Dear Participant,

Welcome! Thank you for your interest in lessons at Heritage Christian Stables. We look forward to an exciting 2020 lesson year.

Enrollment: Participants can enroll in any number of sessions during the year. Lesson time may include grooming and tacking. Once the paperwork is completed we will contact you to schedule an evaluation. An evaluation helps us ensure that we can safely accommodate you in our program, recommend the proper class, develop goals and create good participant/horse/volunteer teams. Participants are scheduled in compatible groups according to the lesson schedule. If Heritage Christian Stables is unable to accommodate a participant that has been evaluated and accepted into the program, the participant will be placed on a waiting list until an appropriate time slot becomes available. Participants will be accommodated according to compatibility, time availability, and horse usage.

Cost: The average cost to the program to provide a lesson is $95. Through the generosity of donations and grants, we are able to offer lessons at a greatly subsidized rate. We have 6 sessions throughout the year. Our lesson fee is $40.00 for approximately a one-hour lesson with three or more participants, 45-minute lesson with two participants and one-half hour private lesson with one participant. The session fee is payable in advance of the start of the session. If a participant needs financial assistance, please request a scholarship application.

Attendance Policy: If Heritage Christian Stables cancels a lesson, a makeup or credit will be given for the lesson. If a participant cancels, no makeup will be provided. Policy allows one pre-arranged credit per session communicated in writing (prior to start of lessons). Lateness (15 minutes or more) is considered a cancellation. If you cannot attend a lesson please contact Heritage Christian Stables as far in advance as possible, so that we can adjust volunteer schedules accordingly. Any requests for exceptions to this attendance policy must be made in writing at the time of enrollment into the session. Participants must be accompanied by guardian/staff while at the stables.

Clothing: All participants must wear an ASTM-SEI approved helmets while participating in lessons at Heritage Christian Stables. Heritage Christian Stables has riding helmets available, though we encourage everyone to have their own if possible. Participants must wear long pants. Hard soled shoes with heels are preferred, sneakers are acceptable for non-independent riding. Crocs, flip flops, shoes that expose feet are inappropriate and unsafe which may result in ineligibility to ride. If appropriate a participant may be asked to remove dangling jewelry, tie hair back or remove jackets that are too long. Participants are to have no objects in their mouth as they can pose a choking hazard (ie: gum, hard candy, etc).

Forms: All forms must be completed prior to participation and are updated annually January 1st. Please keep information pages for future reference.

Physical Address: Heritage Christian Stables is located at 1103 Salt Road, Webster, NY 14580
Mailing Address: Heritage Christian Stables, PO Box 200, Webster, NY 14580
Heritage Christian Stables 2020 Riding Sessions:

<table>
<thead>
<tr>
<th>Session</th>
<th>Session Dates</th>
<th>Session Length</th>
<th>Registration Deadline</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snow Bunny</td>
<td>January 6 - February 15</td>
<td>6 weeks</td>
<td>Dec 16, 2019</td>
<td>$240.00</td>
</tr>
<tr>
<td>Winter Classic</td>
<td>February 24 – April 4</td>
<td>6 weeks</td>
<td>January 15, 2020</td>
<td>$240.00</td>
</tr>
<tr>
<td>Spring</td>
<td>April 13 – May 31</td>
<td>7 weeks</td>
<td>March 16, 2020</td>
<td>$280.00</td>
</tr>
<tr>
<td>Summer</td>
<td>June 8 – July 20</td>
<td>7 weeks</td>
<td>June 22, 2020</td>
<td>$280.00</td>
</tr>
<tr>
<td>Hot to Trot</td>
<td>August 3 – September 5</td>
<td>5 weeks</td>
<td>July 13, 2020</td>
<td>$200.00</td>
</tr>
<tr>
<td>Fall</td>
<td>September 14 – December 5</td>
<td>12 weeks</td>
<td>August 17, 2020</td>
<td>$480.00</td>
</tr>
</tbody>
</table>

December TBA

Heritage Christian Stables 2020 Events

Boots & Barrels: June 6, 2020
Horse Show / Volunteer & Participant Celebration: July 25, 2020
Stall Break: TBD Fall 2020

*** Please retain this page for your records ***
Heritage Christian Stables
A program of Heritage Christian Services

Participant Registration Form

Snow Bunny _____ Winter Classic _____ Spring _____
Summer _____ Hot to Trot _____ Fall _____

*** Lessons are scheduled on a first come, first serve basis ***

Name _________________________________________________ Date of Birth ______
Address _____________________________________________ Best Phone __________________
City __________________ State __________ Zip Code _____________
Current Weight ______ Changes in medical conditions ________________________________
Email Address ____________________________________________

To assist in lesson cancellations at HC Stables who is the best person to contact and what is their number:

To help schedule lessons, please check ALL times you can participate. Please be accurate in regards to the
time you can arrive. Checking all options does not mean that you would participate at all those times, but
gives us more flexibility in scheduling. You will be contacted to confirm your time. Thank you.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<td>10-11 am</td>
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<td>1:30-2:30</td>
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<td>2:45-3:45</td>
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<td>4:15-5:15</td>
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<td>5:45-6:45</td>
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<td>7:00-8:00</td>
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</table>

For Community Participants: Payment is due no later than the first lesson of the session

**Please note, if the participant cancels from the above marked session after scheduling is completed and prior to the start of the session, there is $50.00 cancellation fee. If the participant cancels after that session has started, the participant is responsible for full payment of the session. See Attendance Policy. **

Payment will be made by:
☐ Self-Pay / Parent ☐ Scholarship (Need application filled out)

~ Signature of person completing this form ___________________ Date ____________

Please return to Heritage Christian Stables, 1103 Salt Road (PO Box 200), Webster, NY 14580

Questions? Tara Kuba, 585.872.2540
Heritage Christian Stables
A program of Heritage Christian Services

Participant’s Application and Health History

GENERAL INFORMATION

Participant __________________________________________

DOB ___________ Age ___________ Height _______ Weight _______ M  F

Address ____________________________________________

Street / PO Box  City  State  Zip

Phone ___________________  Alternative Phone # ____________

Employer / School _________________________________  Phone # ____________

Address ____________________________________________

Street / PO Box  City  State  Zip

Email Address ____________________________________________________________________________

Legal Guardian (ie: parent, self) ____________________________  Phone# ______________

Address (if different from above) ________________________________

** If you are your own legal guardian, do you make your own medical decisions  □ Yes  □ No

If you answered no: Who to contact: __________________________  Phone# ______________

Tetanus Shot  Yes ______  No _______  Date __________________

GOALS (ie reasons for participation? What does the participant want to accomplish?)

______________________________________________________________________________

______________________________________________________________________________

PREVIOUS EXPERIENCE (does the participant have any previous experience with horseback riding? If yes, please describe).

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

ADDITONAL INFORMATION:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signature ___________________________________________  Date ______________

(legal guardian)

Print Name and Relationship __________________________________________

11/19
Authorization for Emergency Medical Treatment Form

☐ Participant  ☐ Staff  ☐ Volunteer

Name ______________________________________________________________________
Address ____________________________________________________________________
Street / PO Box __________________________ City __________________________ State ______ Zip ______
Telephone ___________________________ DOB __________________

Physician’s Name__________________________________ Medical Facility_______________
Health Insurance Company __________________________________Policy # ______________
Allergies to Medications __________________________________________________________
Current Medications _____________________________________________________________

In the event of an emergency, contact:
Name_________________________________ Relation ________________ Phone___________
Name __________________________________ Relation ________________ Phone___________
Name __________________________________ Relation ________________ Phone___________

In the event that emergency medical aid/treatment is required due to illness or injury during center
activities, or while on the property of the agency, I authorize Heritage Christian Services/ Stables to:

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

CONSENT PLAN
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 person(s) above is
unable to be reached.

Consent Signature ___________________________ Date ________________________

legal guardian
Heritage Christian Stables
A program of Heritage Christian Services

Liability Release and Photo Release Form

Liability Release

I/my child would like to participate in the therapeutic horseback riding program at Heritage Christian Stables. I acknowledge the risks and potential for risks of engaging in horseback riding activities as well as activities in the close proximity to horses, however, I feel that the possible benefits to me/my child are greater than the risks assumed. I hereby, intending to be legally bound, my heirs and assigns, executors and/or administrators, waive and release forever all claims for damages against Heritage Christian Stables, a program of Heritage Christian Services, its instructors, volunteers, and/or employees for all injuries and/or losses that I/my child may sustain while participating in activities at Heritage Christian Stables.

Consent Signature ______________________________________ Date _______________________
(legal guardian)

Print Name and Relationship __________________________________________________________

PHOTO RELEASE

I ☐ DO ☐ DO NOT

Consent to and authorize the use and reproduction by Heritage Christian Services, Heritage Christian Stables, and its representatives of any and all photographs and any other audiovisual materials taken of me/my child for promotional material, educational activities, exhibitions or for any other use for the benefit of Heritage Christian Stables and Heritage Christian Services, including use on the Heritage Christian Stables Facebook page.

I understand that I may revoke this authorization at any time by a signed, dated notice to Heritage Christian Stables. I further understand that any such revocation does not apply to the extent that persons authorized to use my information may have already acted in reliance on this authorization.

Signature __________________________ Date ________________
(legal guardian)

Print Name and Relationship _________________________________
Information on our Horsemanship Program

What are the Benefits: Physically, therapeutic riding can improve coordination and help normalize muscle tone. It can help improve posture and increase the functional range of motion, muscular strength, and flexibility. Perceptual and sensory motor skills may also improve. Psychological benefits include improved motivation, self-esteem and confidence. Therapeutic riding enhances the development of cognitive skills and allows the participant to improve socialization skills and learn team work.

How do you qualify to participate in the therapeutic horsemanship program?

- Participants are over the age of four
- Meets the current horse weight requirements (200 pounds for anyone participating in mounted activities). Participant weight is determined at the start of each session and HC Stables reserves the right to weigh participants to determine accurate horse usage.
- Participants have appropriate behavior to maintain safety

Heritage Christian Stables may be unable to accommodate a potential Participant due to resources available and program capabilities (ie: horses, equipment, instructors, volunteers and capabilities). Participants accepted into the program are re-evaluated on a regular basis and may become ineligible. The therapeutic riding program follows PATH’s Precautions and Contraindications Guidelines.

If you have a question as to whether you qualify for the Therapeutic Horsemanship Program, contact: Heritage Christian Stables at 585-872-2540 or www.heritagechristianservices.org.