








At GaitWay Therapeutic Horsemanship, children and adults with disabilities will move beyond their boundaries through the healing power of the horse and the dedication of a professional, caring community.

Dear Prospective Riders:

Thank you so much for your interest in our Therapeutic Riding Program. Lessons will be scheduled Tuesday-Thursday in the mornings, afternoons, and evenings. The fee for the ten lesson session is **\$450 for once-a-week group lessons** and **\$500 for once-a-week private lessons. Contact GaitWay for hippotherapy rates.** Should you need financial assistance, we encourage you to apply for assistance through our Financial Assistance Program. The information and application are attached.

To enroll at GaitWay, please take the following steps:

-  Read carefully the attached information.
-  Complete the attached Rider Registration Form, Rider Application, Release and Consent Forms, and, if applicable, the Financial Assistance form.
-  Request your physician complete and return the Physician Assessment Form prior to your assessment. *Please Note: A rider must have a completed Physician Assessment on file prior to riding.*
-  Mail, fax, or deliver the completed forms to GaitWay. A \$50 Registration Fee must accompany your completed forms.
-  After processing your application, our Director, Shelley Barry will call to schedule an assessment of the potential rider/patient. The assessment will take a minimum of 20-30 minutes. Your paperwork will need to be completed and delivered to GaitWay office PRIOR to your assessment.

Please do not hesitate to call if you have any questions or need clarification.

All of us at GaitWay are looking so forward to having you as part of our GaitWay family.

Yours truly,

Shelley Rose Barry

Director



EXPLANATION OF SERVICES

Therapeutic Riding:

Therapeutic Riding lessons are equestrian skill based lessons for people with disabilities. The focus of the lessons is skill development and progression while improving the rider's physical, cognitive, emotional and/or social skills. Taught by a North American Riding for the Handicapped Association (NARHA) Certified Therapeutic Riding Instructor, and assisted by volunteer aids, helping the rider reach their full potential is of paramount importance. Often times the riders participate in pre-mounted and post-mounted horse care. Riders that have physical, intellectual, cognitive, developmental, and/or learning differences can benefit from Therapeutic Riding.

Group Classes: Group classes are 1 hour long and have a maximum of 4 riders per class. Group classes are beneficial due to the opportunity to interact with other riders and families. The riders can also learn from the other students in the class and enjoy group activities. All riders new to GaitWay and therapeutic riding are strongly encouraged to register for group lessons. Riders are scheduled by age, skill level and availability.

Private Classes: Private classes are 45 minutes long and recommended for riders who desire the one on one attention to improve their skills. Private lessons are especially beneficial for students who are honing their skills for competition. Financial Assistance is NOT available for private lessons. In the event that a student signs up for a group lesson and due to enrollment is the only person in a time slot, they will pay the group rate with the understanding that available spots will be subject to filling.

Hippotherapy*:

Hippotherapy is a form of therapy that uses the movement of the horse as a means to achieve therapy goals. The horse's movement promotes active responses in the client and facilitates activation of postural control, balance, motor and sensory systems. The sessions are conducted by licensed PT, PTA, OT, CODA or Speech therapists and assisted by a certified riding instructor and volunteer aids. Although the focus is not on skill development, the client develops balance and feel of the horse and often times will participate in therapeutic riding as well. Clients who have movement, speech and/or motor deficits can benefit from hippotherapy. Some of the issues that may be addressed in a session are:

- ♦ Abnormal Muscle tone
- ♦ Impaired Balance
- ♦ Abnormal Reflexes
- ♦ Decreased Coordination
- ♦ Impaired Sensorimotor function
- ♦ Postural Asymmetry
- ♦ Decreased trunk mobility
- ♦ Abnormal limb function

****A physician's prescription for physical therapy and/or occupational therapy with hippotherapy is required.***



ELIGIBILITY GUIDELINES

Minimum Age: Therapeutic Riding: 4 years old unless recommended* to begin sooner by a medical professional. (* Recommendation letter from physician is required)
Hippotherapy: 2 years old unless recommended to begin sooner by a medical professional.

There is no maximum age limit.

Weight Maximums: Due to the recommendations from our veterinarian we have the following weight restrictions for Riders:

Under 5' tall:	150 lbs maximum
5'0" – 5'6"	180 lbs maximum
5'7" – 6'0"	210 lbs. maximum
6'1" – 6'5"	250 lbs. maximum

Postural Control: Riders over 80 pounds must be able to maintain a sitting position; at least by holding on with one hand.

Fee Schedule and Policies: There are three Sessions (blocks of lessons) per year: Fall, Spring, and Summer. Fall and Spring sessions are ten weeks long with an additional week of make-up for classes that are cancelled due to inclement weather and the Summer session is six weeks long in the mornings and evenings.

	Spring & Fall Sessions (10 Lessons)	Summer Session (6 Lessons)
Therapeutic Riding – Group Lessons:	\$450.00 per session	\$270.00 per session
Therapeutic Riding – Private Lessons:	\$500.00 per session	\$300.00 per session
Hippotherapy: Initial Evaluation \$50.00	Contact GaitWay for rates	
<i>If riders are added to the schedule after the session has begun, the fee will be pro-rated. Payment balances must be received in full prior to your rider's first lesson.</i>		

Financial Assistance:

It is GaitWay's philosophy to accept riders in the program regardless of financial means. Financial assistance up to 75% of the session fee is available for those who feel they can not pay the full fee. Please download a Financial Assistance Application Form or call the GaitWay office at 469-742-9611 and request one.




New Rider Assessments:

All riders new to GaitWay must have an assessment before being scheduled in a lesson spot. Once your application has been processed, you will be called to schedule an assessment.




Scheduling:

Students will be scheduled as appropriate lesson spots become available. Those currently riding at GaitWay will be given first priority when scheduling. Others will be scheduled on a first come first serve basis. If we are unable to schedule your rider, he/she will be put on a waiting list. As a suitable spot opens up, you will be contacted.

Absences:

-  If your rider has to miss class, please contact GaitWay at 469-742-9611 so we can avoid having the horse tacked up unnecessarily.
-  For **group** classes there are no make-ups or refunds for non weather related absences.
-  For **private** lessons missed, make-ups may be scheduled depending on volunteer, arena, horse and instructor availability





Class Cancellations:

-  Since we don't have a covered arena and are weather dependent, classes may be cancelled due to inclement weather. When uncertain if your class will be held, check the GaitWay website (www.GaitWay.org under *Weather Update* on the Home Page) or call GaitWay **no earlier than two hours prior to class**.
-  Classes that are cancelled by GaitWay due to weather will be tracked and at the end of each session, GaitWay will hold 1-2 weeks of make-up classes for classes that are missed due to cancellation.
-  In the event that GaitWay has to cancel more than two classes during a session, the student has the following options for their remaining fees:
 - Credit toward the following session
 - Donating the amount to the Rider Financial Assistance Fund
 - Receiving a refund for the balance.

Financial assistance will automatically be credited back to the Rider Financial Assistance Fund.

Classes that students miss for reasons other than weather will not be credited back nor refunded.

Attire and Equipment:

-  Appropriate clothes for riding are long pants and hard soled boots with a low heel. Since we use safety stirrups on all of the English and most of the western saddles, sneakers are permissible. Dress for comfort and according to the weather. Undergarments that provide adequate support and comfort are necessary. Wear close-fitting clothing for safety as well as comfort. Loose or baggy clothing can get caught and tangled in equipment
-  No dangling jewelry is permitted.
-  All riders are required to wear an ASTM/SEI approved Equestrian Helmet. If you don't have your own helmet, GaitWay will provide you with one. Should you choose to purchase your own, below is a list of tack shops that carry approved helmets.
-  Riders may also bring their own English stirrups and stirrup leathers providing the stirrups are safety stirrups and in good condition. Having your own stirrups helps save time in the adjustment of stirrups.

Volunteers:

GaitWay's instructors are assisted by an incredible team of volunteers. They groom and tack the horses, assist with mounting and dismounting and, when needed, help the riders during class. Many volunteers help in other aspects of the organization, from facility maintenance, to office work, to fund-raising. Please make an effort to show your appreciation to our volunteers who are the lifeblood of GaitWay.

To insure the safety of our riders/clients and volunteers it is necessary to perform background checks on all participants 18 years of age and older. To offset the cost of this inquiry a donation of \$20 would be greatly appreciated.

If you or someone you know is interested in volunteering, please have them contact the GaitWay Volunteer Coordinator at 225-766-1614. Volunteer registration forms are available on our website at www.GaitWay.org. All potential volunteers must attend a one day volunteer training.

Tack Shops

Dover Saddlery
P.O. Box 1100
Littleton, MA 01460
Phone: 800-989-1500
www.dover.com

Tractor Supply
Gonzales: 225-644-3900
Plaquemine: 225-687-9363
Zachary: 225-658-5881



Rider Application

Participant's Name: _____ Date of Birth: _____
Please Print

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Gender _____ Height: _____ Weight: _____

Employer/School & Level _____

If under 18, please complete the following:

Father: _____ Phone _____ E-mail _____

Employer: _____ Phone _____

Mother: _____ Phone _____ E-mail _____

Employer: _____ Phone _____

____ Mother ____ Father Address if different from the Student's: _____

Name, Address & Phone numbers of _____ Legal Guardian or _____ Caregiver (if not parent)

_____ e-mail _____

____ **YES** Please publish my name, address, home telephone number and email address in the GaitWay Rider Directory which will be made available to Mane Gait personnel, families and students.

Emergency Contact Information: Name/Relationship _____

Phone: Cell _____ Work: _____ Home: _____

Disability: Primary _____ Date of Onset _____

Secondary: _____

Ambulatory? Yes _____ No _____ Crutches _____ Cane _____ Braces _____ Walker _____ Wheelchair _____

Able to sit independently? Yes _____ No _____ **Verbal?** Yes _____ No _____

Previous Riding Experience: Yes _____ No _____ If yes, how long? _____

Name of stables: _____ Location _____

Style of riding: English _____ Western _____ Other: _____

Signature of Adult Participant or Parent/Guardian of Minor Participant

Date

**6555 Pikes Lane
Baton Rouge, LA 70808**

www.GaitWay.org

**(p) 225-766-1614
(f) 225-757-1589**



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR PARTICIPANTS

Participants Name: _____
Please Print

In case of Emergency, contact: _____	Phone(s): _____
Physician's Name: _____	
City: _____	Phone: _____
Preferred Medical Facility: _____	
Health Insurance Carrier: _____	Policy #: _____
Please indicate any allergies: _____	
Please indicate any medical issues that may effect your/your child's participation at GaitWay. _____	
Date of last Tetanus shot: _____	

CONSENT PLAN I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at GaitWay, or while being on the property of GaitWay, I authorize GaitWay Therapeutic to:

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

Participant Consent Signature _____ Date: _____

Signature of Parent/Guardian _____
(If participant is under 18 years of age, both signatures are required)

*** OR ***

NON-CONSENT PLAN (Only for Persons 18 or Older)

I do not give consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at GaitWay, or while being on the property of GaitWay. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Participant Signature: _____ Date: _____

Participant Name: _____

Please Print

PHOTO RELEASE:

____ I **consent** to and authorize ____ I **do not** consent to nor do I authorize the use and reproduction by GaitWay of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____
(If volunteer/participant is under 18 years of age, both signatures are required)

POLICY OF CONFIDENTIALITY:

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of GaitWay Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____
(If volunteer/participant is under 18 years of age, both signatures are required)

ADULT LIABILITY RELEASE

(For persons 18 Years and Older ONLY)

I, _____, acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at GaitWay are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against GaitWay Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by GaitWay or while on GaitWay property, from whatever cause, including but not limited to the negligence of The Released Parties.

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof.

Participant Signature: _____ Date _____

Participant Name: _____

Please Print

RELEASE FOR A MINOR OR WARD

(For Persons Under 18 Years of Age or for Adults Who Have a Legal Guardian)

That I, _____, the undersigned, a parent/legal guardian of _____, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by GaitWay Therapeutic Horsemanship Center and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by GaitWay are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against GaitWay Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at GaitWay or while on GaitWay property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY GAITWAY. **IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT GAITWAY FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED this the _____ day of _____, 20_____

Parent/Legal Guardian #1

*Parent/Legal Guardian #2**

Printed Name

Printed Name

****Our legal advisors have advised us that if participant is under 18 years of age, GaitWay requires signatures of both custodial and non-custodial parent.***



6555 Pikes Lane
Baton Rouge, LA 70808

Phone: 225-766-1614
Fax 225-757-1589

PHYSICIAN ASSESSMENT & HEALTH HISTORY

~~To be completed by physician~~

Client's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Height: _____ Weight: _____

Date of Last Tetanus shot: _____

Diagnosis:

Primary: _____ Date of Onset: _____

Secondary: _____ Date of Onset: _____

Other: _____ Date of Onset: _____

Past/Prospective Surgeries (include dates and reasons): _____

Medications: _____

Seizures: _____ No _____ Yes Type: _____ Date of last seizure: _____

Shunts, Implants: _____

Mobility: Independent Ambulation: _____ Yes _____ No Assisting Devices: _____

In order to safely provide this service, GaitWay requests that you please note that the following conditions may suggest precautions and contraindications to equestrian activities. Therefore, when completing this form, please indicate 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
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizures
Spina Bifida/Chiari II malformation/Tethered
Cord/Hydromyelia

Other

Indwelling Catheters/Medical Equipment
Medications - i.e. photosensitivity
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 (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Client's name: _____

As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply including surgeries.

Area	No	Yes	Degree/ Comments
Auditory			
Visual			
Speech			
Tactile/Sensory			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Immunity			
Neurologic			
Muscular			
Orthopedic			
Bowel/Bladder			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Behavior			
Other			

For those with Down Syndrome:

An Atlantoaxial x-ray and annual exam to exclude Atlantoaxial instability is required for clients with Down Syndrome over the age of 3. Date of X-Ray: _____ Results: _____
 Neurologic Symptoms of Atlantoaxial instability: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equestrian activities. I understand that GaitWay Therapeutic Riding Center will weigh the medical information indicated above against any existing precautions and/or contraindication before accepting this person for therapeutic horseback riding lessons. Therefore, I refer this person to GaitWay for ongoing evaluation to determine eligibility for participation.

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

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____



FINANCIAL ASSISTANCE OPPORTUNITIES

GaitWay strives to make its services available to all participants whose application for registration is accepted. GaitWay is able to fulfill this mission through the generosity of our supporters, the building of our endowment fund and the administration of a scholarship program based strictly on financial need.

APPLICATION FOR FINANCIAL ASSISTANCE

New Participants - Individuals applying for services at GaitWay must submit the Financial Assistance Application with their Registration Form. Awards will be made only after the individual has been admitted into a GaitWay program.

Current Participants – Financial Assistance is generally awarded for the entire riding year (Fall through Summer Semesters). All scholarship requests must be renewed on an annual basis each Fall by submitting a newly completed Scholarship Application.

AWARDING OF FINANCIAL ASSISTANCE

All information provided on the *Financial Assistance Application* is kept in strict confidence. The Scholarship Committee reviews the applications and may find it necessary to request additional information; this is arranged by the Business Office on a confidential basis.

Financial Assistance **up to** 75% of the riding session fee is awarded in the form of credit toward the tuition for scheduled services; the participant is notified of this award in writing.

**GAITWAY THERAPEUTIC HORSEMANSHIP
FINANCIAL ASSISTANCE APPLICATION**

This application is for financial assistance at GaitWay Therapeutic Horsemanship ("GaitWay"). The information will be kept confidential and will be made available only to the GaitWay Scholarship Committee.

Financial Assistance awards are based solely upon need. Due to limited funds we ask all applicants for financial assistance to make a careful assessment of their financial needs. Final determination of financial assistance awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship.

It is important that an application be filed as early as possible prior to the start of the semester. All requested information must be provided. We cannot consider this application until all material has been submitted.

Please note that the 'Applicant' is the individual who will be riding or receiving the lessons.

A) Information about Applicant:

Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Has Applicant earned any income in the last 2 years? _____ If so, state all sources of Applicant's income for the last 2 years:

(If minor or incapacitated person) Parent or Legal Guardian Name(s): _____

Please list all persons who regularly provide financial support to Applicant:

Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____
_____	_____

B) Information About the Person Filling out this Application:

Name: _____ Relationship to Applicant: _____

Best Way to Reach You about this Application: _____

C) Information about Persons Providing Financial Support to Applicant

The following information must be answered by each person who provides regular financial assistance to Applicant. Please make or request additional copies of this sheet for each person. If Applicant earns any income, this information must also be answered by or for Applicant.

Name: _____ Relationship to Applicant: _____

Home Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Best way to contact: _____

List all persons dependent upon your income:

Name	Age	Relationship	Reside with you?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please identify below any other information you wish the Scholarship Committee to consider with this Application:

Please complete the attached worksheet. Upon request by the Scholarship Committee, you may be asked to provide additional documentation.

Signed: _____ Date: _____

GaitWay Financial Assistance Worksheet	
Monthly Household Income	Net Amount
Wages	
Applicant Benefits	
Applicant Child Support	
Other:	
Net Total	
Monthly Household Expenses	
Rent/Mortgage	
Car(s)	
Fuel/Transportation Cost	
Insurance	
Food	
Childcare	
Uninsured Medical	
Utilities	
Educational	
Child Support/Alimony	
Other:	
Net Total	

**** Please state the NET amount for both the Income and Expenses.