

WE CAN RIDE



P.O. Box 463
Maple Plain, MN 55359
(952) 934-0057
Fax: (952) 974-9688
www.wecanride.org

2021 Session Dates

Please keep for your own record

Saturday	Session I:	Jan. 9, 16, 23, 30, Feb. 6. Make-up Feb. 13th.
	Session II:	March 13, 20, 27, (Off April 3rd) April 10, 17, 24, May 1, 8. Make-up May 15 th .
	Session III:	June 12, 19, 26, (Off July 3rd) July 10, 17, 24, 31, Aug. 7, Make-up Aug. 14th & 21st.
	Session IV:	Sep. 11, 18, 25, Oct. 2, (Off Oct. 9th) 16, 23, 30, Nov. 6, 13, 20. Make-Up Dec. 4 th .
Sunday	Session I:	Jan. 10, 17, 24, 31, Feb. 7. Make-up Feb. 14th.
	Session II:	March 14, 21, 28, (Off April 4th) April 11, 18, 25, May 2, 9. Make-up May 16 th .
	Session III:	June 13, 20, 27, (Off July 4th) July 11, 18, 25, Aug. 1, 8. Make-up Aug. 15th & 22nd.
	Session IV:	Sep. 12, 19, 26, Oct. 3, (Off Oct. 10th) 17, 24, 31, Nov. 7, 14, 21, Make-up Dec. 5 th .
Monday	Session I:	Jan. 11, 18, 25, Feb. 1, 8. Make-up Feb. 15th.
	Session II:	March 15, 22, 29, (Off April 5th) April 12, 19, 26, May 3, 10, Make-up May 17 th .
	Session III:	June 14, 21, 28, (Off July 5th) July 12, 19, 26, Aug. 2, 9. Make-up Aug. 16th & 23rd.
	Session IV:	Sep. 13, 20, 27, Oct. 4, (Off Oct. 11th) 18, 25, Nov. 1, 8, 15 (Off Nov. 22nd) 29, Make-up Dec. 6 th .
Tuesday	Session I:	Jan. 12, 19, 26, Feb. 2, 9. Make-up Feb. 16th
	Session II:	March 16, 23, 30, (Off April 6th) April 13, 20, 27, May 4, 11. Make-up May 18th.
	Session III:	June 15, 22, 29, (Off July 6th) July 13, 20, 27, Aug. 3, 10. Make-up Aug. 17 th & 24th.
	Session IV:	Sep. 14, 21, 28, Oct. 5, (Off Oct. 12th) 19, 26, Nov. 2, 9, 16 (Off Nov. 23rd) 30, Make-up Dec. 7 th .
Wednesday	Session I:	Jan. 13, 20, 27, Feb. 3, 10. Make-up Feb. 17th.
	Session II:	March 17, 24, 31, (off April 7th) April 14, 21, 28, May, 5, 12. Make-up May 19th.
	Session III:	June 16, 23, 30, (Off July 7th) July 14, 21, 28, Aug. 4, 11, Make-up Aug. 18th & 25th.
	Session IV:	Sep. 15, 22, 29, Oct. 6, (Off Oct. 13th) 20, 27, Nov. 3, 10, 17 (Off Nov. 24th) Dec. 1. Make-up Dec. 8 th .
Thursday	Session I:	Jan. 14, 21, 28, Feb. 4, 11. Make-up Feb. 18 th .
	Session II:	March 18, 25, April 1, (Off April 8th) April 15, 22, 29, May 6, 13. Make-Up May 20th.
	Session III:	June 17, 24, July 1, (Off July 8th) 15, 22, 28, Aug. 5, 12. Make-up Aug. 19th & 26th.
	Session IV:	Sep. 16, 23, 30, Oct. 7, (Off Oct. 14th) 21, 28, Nov. 4, 11, 18 (Off Nov. 25th) Dec. 2. Make-up Dec. 9th.

Days Off in the 2021 Riding Season:

Saturday April 3rd through Friday April 9th.

Saturday July 3rd through Friday July 9th.

Saturday October 9th through Friday October 15th.

Monday November 22nd through Friday November 26th.



Riding & Hippotherapy Guidelines

In order for We Can Ride to provide a safe environment for all individuals involved in our programs and to accommodate and adapt to specific needs within our programming and client base, We Can Ride abides by the following riding guidelines.

It is We Can Ride's goal to be able to offer services to all those in need. If possible, we may be able to make exceptions to some of the precautions listed based on diagnoses, age, height and weight.

Physical Precautions:

In order for a client to participate in riding lessons, the following requirements in his/her weight category are required:

Weighs 100 pounds or less:

- A. The ability to safely mount/dismount the horse with support provided (2 staff maximum).
- B. If client needs more support during mounting, accommodations will be discussed and provided if safe to do so.
- C. An appropriate horse is available for the client.

Weighs 101-150 pounds:

- A. The ability to safely mount/dismount the horse with support provided (2 staff maximum).
- B. If client needs more support during mounting, accommodations will be discussed and provided if safe to do so.
- C. Client is able to assist with repositioning while mounted.
- D. An appropriate horse is available for the client.

Weighs 151-190 pounds:

- A. The ability to safely assist with the mount/dismount with support provided.
- B. An appropriate horse is available for the client.
- C. Client is able to self-adjust while mounted 100% of the time.

D. Neck Control:

- a. Ability to independently turn head.



- b. The ability to hold head in an upright position with a helmet on, without uncontrolled falling, snapping, or tilting of the head forward or backward.

Weight Bearing:

- a. The ability to stand on one foot with moderate assistance or both feet and the ability to take steps backwards.
- b. Exceptions may be made if client has a strong upper body and can help transfer.

Trunk Control:

- a. The ability to bench sit for 2 minutes without assistance.
- b. The ability to sit moderately balanced while astride the horse.

Behavior/Cognitive:

- a. Does not have strong or violent emotional outbursts.
- b. Does not pursue movement to the point of interfering with daily life.
- c. Does not take excessive risk that puts self or others in danger.
- d. Does not have behavior that injures the horse, volunteers, instructor or self. Behaviors to include hitting, kicking, spitting, hair pulling, scratching, screaming, pushing, removing helmet, self-dismounting, bouncing, rocking, excessive movement.

*If the client does not meet the above requirements, he/she will not be able to participate in mounted therapeutic riding or hippotherapy but may be appropriate for **UNMOUNTED** lessons.

*If a client exhibits any of the aforementioned precautions and are currently participating, a re-evaluation by a therapist will take place. The client may be required to change type of programming or discontinue participation.

*If the client is new to the program, they will be screened for all precautions previously mentioned.

It is our intention that We Can Ride programming will be as adaptable as possible and will have the ability to serve a wide range of disabilities and special needs. If you believe you/the client fits into one of the above mentioned categories, please contact the Program Director to discuss further.

**We Can Ride reserves the right to deem programming inappropriate for a client, at any time.*

We Can Ride

New Client Registration 2021

Return to office

Client Information

NAME _____ Gender _____ DATE OF REGISTRATION _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

PARENTS/GUARDIAN NAME (IF APPLICABLE) _____ EMPLOYER _____

ADDRESS _____

CITY _____ ZIP CODE _____

CONTACT: HOME _____ WORK _____

CELLS _____ EMAILS _____

REFERRAL SOURCE: _____

GROUP HOME NAME (IF APPLICABLE) _____

GROUP HOME ADDRESS _____

GROUP HOME PHONE _____ GROUP HOME FAX _____

EMERGENCY CONTACT: NAME _____ PHONE _____

DIAGNOSIS/ES: _____

DATE OF ONSET _____

EFFECT(S) OF _____

DIAGNOSIS/ES: _____

SPECIAL ASSISTANCE NEEDED TO SIT, STAND, MOVE, OR COMMUNICATE: _____

PLEASE COMPLETE & SIGN OTHER SIDE

Class Type Preference (Please Circle)

1. PT/OT 2. Private 3. Semi-Private

4. Group Therapeutic Riding 5. Ground Lesson

Days/Times that do not work for you: _____

Responsibility for Payment. I hereby acknowledge that I am ultimately responsible for **all** charges applied to my account **whether or not covered by insurance or waiver.** I further acknowledge that I have read and understand the Payment Policy Notice (separate form) as well as all additional policies and procedures.

Guardian/Parent Signature: _____

Payer: _____ **Payor Preferred Phone:** _____

Payer Billing Address: _____

Payer E-mail Address: _____ **Date:** _____

Third Party Information: (WCR does NOT 3rd party bill – you will need to forward the invoice to them).

Third-Party Payer/Waiver Name: (If Applicable) _____

Third-Party Contact: _____ **Third-Party Phone:** _____

Third-Party Email Address: _____

Third-Party Billing Address: _____

Please provide credit card information: this will automatically be charged if the 3rd party doesn't pay within 45 days of invoice due date.

Name on credit card: _____ **Billing zip code:** _____

Credit card type: _____ **Credit card number:** _____ **Exp. Date:** _____

CVV Code: _____ **Signature:** _____

POLICIES AND PROCEDURES

Keep for your records

1. Loss of Class Participation. We Can Ride may remove a client from participation if: (a) if there are more than two no-shows for class per session, (b) payment arrangements have not been made on an outstanding balance; (c) yearly required paperwork has not been turned into the office; (d) our instructors and/or therapists believe that participation would be contraindicated or causes a safety concern. See your Client Handbook or call for more information about our policies.

2. Registration & Screening Fee. In order to register for classes with We Can Ride, you must pay a yearly registration fee of \$60.00. A screening fee of \$65.00 is due at the time of the screening.

3. Billing Information. You will be billed directly from our finance department. Bills generally go out 1.5 months before the start of the session and are due a month ahead of time. There is a \$25.00 late fee if payment isn't received before or on the due date. If you are paying through a 3rd party waiver or grant, you are still responsible for making sure the payment comes in. You will be billed directly even if a 3rd party is paying, then you can forward on to the 3rd party, and they pay us directly.

4. Cancellation Policy. You must notify We Can Ride of a session cancellation at least 30 days prior to the start of the Session. We reserve the right to charge you for the whole session if less than 30 days' notice is given.

5. Confidentiality. We can ride is bound by confidentiality requirements of state and federal law and does not disclose confidential client information without permission. All clients, parents, guardians, and other caregivers agree to abide by confidentiality rules.

We Can Ride 2021
Authorization for Emergency Medical Treatment
Submit to office

Client's Name: _____ DOB: _____ Phone: _____

Address: _____

Clinic Phone: _____ Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

Please list two people who may be contacted in case of emergency (these may include guardian)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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, I authorize *We Can Ride, Inc.* to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. To take all other reasonable measures to secure medical aid for the emergency.

Photo Release

CHECK ONE: I hereby **do consent / do not consent** (Circle one) to and authorize the use and public distribution of any and all photographs of myself or others for whom I am authorized to give consent, including the use of audio/visual materials for promotion, education or exhibition or any other use to benefit *We Can Ride, Inc.*

I have read, and understand all the material in this document. I hereby consent and agree to the conditions set forth herein.

Signature of Release X _____ Date _____

Client, Parent or Guardian

P.O. Box 463
Maple Plain, MN 55359
(952) 934-0057
Fax: (952) 974-9688
www.wecanride.org

We Can Ride
2021 Medical History Form
Physician Signature Required
Submit to office

NAME: _____ GENDER: _____ DOB: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PARENT/GUARDIAN: _____
DIAGNOSIS: _____
SCOLIOSIS: YES _____ NO _____ (DEGREE & REGION) _____
IMMUNIZATIONS UP TO DATE: YES _____ NO _____ HEIGHT: _____ WEIGHT: _____ (MUST BE FILLED TO PARTICIPATE)
Allergies: Yes _____ No _____ If yes, to what?: _____

SEIZURES: YES _____ NO _____ SEIZURE TYPE: _____
CONTROLLED: YES _____ NO _____ DATE OF LAST SEIZURE: _____

Indicate any problems and/or surgeries in any of the following areas by checking Yes or No; If yes, please comment.

Area	Yes	No	Comments
Vision or Auditory			
Speech Delay			
Attention, Learning			
Cognitive Delay			
Psychological			
Cardiac, circulatory			
Pulmonary			
Neurological			
Orthopedic - scoliosis, subluxation/dislocation ,osteoporosis			
Pain			
Tactile Sensation			
Muscular/Balance			
Immunity			
Breathing			
Digestion/Elimination			

MOBILITY (PLEASE CIRCLE): INDEPENDENT CANE CRUTCHES BRACES WALKER WHEELCHAIR

PLEASE INDICATE ANY SPECIAL PRECAUTIONS: _____

In my opinion, this patient can receive equine assisted therapy (that may include riding) under appropriate supervision. However, I understand that *We Can Ride, Inc.* will determine whether they can safely provide services.

Doctor Name

(Print): _____ Signature: _____

Date: _____ Stamp Address Here:

Clinic Name: _____

Phone Number: _____

We Can Ride
2021 MEDICAL HISTORY
INFORMATION PAGE

Dear Client/Parents:

In order to safely provide equine activities, we request that you complete the attached Medical History form. Note that the following conditions may suggest precautions and contraindications to equine activities. Please review and indicate any precautions or contraindications on the attached form.

Orthopedic:

Atlantoaxial Instability - include neurologic symptoms

Coxarthrosis

Cranial Defects

Heterotopic Ossification/Myositis Ossificans

Joint subluxation/dislocation

Osteoporosis

Pathologic Fractures

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

Neurologic:

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chari II Malformation/Tethered
Cord/Hydromyelia

Other:

Age - Under 4 years old

Indwelling Catheters/Medical Equipment

Medications

Poor Endurance

Skin Breakdown

Medical/Psychological:

Allergies

Animal Abuse

Cardiac Condition

Physical/Sexual/Emotional Abuse

Blood Pressure Control

Dangerous to Self or Others

Exacerbations of Medical Conditions (RA, MS,
etc.)

Fire Setting

Hemophilia

Medical Instability

Migraines

PVD

Respiratory Compromise

Recent Surgeries

Substance Abuse

Thought Control Disorders

Weight Control Disorders

Please keep for your reference



2021 Release and Waiver of Liability

The undersigned Participant (the "Participant" or "I") desires to participate in the activities with We Can Ride, Inc., a Minnesota nonprofit corporation, including without limitation, being on property owned or used by We Can Ride, Inc. and engaging with or being near horses (the "Activities"). In consideration for being allowed to participate in the Activities, Participant hereby agrees, on behalf of Participant, and Participant's personal representatives, assigns, heirs, next of kin and any other successors-in-interest who are bound by the terms of this Release, as follows:

1. **ACCEPTANCE OF RISK. I UNDERSTAND THAT EQUINE ACTIVITIES, INCLUDING WITHOUT LIMITATION, RIDING, HANDLING AND BEING NEAR HORSES, AND BEING ON THE PROPERTY OF WE CAN RIDE, INC. HAVE MANY DANGERS AND RISKS AND CAN RESULT IN PERSONAL INJURY, DEATH AND/OR PROPERTY DAMAGE.** I desire to be a part of the Activities and understand and accept that participating in the Activities may entail risks to myself, to others and to property, and that my participation in the Activities is at my own risk.

Under Minnesota law, We Can Ride, Inc. is not liable for personal injury, death or property damage resulting from the inherent risks of equine activities. Pursuant to Minn. Stat. § 604.055, nothing in this Release purports or intends to waive liability for damage, injuries, or death resulting from conduct that constitutes greater than ordinary negligence.

2. **RELEASE AND INDEMNITY.** I agree to release, hold harmless and indemnify We Can Ride, Inc. and each of its owners, agents, employees, officers, directors, representatives, therapists, volunteers, assigns, members, owners of premises and trails, affiliated organizations, insurers and other acting on its behalf ("Representatives") from any and all present or future claims, losses, liabilities, costs and expenses of whatever kind of nature, including attorneys' fees ("Liability"), whether in law or in equity, arising from the Activities, including without limitation We Can Ride, Inc.'s alleged failure to comply with applicable laws and regulations or any Liability for personal injury, communicable diseases, death or property damage which results from the ordinary negligence of We Can Ride, Inc. or its Representatives. **IN NO EVENT SHALL WE CAN RIDE, INC. HAVE ANY LIABILITY FOR ANY CONSEQUENTIAL, INDIRECT, SPECIAL OR PUNITIVE DAMAGES, WHETHER BASED ON TORT OR CONTRACT, OR WHETHER WE CAN RIDE, INC. KNEW OR SHOULD HAVE KNOWN THE LIKELIHOOD OF SUCH DAMAGES.**
3. **OTHER.** We Can Ride, Inc. does not assume any responsibility to provide Participant with financial or other assistance, including but not limited to medical insurance, health insurance, or disability benefits (other than as may be specified in a written employment agreement). We Can Ride, Inc. shall not be liable for the loss of,



2021 Release and Waiver of Liability page 2

theft of, or damages to any personal property of Participant. This Release shall be governed by and construed in accordance with the laws of the State of Minnesota and is intended to be as broad and inclusive as permitted by law. If any provision of this Release is held invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining provisions shall not be affected.

BY SIGNING THIS RELEASE, I EXPRESSLY STATE THAT I HAVE READ AND UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND I INDICATE MY INTENT TO ENTER INTO THIS RELEASE KNOWINGLY AND VOLUNTARILY.

Participant Name

Participant Signature

Date

PARENT OR GUARDIAN SIGNATURE

(Must be completed by all parents and guardians for participants under the age of 18)

BY SIGNING THIS RELEASE, I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT, THAT I HAVE LEGAL AUTHORITY OVER PARTICIPANT, THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE, AND THAT I FREELY SIGN THIS RELEASE AND WILL ABIDE BY ITS TERMS FOR MYSELF AND ON BEHALF OF PARTICIPANT.

Parent or Guardian Print Name

Relationship to Participant

Parent or Guardian Signature

Date



IMPORTANT

We Can Ride - 2021 Payment Policy

Clients, Families and Caregivers:

We appreciate having you as part of our We Can Ride family! Please read this **2021 Payment Policy Notice** carefully and contact the office if you have any questions (finances@wecanride.org). Fee changes reflect changes in prices for horse care and upkeep of programming.

2021 Fees:	Group Ground Lessons:	Winter - \$300.00 five-week session Spring, Summer - \$480.00 eight-week session Fall - \$600.00 ten-week session
	Private Ground Lesson:	Winter - \$360.00 five-week session Spring, Summer - \$576.00 eight-week session Fall - \$720.00 ten-week session
	Therapeutic Riding:	Winter - \$360.00 five-week session Spring, Summer - \$576.00 eight-week session Fall - \$720.00 ten-week session
	60 Min. Riding & Ground Group:	Winter - \$460.00 five-week session Spring, Summer - \$736.00 eight-week session Fall - \$920.00 ten-week session
	Semi-Private:	Winter - \$410.00 five-week session Spring, Summer - \$656.00 eight-week session Fall - \$820.00 ten-week session
	60 Min. Riding & Ground Semi-Private:	Winter - \$525.00 five-week session Spring, Summer - \$840.00 eight-week session Fall - \$1050.00 ten-week session
	Private:	Winter - \$475.00 five-week session Spring, Summer - \$760.00 eight-week session Fall - \$950.00 ten-week session
	60 Min. Riding & Ground Private:	Winter - \$600.00 five-week session Spring, Summer - \$960.00 eight-week session Fall - \$1200.00 ten-week session
	Specialty PT/OT:	Winter - \$1,060.00 five-week session Spring, Summer - \$1,696 eight-week session Fall - \$2,120 ten-week session
	NEW Client Screening:	\$65.00 due at the time of the screening
	Annual Registration:	\$60.00 due with registration paperwork
	Family Registration (2 or more):	\$70.00 due with registration paperwork
	Session Deposit:	\$100.00 due with registration paperwork

WE CAN RIDE



Responsibility: A \$100 per session deposit must be made in order to register for each session. This deposit will go toward the total session fee.

- A \$25.00 late fee will be assessed if payment has not been received within a week following each session's due date.
- The deposit is refundable if a cancellation is made **30 days prior to class start date**.
- If a cancellation is made less than 30 days prior to the class start date, the remaining class fee remains the client's responsibility and must be paid in full prior to attending another session. **The entire \$100 deposit is NOT refundable.**
- Exceptions will be made for individuals who pay through a 3rd party & on a case by case basis.
- There will be a \$20.00 admin. fee assessed for **refund** checks, when requested.

The full **Session Fee** **must be paid three weeks prior to the start of the Session.** Please contact the Finance Manager at finances@wecanride.org prior to the payment due date if you need to make arrangements due to financial hardship. **All credits will expire at the end of the current calendar year. Unless otherwise instructed, credits will be used to support We Can Ride's program operation.**

If the client is scheduled for more than one session, payment is due only for the immediately upcoming session; payment for the next enrolled session will be due three weeks prior to that session's start date.

We Can Ride does not administer third party billing. You will be invoiced directly. **You are responsible for all charges due on your account, even if you are seeking insurance coverage or waiver services.**

If the session fee is not paid in full by the payment due date, or arrangements have not been made with the Finance Manager by that date, the client will be removed from class for that session and their spot given to another client.



We Can Ride Weight Limits

In keeping with our veterinarian's' recommendations, the following rider weight limits have been established. Depending on horses and volunteers available, WCR reserves the right to refuse service to anyone in order to provide the safest service. Special consideration will be made, if necessary, based on muscle tone and mobility. **Please be sure the medical history form height/weight is listed and accurate!**

***Weights for hippotherapy follow different guidelines.**

<u>Height</u>	<u>Maximum weight</u>
Under 5 feet	- 150 lbs
5' – 5'6"	- 165 lbs
5' 7" – 6'	- 180 lbs
6'1" – 6' 5"	- 190 lbs