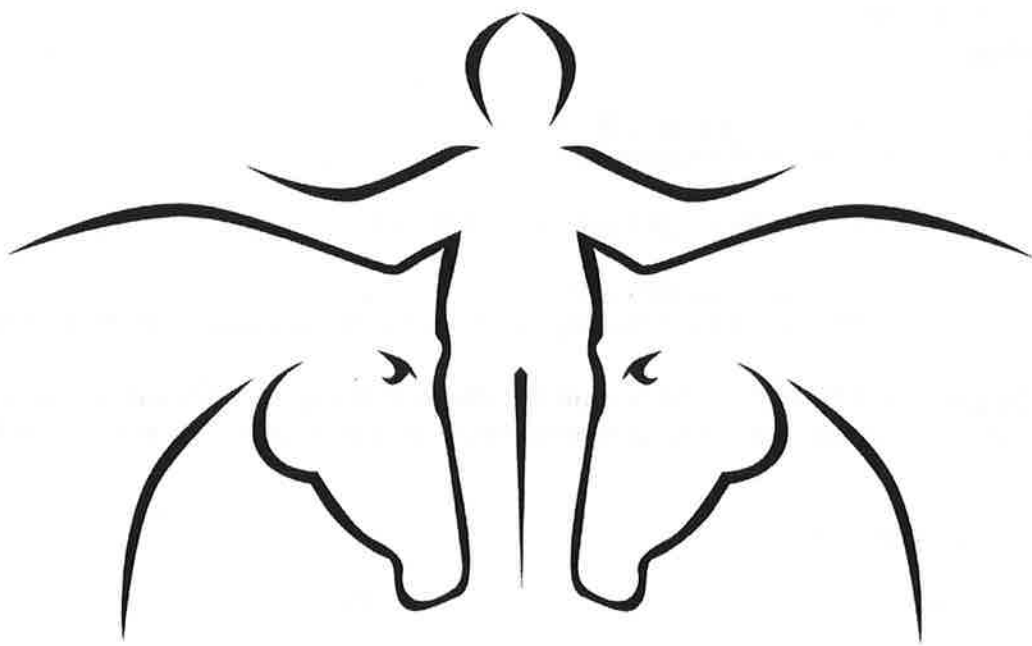
Fees for Service PAYMENT will be paid by: Please INITIAL the appropriate line at the check mark for the program you will be attending. Please do not pay these fees now; you will be billed.

✓ _____ **Personal/Private Pay:**

| | | |
|---|-------|-------|
| Silver Saddles Group | \$350 | _____ |
| Silver Saddles Semi-Private | \$400 | _____ |
| Silver Saddles Private/Independent | \$450 | _____ |
| Horsemanship for Heroes Group | \$350 | _____ |
| Horsemanship for Heroes Semi-Private | \$400 | _____ |
| Horsemanship for Heroes Private/Independent | \$450 | _____ |
| Therapeutic Cart/Carriage Driving | \$450 | _____ |

_____ **Payment by Check Enclosed** Check # _____

_____ **Payment by Credit Card** **See Attached Form**



EQUI~LIBRIUM

Therapeutic Horsemanship