



Destiny's Ride Therapeutic Program Inc.

Program Location: 114 Ostrander Rd Ghent, NY 12075

Mailing Address 406 Old Post Rd ~ Stop 24 Ghent, NY 12075

destinysridetherapeutic@gmail.com (518) 610.4408

Therapeutic Rider Participant's Application

GENERAL INFORMATION:

Participant's Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address Street: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell # _____ Work#: _____ E-mail: _____

Employer/School: _____ Phone: _____

Address: _____

Parent/Legal Guardian/Caregiver: _____

Address (if different from above): _____

Phone #: _____ Alternative #: _____

If you are a new applicant:

How did you hear about our program? _____

If referred, please list source and date: _____

If you have any previous riding/horse experience, please describe: _____

PHOTO RELEASE:

I DO / DO NOT (please circle one) consent to and authorize the use and reproduction by Destiny's Ride Equestrian Center LLC. of any and all photographs and any other audio/visual materials taken of me/my son/daughter/ward for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Signature Participant (Parent or Legal Guardian) _____ Date: _____



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Possible Reasons for Client Discharge

Please be advised of the following reasons that may lead to discharge from the program.

1. The client has reached all of their goals!
2. The client displays a condition listed by PATH as a contraindication to therapeutic riding.
3. The client's potential to maintain head and neck control in a sitting position presents a safety concern.
4. Inability to follow directions is interfering with progress toward treatment goals.
5. Uncontrolled and inappropriate behavior constitutes a safety risk to clients, volunteers, or staff.
6. Client exceeds weight limit that can safely be managed by staff, volunteers, and/or horses.
7. Any change in the client's medical, physical, cognitive, or emotional condition makes therapeutic riding or hippotherapy inappropriate.
8. Three scheduled sessions are missed without proper canceling.
9. Nonpayment of billed funds after each session's first (1st) lesson.

Signature of Client or Legal Guardian: _____ Date: _____



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Confidentiality Agreement

I understand that all information (written and verbal) about participants and Destiny's Ride Therapeutic Program is confidential and will not be shared with anyone without the express written consent of the participant and his/her/their guardian in the case of a minor.

Signature _____ Date _____



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SAFETY STANDARDS

- ❖ Walk while on the property
- ❖ Be gentle with animals and people
- ❖ No fighting or abusive/aggressive actions
- ❖ No throwing objects
- ❖ No fires AND no smoking
- ❖ No weapons (guns, knives, etc.), alcohol, or other illegal substances on the property
- ❖ An adult must supervise children at all times
- ❖ No personal pets on the property
- ❖ Respect "Off Limits," "Authorized Personnel Only," and paddock and private residence areas
- ❖ Do not enter stalls, paddocks, or pastures without first notifying a staff member.

In signing this document, I, _____, agree to abide by the Safety Standards that are detailed above.

Signature: _____ Date: _____