







*GaitWay empowers those with disabilities to move beyond their boundaries through the healing power of the horse. Together with our community, we aim to transform the lives of those with special needs in the Greater Baton Rouge area.*


Dear Prospective Riders:

Thank you so much for your interest in our adaptive riding program. Lessons will be scheduled Mondays through Saturdays. Our fees for adaptive riding are \$45.00 per lesson for group lessons and \$55.00 per lesson for private lessons. Should you need financial assistance, we encourage you to apply for a scholarship through our Financial Assistance Program.

To enroll at GaitWay, please take the following steps:

-  Read the attached information carefully.
-  Complete the Rider Application, Fee Sheet, and Release & Consent Forms.
-  Have your physician complete and return the Physician Assessment Form. ***Please Note: A rider must have a completed Physician Assessment on file prior to riding.***
-  Mail, email, fax, or deliver the completed forms to GaitWay Therapeutic Horsemanship.

Address: 1300 Lawrence Parkway  
Saint Gabriel, LA 70776  
Email: [brianna.leblanc@gaitway.org](mailto:brianna.leblanc@gaitway.org)  
Fax: (225) 500-8222

-  After processing your application, one of our instructors will call to schedule an assessment of the potential rider/patient. The assessment will take a minimum of 30 minutes and will cost \$100.00. Your paperwork will need to be completed and delivered to GaitWay office **PRIOR** to your assessment.

Please do not hesitate to call or email if you have any questions or need clarification. All of us at GaitWay are looking forward to having you as part of our GaitWay family.

Yours truly,

*The GaitWay Staff*



## EXPLANATION OF SERVICES

### **Adaptive Riding:**

Adaptive 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 Professional Association of Therapeutic Horsemanship International (PATH Intl') 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 Adaptive Riding Lessons.

- **Group Classes:**

Group classes are one hour long (15 minutes of tacking and untacking, 45 minutes of riding) and have a maximum of 3 riders per class. Group classes are beneficial due to the opportunity to interact with other riders and families. Riders can also learn from the other students in the class and enjoy group activities. All riders new to GaitWay and adaptive sports riding are strongly encouraged to register for group lessons. Riders are scheduled by age, skill level, and availability.

- **Private Classes:**

Private classes are one hour long (15 minutes of tacking and untacking, 45 minutes of riding) 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.



## ELIGIBILITY GUIDELINES

**Minimum Age:** 4 years old.  
*There is no maximum age limit.*

**Weight Limits:** As per 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 60 pounds must be able to maintain a sitting position independently while holding on with one hand.

*It is GaitWay's philosophy that our services should be accessible to all who seek them, regardless of financial means. Scholarships are available through donations from our sponsors. Please refer to our Financial Assistance Application for more information.*

## ATTIRE AND EQUIPMENT

**Attire:** Appropriate clothes for riding consists of 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. Close-fitting clothing should be worn for safety reasons. Please notify our instructors if your rider needs to wear loose fitting clothing for sensory comfort. **No dangling jewelry is permitted.**

**Equipment:** 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.

### Recommended Tack Shops

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

Sac's Western Wear  
125 S. Burnside  
Gonzales, LA  
(225) 647-2448

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



## SCHEDULING POLICIES

**Evaluation:** All adaptive riders new to GaitWay must have an assessment before being scheduled in a lesson slot. Once your application has been processed (including the physician's assessment), you will be contacted to schedule an evaluation. Returning riders who have not ridden at GaitWay for over a year will be asked to do a new evaluation at half the cost.

**Availability:** Students will be scheduled as appropriate lesson slots 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 a rider, he/she will be put on a waiting list. As a suitable spot opens up, they will be contacted.

**Schedule & Fees:** There are three sessions per year: fall, spring, and summer. The fall and spring sessions are 12-16 weeks long and the summer session is 5-6 weeks long. At the end of the fall and spring semesters there will be an additional make-up week for classes that are cancelled during the semester.

Adaptive Riding – Group Lessons	\$45.00 per lesson
Adaptive Riding – Private Lessons	\$55.00 per lesson
Initial Evaluation	\$100.00 (one-time fee)
Re-Evaluation	\$50 (one-time fee)

**Billing:** Lessons will be invoiced at the beginning of each week via email. It is your responsibility to ensure that you have a working email on file with the office and to notify the office if you do not believe you are receiving correspondence. Fees are due prior to the start of each lesson and can be paid online through the emailed invoice or in person at the office. We accept cash, check, VISA, and MasterCard. Should you desire to pay for an entire semester upfront, please let the office know on or before the first week of lessons.

**Absences:** If a rider has to miss class, please contact GaitWay at (225) 319-7344 so we can avoid having the horse tacked up and volunteers available unnecessarily. One week at the end of each session will be reserved for making up missed lessons during the semester. Each rider is entitled to no more than one optional makeup lesson during this week, depending on availability.

**Cancellations:** GaitWay has a covered arena and rarely cancels lessons. Please assume that classes will be held unless contacted by your instructor. If classes are cancelled due to inclement weather, you will be notified. **Riders that cancel the same day as their lesson or do not show up without contacting GaitWay will be subject to a cancellation fee equal to the full price of their lesson.**



**RIDER APPLICATION**  
(please print)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Employer/School & Level: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Secondary Language (if applicable): \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**If under 18, please complete the following:**

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Caregiver or Legal Guardian (if not parent):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_





**POLICY OF CONFIDENTIALITY**

I agree to respect and observe privacy and confidentiality of the participants, volunteers, employees, 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)

**LIABILITY RELEASE FOR GAITWAY THERAPEUTIC HORSEMANSHIP, INC. (dba GAITWAY)**

Louisiana law recognizes the inherent risks involved when an individual participates in equine activities. By signing this document, I, \_\_\_\_\_ (participant OR parent/guardian) expressly give my permission for myself OR my child, \_\_\_\_\_, to participate in all farm related or equine activities located either onsite at the GaitWay facility or at any GaitWay sponsored activity off site. Further, I hereby expressly acknowledge that I have read the following language of Louisiana Revised Statute 9:2795.1 and understand that neither GaitWay nor any GaitWay agent, volunteer, board member, or employee is liable for any personal injuries whatsoever that any participants may incur during any GaitWay sponsored event:

WARNING: UNDER LOUISIANA LAW, A FARM ANIMAL ACTIVITY SPONSOR [INCLUDING GAITWAY] OR FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN A FARM ANIMAL ACTIVITY RESULTING FROM THE INHERENT RISKS OF THE FARM ANIMAL ACTIVITY, PURSUANT TO R.S. 9:2795.1."

**PHOTOGRAPH/IMAGE RELEASE**

I, \_\_\_\_\_, (parent/guardian) (hereinafter referred to as "Guardian") hereby \_\_\_\_\_ do consent to and authorize \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature (Participant OR Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Participant OR Parent/Guardian)



**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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seizures:      Yes              No

(if yes) Type: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Shunts, Implants: \_\_\_\_\_

**Mobility**

Independent Ambulation:      Yes              No

Assisting Devices: \_\_\_\_\_

\_\_\_\_\_





Client's name: \_\_\_\_\_

**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

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Client's name: \_\_\_\_\_

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

Area	Yes	No	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:			

Additional Comments:

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Client's name: \_\_\_\_\_

**Down Syndrome Participants**

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: \_\_\_\_\_

**Seizure Disorder Participants**

The following information is required for clients with Seizure Disorders. Would you consider this person's seizures to be:

- Completely controlled       Very well controlled       Fairly controlled by medication

Type of seizure: \_\_\_\_\_

Typical aura: \_\_\_\_\_

Typical motor activity during seizure: \_\_\_\_\_

Duration of seizure: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Current frequency of seizures: \_\_\_\_\_

Description and duration of client's behavior during post-ictal state: \_\_\_\_\_

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:** \_\_\_\_\_