



PEGASUS

Pegasus Therapeutic Riding
310 Peach Lake Road
Brewster, NY 10509-1715

P: (845) 669-8235
F: (845) 669-5249
pegasustr.org

Founded in 1975, Pegasus is a PATH International Premier Accredited Center

Dear Prospective Participant,

Welcome to Pegasus Therapeutic Riding! We look forward to exploring whether equine-assisted services and therapies are a good fit for you. Enclosed are our enrollment guidelines and the required application, which is the same for therapeutic riding and unmounted activities.

The goal of Pegasus Therapeutic Riding is to ensure each lesson is safe, beneficial, and fun. We ask that you carefully review and complete the attached documents. The information you provide will not only be vital to determining whether our services will be beneficial for you, but it also will help us develop an appropriate goal set and identify the best program activity and horse to suit your needs.

All sections of the Participant's Application and Health History must be completed in full to be considered or risk being put on hold. Any section left blank, or incomplete will not be accepted (e.g. height, weight, signatures).

Participant's Medical History and Physician's Statement must be completed by the applicant's health provider. Please make sure form is filled out completely. Supporting documents are welcomed but not as replacement to the original form (e.g. "see attached" will not be accepted).

Once all the completed forms have been received by our office, we will contact you to schedule an evaluation. A \$55 evaluation fee is due at the time of scheduling. If we determine our services are a good fit for you, we will begin the process of finding an available spot in one of our program sessions.

Should you have any questions regarding the application process and enclosed forms, please contact the Program Office at 845-669-8235 x115 or program@pegasustr.org.

We look forward to working with you!

Sincerely,

Pegasus Program Staff



Application and Enrollment Guidelines

Application Process: Applications are available upon request or following an online inquiry and brief telephone screening with program staff. Applications must be completed in full to be considered and include the following forms:

- Participant's Application and Health History
- Emergency Medical Treatment Information
- Liability Release
- Photo Release
- Participant's Medical History & Physician's Statement

Conditions for Acceptance and Continuation: All required forms must be complete and resubmitted annually as well as after any hospitalization, seizure, major illness, surgery or fracture. Participants must have the ability to assume a sitting posture, tolerate movement, and wearing a riding helmet. Participants must also have sufficient tolerance and attention span to benefit from 20 minutes of sustained activity.

Pegasus must have an appropriate opening for the participant's age and ability and have an instructor and suitable horse available to meet the rider's physical requirements such as height, weight, and muscle tone. While our overall weight limit is 180 pounds, we also utilize a height/weight scale for the safety of our participants, volunteers, and horses. Participants who are no longer eligible to ride with Pegasus due to our weight restrictions may be eligible to continue with Pegasus in our unmounted programs.

Due to the nature of therapeutic riding and other equine-assisted services and therapies, there are individuals for whom the Pegasus programs are no longer appropriate. Individuals accepted into our programs have periodic progress reviews (or as a result of rare occurrences during a program session). The professional staff may find that continuation in the program for a given individual is no longer appropriate.

Pegasus reserves the right to decide if we are unable to serve an applicant due to inaccessible resources and/or safety concerns including PATH, Intl. guidelines relating to precautions and/or contraindications for participation. This includes periodic progress reviews.

Contraindications to Participation: Seizure disorders may be a contraindication to riding and are evaluated based on precautions and contraindications for PATH, Intl. Centers. *Other contraindications* include but are not limited to atlantoaxial instability, uncontrolled behavior, loud outbursts and/or unmanageability, open sores, unstable spine or a serious heart condition, spontaneous fractures or recent fracture, recent surgery without subsequent physician's release, obesity, acute arthritis, inability to safely transfer from ramp to horse, as well as dismount. Pegasus must be notified prior to a lesson if a participant has had a seizure, or has had medical attention or medication



changes; is hospitalized or experiences anything which would affect behavior, safety, or functioning while at class.

Scheduling: Pegasus offers four sessions per year – Spring, Summer, Fall, and Winter (unmounted). Group lessons are 45 minutes in length and are usually grouped homogeneously with participants of similar age, skillsets, and goals. Private lessons are 30 minutes and are based on individual needs and schedule availability. Pegasus Farm operates 6 days a week, from Monday through Saturday.

Attendance: Participants are expected to arrive on time for each class – we ask arrival to be 15 minutes before the scheduled start time. If a participant has not arrived (and has not called to advise of lateness) within 10 minutes after the start of the class, his/her scheduled horse is returned to the barn and volunteers are given other assignments. There is not a make-up opportunity. Please understand that lateness has a negative impact on all participants in the group and diminishes the quality of the lesson.

Because Pegasus maintains a waitlist, consistent attendance is expected from all participants. If you are unable to attend a regularly scheduled session, notification must be made by calling the *Pegasus Participant/Volunteer Hotline at 845-669-8102*. Please leave a message so sufficient notice may be provided to staff and volunteers. Excessive absences may lead to being excused from a program.

Make-up sessions are not available unless Pegasus needs to cancel classes due to some unforeseen circumstances such as inclement weather. All participants will be notified at least two hours in advance, if possible, by email of the cancellation. There will also be notices posted on the Pegasus website homepage as well as our Facebook page. An opportunity to re-schedule may be provided. If Pegasus cannot re-schedule, a credit will be applied.

Fee for Service: The actual cost for one participant to ride in one lesson is \$200.00. Pegasus is able to subsidize the majority of this cost through the generosity of individual and corporate sponsors as well as foundation grants and proceeds from fundraising events. The fee that participants are asked to pay is \$55.00 per lesson plus a \$25.00 insurance fee each semester. Families that need additional support can apply for financial aid which is awarded based upon the availability of funds and the financial need of the participants and/or their family. Financial aid requests must be completed yearly and further information can be obtained from administrative staff in the business office. Excessive absences may mean the withdrawal of future financial aid support. Lessons are paid on a program session basis. Tuition is due when invoices are received unless a pre-arranged payment plan or financial aid has been established through individual arrangements with the business office. All balances must be cleared before participating in the next program session.



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Horse Selection: Riders are matched with horses for a variety of reasons including movement, physical attributes, and individual characteristics. Horse selection is the exclusive decision of instructors and program staff. Parents and riders are not involved in the selection process.

Attire: Participants should dress appropriately for the weather. For safety, we highly recommend proper footwear; at a minimum, a sturdy shoe or boot with a heel (such as paddock boots), and participants must wear long pants. If needed, please remember well-fitting gloves (not mittens) that will allow the participants to hold brushes, use buckles, clips, etc. Pegasus requires participants to purchase their own ASTM-FEI approved helmet to assure proper fit and for hygiene; to be worn during all mounted and unmounted activities. Check your local equestrian stores who will be able to assist you with proper attire and footwear.



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Participant's Application and Health History

GENERAL INFORMATION

Participant name: _____

Height: _____ Weight: _____ Gender: M F Date of birth: _____ Age: _____

Address: _____ City: _____ ST: _____ Zip: _____

Primary phone: _____ H / C / W Alternate phone: _____ H / C / W

Primary email: _____

Participant's employer/school: _____

How did you hear about the program? _____

Mother/Guardian: _____ Email: _____

Home address: _____ City _____ ST _____ Zip _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Occupation: _____

Father/Guardian: _____ Email: _____

Home address: _____ City _____ ST _____ Zip _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Occupation: _____

HEALTH HISTORY

Diagnosis: _____

Please indicate current or past special needs in the following areas:

Area	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Asthma			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			



Describe abilities/difficulties in these areas (be specific and detailed as this will provide Pegasus staff with helpful information to develop session goals):

Physical Function (e.g. mobility skills such as assistance required, equipment needed, transfers, walking, wheelchair use, stair climbing):

Cognitive Abilities/Social Function (e.g. leisure interests; relationships/family structure; support systems; companion animals; fears/concerns; behavior challenges/strategies; work/school; communication abilities; reading/writing abilities):

Goals (e.g. reason you are applying for participation and what you would like to accomplish):

Would you be willing to take your child out of school early in order to participate in our programs? Yes No
Please be advised that some of our programs may necessitate early dismissal from school. Pegasus can provide documentation of participation in our therapeutic program.

EMERGENCY MEDICAL TREATMENT INFORMATION

Name: _____

Physician's name: _____ Phone : _____

Preferred medical facility: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____

Phone H / C / W: _____

Name: _____ Relationship: _____

Phone H / C / W: _____

Name: _____ Relationship: _____

Phone H / C / W: _____

If 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 Pegasus Therapeutic Riding, 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.

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) listed is/are unable to be reached. **CONSENT** **DO NOT CONSENT**

LIABILITY RELEASE

As a participant at PEGASUS THERAPEUTIC RIDING, INC. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against PEGASUS THERAPEUTIC RIDING, INC., its Board of Directors, Instructors, Therapists, Aids, Volunteers, Employees and/or any farms, stables, clubs and its officers, directors, employees, agents, landowner and members for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. This hold harmless agreement shall extend to all activities engaged in including but not limited to equine-assisted therapeutic activities and horseback riding. **CONFIRM**

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to PEGASUS THERAPEUTIC RIDING, INC. permission to take or have taken still and moving photographs and films, including television pictures of my child/self and consents and authorizes PEGASUS THERAPEUTIC RIDING, INC., its advertising agencies, news media, and any others persons interested in Pegasus Therapeutic Riding, Inc., and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including but not limited to newspapers, television media, email, website, social media, brochures, pamphlets, instructional material, books, clinical material, and any other form of media. With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signature(s) to this release other than the intention of Pegasus Therapeutic Riding, Inc. to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding PEGASUS THERAPEUTIC RIDING, INC. and its work. **CONSENT** **DO NOT CONSENT**

ACKNOWLEDGEMENT STATEMENT

"I certify that all the information provided on this form is true, accurate, and up to date, and guarantee to alert Pegasus staff to any changes or updates."

Signature: _____ **Date:** _____

Signature of parent/legal guardian/conservator of Participant in his/her name.

REQUIRED if Participant is under 18.

BASIC RULES FOR PARTICIPANTS

ALL PARTICIPANTS WILL:

- Call the HOTLINE (845-669-8102) when unable to attend at regularly scheduled day and time – especially if your situation changes at the last minute
- Will not bring dogs or pets on the premises at any time. Exceptions will be made for service dogs
- Walk when on the premises
- Use appropriate voices and avoid sudden movements, particularly near the horses
- Not chew gum or eat while in program
- Wear appropriate clothes and shoes for riding, avoiding loose or floppy items
- Wear a currently ASTM/SEI-approved helmet for all riding
- Not approach or feed any animals unless accompanied by Pegasus personnel who have been given explicit permission from the Pegasus instructor
- Prior to the mounted and/or unmounted activities, inform the instructor of any changes in the participant's medical condition
- Prior to the mounted and/or unmounted activities, inform the instructor of any experiences which would affect the participant's behavior, safety or functions while at Pegasus
- Inform the instructor of any schedule changes or conflicts which would affect the participant's attendance
- Absolutely not smoke anywhere on the premises

ALL OTHERS WAITING OR OBSERVING PROGRAM WILL:

- Closely supervise participants, siblings of participants or visitors while on the premises
- Remain at Pegasus location during participant activities, unless otherwise discussed with Pegasus personnel
- Remain outside the riding areas at all times
- Ask permission from the instructor to take photographs or video, especially with lights or a flash
- Wait for Pegasus personnel to mount or dismount the participants
- Not approach or feed any animals unless accompanied by a Pegasus personnel who has been given explicit permission by the Pegasus instructor
- Use appropriate voices and avoid sudden movements, particularly near the horses
- Absolutely not smoke anywhere on the premises

Failure to follow the established safety procedures, demonstration of inappropriate and/or abusive behavior towards others, incidents due to the use of drugs or alcohol, and demonstration of mistreatment/abuse of equines and/or other animals on the site may result in immediate dismissal from Pegasus.

I have read and agree to adhere to the basic rules and procedures outlined above.

Signature

Date



Pegasus Therapeutic Riding, Inc. COVID-19 Acknowledgement of Risk & Acceptance of Services

I, _____ (Participant or Volunteer Name), am aware of the risks of contracting COVID-19 while at Pegasus Therapeutic Riding, Inc. ("Pegasus"). I am aware that face to face services may increase my risk of contracting and passing on the COVID-19 Coronavirus and agree to hold harmless Pegasus, its staff, participants, volunteers and all others I may come in contact with during the time of services.

I agree to follow all guidelines and policies required by Pegasus including:

- Performing a self-health check prior to coming and cancelling services if I am exhibiting symptoms of COVID-19 or have been in contact with someone who has tested positive or presented symptoms of COVID-19 such as cough, congestion or runny nose, fever or chills, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea or vomiting or diarrhea.
- Following Pegasus's policies for personal protection, social distancing and disinfecting, including wearing face covering upon arrival and throughout activities.
- Understanding my family members or caregivers will be required to remain in their vehicle or wait for me in designated area only as indicated by staff.

Pegasus will engage in regular cleaning and sanitizing of riding equipment, grooming supplies, helmets and frequently touched areas in between lessons as recommended by the CDC.

I agree to follow these policies and hold harmless all individuals associated with my services at Pegasus Therapeutic Riding, Inc.

Signature

Date



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Dear Health Care Provider:

In order to safely provide equine-assisted therapeutic services, our center requests that you complete/update the attached Medical History and Physician’s Statement Form.

Please note the following conditions may suggest precautions and contraindications to horseback riding and other equine-assisted activities and be advised that there is an inherent risk of injury. Therefore, please note whether these conditions are present, and to what degree.

Orthopedic

- Atlantoaxial Instability - include neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint Subluxation/Dislocation
- Osteoporosis/Low Bone Density
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

Neurologic

- Traumatic Brain Injury
- Seizure Disorders
- Hydrocephalus/Shunt
- Spina Bifida/Tethered Cord/ Chiari Malformation

Other

- Age - under 4 years
- Indwelling Catheters/Medical Equipment
- Medications - e.g. photosensitivity
- Poor Endurance
- Skin Breakdown

Medical

- Allergies
- Asthma
- Cardiac Condition
- Blood Pressure Control
- Exacerbations of medical condition
- Hemophilia
- Peripheral Vascular Disease
- Lack of Truncal Stability
- Lack of Head/Neck Control
- Recent Surgeries

Psychological

- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Fire Settings
- Substance Abuse
- Behaviors that can pose a safety risk

Thank you very much for your assistance. If you have any questions or concerns regarding this patient’s participation in equine assisted activities, please feel free to contact the center at the address/phone indicated above.

Physician’s Signature

Date



Participant's Medical History and Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____ City: _____ ST: _____ Zip: _____

Diagnosis: _____ Date of onset: _____

Past/prospective surgeries: _____

Medications: _____

Allergies: _____

Special precautions/needs: _____ Shunt present: Y N Date of last revision: _____

Seizure type: _____ Controlled: Y N Date of last seizure: _____

May participate in all activities May participate except for: _____

Mobility: Independent ambulation: Y N Assisted ambulation: Y N Wheelchair: Y N

Braces/assistive devices: _____

****FOR PERSONS WITH DOWN SYNDROME:** Neurologic symptoms of atlantoaxial Instability: Present Not Present

Please indicate current or past special needs in the following systems/areas, including surgeries:

Area	Y	N	Comments
Auditory			
Visual			
Tactile sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning disability			
Cognitive			
Emotional/psychological			
Pain			
Other			

IMPORTANT NOTE TO DOCTOR/MEDICAL FACILITY:

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur this person's abilities/limitations may be reviewed by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Name/Title: _____ MD DO PA NP RN Other _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ License/UPIN Number: _____

Signature: _____ Date: _____