

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

EAL Registration 2024

Return to office

Client Name: _____ Gender: _____ DOB: _____

Parents/Guardian Name (if applicable): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Diagnosis: _____ Date of Onset: _____

Affect(s) of Diagnosis: _____

Special Assistance Needed to Sit, Stand, Move, or Communicate: _____

General Behavior: _____

Precautions/Limitations: _____

Activities of Daily Living Goals:

1. _____ 2. _____

3. _____ 4. _____



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Equine Assisted Learning

2024 Fee Schedule

Equine Assisted Learning (EAL) fees have been set based on We Can Ride's annual horse care, facility, staff and program costs. Sessions can be adjusted based on finances and needs of each group. Set fees are listed below.

Group Equine Experience: General Fees

Group Size - 8-10

-60 Minute - \$297.00

-90 Minute - \$403.00

-120 Minute - \$509.00

EAL Fee Schedule:

Group: 3-10 clients

-60 Minute - \$265.00 for 3-5 clients - \$318.00 for 6-10 clients

4 Week Session: \$1060.00 - \$1272.00

8 Week Session: \$2,120.00 - \$2,544.00

-90 Minute - \$371.00 for 3-5 clients - \$424.00 for 6-10 clients

4 Week Session: \$1,484.00 - \$1,696.00

8 Week Session: \$2,968.00 - \$3,392.00

Billing:

-EAL/Group Equine Experience scheduled on the weekend will incur a \$35.00 an hour increase per group.

-A \$300 deposit for group EAL is required in order to schedule a session of classes. The deposit is part of the session fee, but it is non-refundable if the session is canceled with less than 45 days notice.

-Session invoices will be sent out before the session start date. If payments cannot be made at these times, please contact our finance manager to discuss other options.

-If clients/participants are paying for our services out of pocket, it is the responsibility of the agency to collect those funds and make the payment to We Can Ride.

-Group fees will be charged as a flat rate and will not be based on the number of clients in attendance. Ex. A group of 3-5 clients is scheduled and 3 clients attend class; the charge will remain \$265.00 and will not be reduced due to less attendance.

Absences:

If We Can Ride cancels a session, a make-up will be offered the week following the last class.

-There are no make-ups or reimbursements if a client or group cannot attend one of their scheduled classes. If the entire scheduled session is canceled the individual or organization is still responsible for paying for the entire session.

*We Can Ride encourages collaboration for grants to cover the cost of EAL and will offer reduced rates based on grant coverage.



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2024 Session Dates

Please keep for your own record

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

Days Off in the 2024 Riding Season:

Saturday March 30th through Friday April 5th.

Monday July 1st through Sunday July 7th.

Sunday October 13th through Monday October 19th.

Tuesday November 26th through Thursday November 28th.

2024 We Can Ride Authorization for Treatment and Photo Release

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

Circle one: I hereby **do consent / do not consent** 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



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We Can Ride
2024 EAL Medical History Form
Parent/Self Signature Required

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, my child can participate in equine assisted activities under appropriate supervision. However, I understand that *We Can Ride, Inc.* will determine whether they can safely provide services.

Parent/Self Name (Print): _____ Signature: _____

Date: _____ Phone Number: _____

We Can Ride
2024 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

2024 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 participants 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, 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 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/Guardian Printed Name: _____ Relationship to Participant: _____

Parent/Guardian Signature: _____ Date: _____