



## Participant Application & Registration Form

SaddleUp! Foundation  
39850 Swift Creek Circle  
Elizabeth, CO 80107  
P: 303.788.1666 • F: 303.788.1886  
[info@saddleupfoundation.org](mailto:info@saddleupfoundation.org)  
[www.saddleupfoundation.org](http://www.saddleupfoundation.org)



## Welcome!

Thank you for your interest in SaddleUp! Foundation. We are a foundation that offers equine facilitated activities and therapies program in conjunction with our educational / recreational riding program at our facility, located in Elizabeth, Colorado. SaddleUp! Foundation offers a year-round program, indoor and outdoor, that includes individual or group equine lessons.

To enroll at SaddleUp! Foundation, please take the following steps:

- Read the attached information carefully and in its entirety.
- Complete a tour and interview at SaddleUp! Foundation.
- Complete the attached application and release forms.
- Send or deliver the completed forms to SaddleUp! Foundation.
- After your paperwork is received and processed a staff member will contact you to schedule your first lesson/session.  
*(Please note that the first lesson is a goal setting, overview and introduction for participant and family, the participant may not ride)*

Please do not hesitate to contact us directly with questions or comments. Thank you!

Sincerely,

SaddleUp! Foundation  
39850 Swift Creek Circle  
Elizabeth, CO 80107  
P: 303.788.1666  
[info@saddleupfoundation.org](mailto:info@saddleupfoundation.org)



## Eligibility Guidelines, Explanation of Services & Policies

*Please keep for your records*

### Eligibility

SaddleUp! Foundation (SUF), a 501(c)(3) not-for-profit organization, offers services to individuals with special needs in conjunction to equine related activities for educational / recreational riding participants. Prior to participation, there are several steps the SUF takes to ensure proper evaluation is made for participation in the equine assisted activities. The family and participant are expected to visit SUF for a tour and initial interview. Eligibility for participation in SUF programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, horse, and a class available which meets an individual's needs. Financial consideration is not taken into account in determining the eligibility for participation.

Weight restrictions - due to the recommendations from our veterinarian we have weight guidelines for the safety of our participants and horses. During the interview process staff will determine if participation is in accordance with our weight and postural control guidelines.

*To see SaddleUp! Foundations written guidelines or entire Statement of Participant Eligibility or Dismissal please contact a staff member.*

### Program Services – all lessons are approximately 45 minutes in length.

**Riding** (*Ages 4 and up*) Riding lessons are equestrian skill based lessons in a variety of disciplines/skills such as: Western and English. The focus of the lesson is skill development and progression. Lessons are taught by a riding instructor or instructor-in-training. The length of the lessons includes grooming, tacking, mounted activities, unmounted activities and pre and/or post horse care planned by the instructor.

- **Group lessons** – 3-4 riders; riders are scheduled by age, skill level and availability
- **Semi-private lessons** – 2 riders; riders are scheduled by age, skill level and availability
- **Private lessons** – private; riders are scheduled based on needs and abilities of the participant and availability

**Vaulting** (*Ages 4 and up*) Vaulting lessons are equestrian based activity for individuals with or without disabilities in which the students perform movements on and around the horse. These movements can be very simple such as sitting without holding onto the surcingle or a move elaborate compulsory move such as kneeling or standing on the horse. Lessons also include warm-up, stretches, and practice on vaulting barrel. It all depends on the ability of the vaulter. Lessons are offered in group, semi-private or private lessons as indicated above.

### Cost of Services & Method of Payment

All educational / recreational services are charged on a per eight week session basis. The ninth week of a session allows for any one lesson, during the first eight weeks, to be rescheduled. Only one lesson may be rescheduled into this ninth week. Any additional missed lessons beyond one are forfeited by participant in consideration of reserving your scheduled time slot. Payment is accepted in the form of exact cash, check or credit card (Visa, Discover, MasterCard or AmEx).



## **Policies Cont'd**

*Please keep for your records*

### **Registration**

Once all completed forms are returned to SaddleUp! Foundation and processed you will be contacted to schedule your first lesson. This may also be discussed during your tour and interview.

### **Lesson Availability & Scheduling**

Services and program activities are offered Monday – Saturday depending on the service and staff availability unless notified otherwise. Please contact a staff member in order to schedule your next lesson/session today!

### **Attendance & Cancellation Policies**

SaddleUp! Foundation expects consistent attendance by all participants. If you are unable to attend a regularly scheduled session, notification must be made by calling SUF at 303.788.1666. Cancellation is required prior to 24 hours of lesson time. All payments are non-refundable if you choose not to participate in your scheduled lesson time. Consider any remaining funds a donation to SaddleUp! Foundation.

### **Attire Policy**

Please dress appropriately for your lesson/session! All participants need to be aware of the following:

- Dress for comfort and according to the weather – our indoor arena is not heated!
- Please bring a sweater or jacket as weather changes often
- Sunscreen is recommended
- No dangling jewelry is permitted
- Wear long pants –for safety as well as comfort
- All participants are required to wear an ASTM/SEI approved equestrian helmet for all unmounted and mounted activities, unless otherwise determined by professional and/or activity; in which case SaddleUp! Foundation's alternate helmet guidelines will be followed. If participant does not own a helmet SaddleUp! Foundation will provide you with one; however, if our helmet selection does not include a helmet that fits properly you will be responsible for getting one before you participate.
- Close-toe shoes or boots are required depending on activity and equipment. Riding boots or cowboy boots are preferred; boots should have a slight heel (1/2 to 1 ½ inches). Due to the fact we use safety stirrups on most of the saddles, sneakers are permissible as long as safety stirrups are used or if participant is participating in vaulting lesson.

### **SaddleUp! Foundation Non-Discrimination Policy (partial)**

SaddleUp! Foundation does not practice and will not condone unlawful discrimination on the basis of race, gender, national origin, age or disability.

### **Change of Health or Medication Status**

Participants must inform SUF immediately and in writing of any changes in health status, conditions and medications. This includes, but is not limited to, changes in weight, medications and dosages, revised diagnoses, medical interventions, surgeries, etc.

### **Parking**

The speed limit on SaddleUp! Foundation grounds is 5 mph. Parking for participants and family is located on the west side of the facility. Please enter the main entrance quietly and slowly as the arena may be in use. Parking for the persons with a handicap is located to the west of the facility near the main entrance.



## **Policies Cont'd**

*Please keep for your records*

### **Telephones**

Phones are located in the offices that may be used by our participants and their families in the event of an emergency. Please see staff for assistance before using the telephones. Long distance calls are not permitted. Emergency numbers are posted next to each phone.

### **Conflict Resolution**

Problems should be handled immediately, confidentially, and directly between the parties involved and SaddleUp! Foundation staff. Parents and participants who feel that their concerns are not being addressed may contact the Executive Director.

### **Safety and Conduct for Participants & Visitors**

SaddleUp! Foundation supports all efforts to promote safe conditions at its facility. Working with horses is a high risk activity.

The following rules must be adhered to at all times:

- Participants are required to use gentle hands and feet while on or near any horse.
- Abusive or aggressive actions are not allowed.
- Inappropriate language is not allowed.
- Appropriate attire and footwear (no sandals) are required in barn and paddock areas.
- Entering horse stalls or paddocks is not allowed without permission from SUF staff.
- Hand-feeding horses is not allowed under any circumstance.
- Sitting on gates or fences is not permitted at any time.
- Children/siblings must be supervised by an adult at all times.
- Parents/Guardians/Visitors may view lessons from the viewing lounge or arena seats alongside the arena fence.
- Personal pets are not allowed without permission from staff.
- Smoking or illegal substances are not allowed on the premises.
- Visitors wishing to tour the facility or grounds must be escorted by SUF staff.

Please be aware of the following items addressed within the liability release found in this packet:

- Dogs (may be present on the property and/or in the buildings)
- Playground
- Educational trail and pond
- **Warning!** Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.



**Please detach the following pages,  
complete, keep a copy for your records, and  
return a copy to the Program Director.**



## Participant Application

*Required form*

Date: \_\_\_\_\_

Participant name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

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

School/Program name: \_\_\_\_\_ Grade Level/Education: \_\_\_\_\_

Participant employer: \_\_\_\_\_

### Participant/Primary Contact Information *(participant/primary contact is responsible for all communication, scheduling, and billing)*

Name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

Relationship to participant:  Self  Parent  Guardian  Caretaker Other *(specify)*: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone *(specify)*: \_\_\_\_\_

Email: \_\_\_\_\_ Specify best way to contact you: \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact you at work:  Yes  No

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

### Secondary Contact Information *(secondary contact will not be included on all communication unless indicated below)*

Yes, please include secondary contact on **all** participant communication. Initials: \_\_\_\_\_ *(Check & initial if applicable)*

Name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

Relationship to participant:  Self  Parent  Guardian  Caretaker Other *(specify)*: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone *(specify)*: \_\_\_\_\_

Email: \_\_\_\_\_ Specify best way to contact you: \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact you at work:  Yes  No

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

### SaddleUp! Foundation Tour & Interview Process

SaddleUp! Foundation requires an initial tour and interview with all participants, family and/or guardians prior to participation. This welcome tour is for the benefit of the participant and safety of all involved with participating in programs offered at SaddleUp! Foundation. The tour and interview must be completed prior to starting the program(s). Please indicate date and time completed or contact SaddleUp! Foundation via phone or email in order to schedule your tour and interview today!

Yes, I have completed the tour and interview:  
Date Completed: \_\_\_\_\_ Name of staff member who gave tour: \_\_\_\_\_

No, I have not completed the tour and interview and have contacted SaddleUp! Foundation today!

### SaddleUp! Foundation Communications & Marketing

How did you hear of our program? \_\_\_\_\_



### Participant Information Form

*Required form - to be completed by participant/primary contact  
Please indicate (N/A) in section(s) that do not apply.*

Date: \_\_\_\_\_

Participant name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female Race/Ethnicity (optional): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Name of primary contact/parent/guardian: \_\_\_\_\_

#### Special Precautions:

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Immunizations current (specify): \_\_\_\_\_

Other special precautions/needs: \_\_\_\_\_

#### Previous Riding/Horsemanship Experience:

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#### Personal Sport/Horsemanship/Recreation Goals:

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#### Other Comments/Information:

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## Liability Release Form

*Required form*

### RELEASE, INDEMNIFICATION, ASSUMPTION OF RISK AND CERTIFICATION

In consideration of participating in any and all activities in connection with horse handling, riding or transportation, or other equine activities of any type whatsoever ("Equine Activities") conducted, contracted for, allowed or sponsored by SaddleUp! Foundation, a Colorado non-profit corporation ("SaddleUp!"), on behalf of myself, my representatives, assigns, heirs, spouse, children and agents, hereby agree as follows:

- 1. Release.** I hereby voluntarily release and forever discharge SaddleUp! and any of its directors, officers, owners, guests, employees, agents, servants, guides, independent contractors, volunteers, lessors and any affiliates of representatives thereof, from any and all liability, claims, demands, actions or rights of action, which are in any way related to participation in any Equine Activities. The release contained herein includes, without limitation, the release of any physician or non-physician who provides any first aid, emergency or other healthcare services in connection with Equine Activities. The release contained herein also includes, without limitation, the release of any landowner upon whose property Equine Activities are conducted, any owner of an equine utilized in the Equine Activities and includes any participation in exhibitions, lessons, shows and clinics and while traveling to said exhibitions, lessons, shows and clinics.
- 2. Indemnification.** I further agree to defend, hold harmless and indemnify SaddleUp! for any and all injuries, damages and costs, including attorneys' fees, incurred in connection with any claims which may be brought against SaddleUp! by any third party in connection with participation in Equine Activities.
- 3. Certification.** I acknowledge that one or all of the participants named herein may have mental and/or physical conditions, which may impair his/her ability to safely engage in Equine Activities. I hereby certify that the participants are not and will not become under the influence of any medications, drugs or alcohol, which in any way impair the ability to safely engage in Equine Activities.
- 4. Representations.** I represent that, to the best of my knowledge, the riding skills and abilities of all participants named herein, are adequate to participate safely in Equine Activities and that no physician has advised against such participation. Additionally, I acknowledge and understand that SaddleUp! is relying on this representation to provide the Equine Activities to the herein named participants.
- 5. Acknowledgment.** I understand and acknowledge that no medical insurance benefits will be provided by SaddleUp! I certify that all participants named herein have sufficient health, accident and liability insurance to cover, or that I am capable of personally paying for, and will pay for, any medical expenses, emergency transportation expenses and any bodily injury or property damage that occurs and any bodily injury or property damage caused to any third party as a result of the participation in Equine Activities.
- 6. Helmets.** I agree that I have been fully warned by SaddleUp! that all horse handlers and riders should obtain and wear the highest quality protective headgear, which meets or exceeds all applicable quality standards for equestrian use.
- 7. Risks.** I understand and acknowledge that Equine Activities involve certain known and unknown risks, which could result in injury, death, illness, disease or other damage. Among these risks are: (1) the nature of the activity itself; (2) the acts, omissions or negligence of me, SaddleUp! or others; (3) latent or apparent defects or conditions in the equipment, tack or the property supplied by me, SaddleUp! or others; (4) weather conditions; (5) contact with plants or animals; (6) the physical condition of individuals; (7) the surface and subsurface condition of areas, roads, trails, waterways or terrain, and accidents connected with their use; (8) the first aid, emergency treatment or other services rendered; (9) the general unpredictability of equines and their propensity to behave in ways that may result in injury, harm or death to persons on or around them; (10) the unpredictability of an equine's reaction of such things as sounds, sudden movement and unfamiliar objects, persons or other animals; (11) collisions with other animals or objects; and (12) the likelihood that the risks associated with Equine Activities may increase as a participant engages in more advanced activities. SaddleUp! does its best to match horses with the ability of students. However, I understand and agree that horses are prey animals by nature and they can be unpredictable and dangerous in their behavior, including but not limited to stopping abruptly, changing speed or direction at will, bucking, rearing, kicking, biting, running into objects or running away from perceived danger. I understand and acknowledge that the above list is not complete or exhaustive, and that Equine Activities may involve other risks, known or unknown, anticipated or unanticipated.



8. **Property.** I specifically acknowledge that one of the properties on which SaddleUp!'s activities are conducted is at 39850 Swift Creek Circle, Elizabeth, Colorado 80107, and that the property includes a pond, play set, several dogs, farm equipment and machinery, and other fixtures and amenities.
9. **Assumption of Risk.** Being aware that Equine Activities involve substantial risks, I expressly and knowingly agree to accept and assume all responsibility and risk for any injury, death, illness, disease or other damage to any participant named herein or to property arising from my participation in Equine Activities. I also expressly and knowingly agree to accept and assume all responsibility and risk for any injury, death, illness, disease or other damage to any participants named herein or to property arising from the pond, play set, several dogs, farm equipment and machinery, and other fixtures and amenities.
10. **Governing Law.** This Release, Indemnification, Assumption of Risk and Certification (the "Release") shall be construed and governed by the laws of the state of Colorado. In the event there is any action to enforce this Release or to seek legal remedies thereunder, I agree to the exclusive jurisdiction and venue of the District Court for the City of Elizabeth, County of Elbert, Colorado. The prevailing party in any such action shall be entitled to recover all costs, expenses and attorneys fees incurred therein.
11. **Enforceability.** The invalidity or unenforceability of any of the terms or provisions of this Release shall not affect the enforceability or validity of the remainder.

**WARNING! UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.**

IN WITNESS WHEREOF, the parties hereto have executed this Release, Indemnification, Assumption of Risk and Certification:

I hereby certify that I am authorized to sign this Release, Indemnification, Assumption of Risk and Certification on behalf of all Participants listed below.

Participant's Name: \_\_\_\_\_

Additional Participant's Name (s): \_\_\_\_\_

Sibling(s) who may also ride: \_\_\_\_\_

Participant signature (if 18 years or older): \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Name (print): \_\_\_\_\_



## Confidentiality Policy & Photo/Video Release

*Required form*

### SaddleUp! Foundation Confidentiality Policy

SaddleUp! Foundation (SUF) acknowledges that any and all information pertaining to our participants, and their families, staff, business matters, entire operations and volunteers shall remain privileged and confidential. This confidential information may include, but is not limited to, any medical, social, referral, personal, and/or financial information that may be disclosed as a result of participation in the program. Information is considered confidential regardless of how it is obtained, whether received directly from the participant or family, staff, volunteers, or unintentionally from other sources, such as but not limited to computer screen or overheard conversation.

Any person connected with SUF is bound by this policy, including but not limited to: staff (full time and part time), volunteers, board members, independent contractors, and education training participants. Failure to adhere to SUF's policy may result in penalties such as: a warning, alteration of job responsibilities, termination of employment, or legal action. Action taken will be determined by level of breach of confidentiality.

Consent to disclose information to external individuals, organizations, and/or agencies, including written, verbal, photographs and videotapes, should be obtained in writing from the participant and in the case of a minor, their parent/guardian.

This policy is designed to ensure that the privacy of our participants, their families, staff, the program and volunteers is protected and shall remain privileged and confidential.

*I have read and understand the SaddleUp! Foundation Confidentiality Policy as described above and agree to uphold the policy.*

Participant/Primary Contact name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian if under 18 years: \_\_\_\_\_

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### SaddleUp! Foundation Photo and Video Release

Participant Name \_\_\_\_\_

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to SaddleUp! Foundation permission to take, or have taken, still and moving photographs and videography of the above named participant, including web sites, television pictures, and consents and authorizes SaddleUp! Foundation its advertising agencies, news media, and any other persons interested in SaddleUp! Foundation and its work, to use and reproduce the photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, web sites, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of SaddleUp! Foundation to use, or cause to be used, such photographs, videography, and pictures for the primary purpose of promoting SaddleUp! Foundation and its work.

*I have read and understand the SaddleUp! Foundation Photo and Video Release as described above and give consent.*

Participant/Primary Contact name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian if under 18 years: \_\_\_\_\_

**OR**

*I have read and understand the SaddleUp! Foundation Photo and Video Release as described above and **do not** give consent.*

Participant/Primary Contact name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian if under 18 years: \_\_\_\_\_



Emergency Medical Treatment and Consent Form

Required form

Please identify all known allergies to foods, medications, insect bites, etc., and the nature of his/her reaction (if none, put NA):

\_\_\_\_\_

If participant is presently taking medication, please identify the medication and the reason for its use (if none put NA):

\_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relationship to participant:  Other  Parent  Guardian  Caretaker

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone (specify): \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact you at work:  Yes  No

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Please sign below to provide consent for emergency medical treatment. Please note that the staff at SaddleUp! Foundation are not trained as medical professionals and may not be able to help if a serious accident or illness occurs.

Participant name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Preferred Facility: \_\_\_\_\_

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

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

\*Participant signs if 18 years of age or older:

I consent and hereby authorize SaddleUp! Foundation to provide, at my expense, any and all necessary emergency care required for me while participating in any equine activities. This authorization does \_\_\_ does not \_\_\_ (check one) authorize blood or blood products to be provided to me.

Participant name (print): \_\_\_\_\_ Participant Phone: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Signature of parent/guardian if under 18 years: \_\_\_\_\_

OR

I do not consent and hereby do not authorize SaddleUp! Foundation to provide, at my expense, any and all necessary Emergency medical care required for me while participating in any equine activities. This authorization does \_\_\_ does not \_\_\_ (check one) authorize blood or blood products to be provided.

Participant name (print): \_\_\_\_\_ Participant Phone: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Signature of parent/guardian if under 18 years: \_\_\_\_\_



## NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. PLEASE READ IT CAREFULLY.

As a SaddleUp! Foundation client, some of your health information is collected and maintained by SaddleUp! Foundation (SUF). SUF is required by law to maintain your privacy and the security of your health information and to provide you with this Notice of Privacy Practices. This Notice describes how your health information may be used and shared, and explain your privacy rights. SUF is required to follow the terms of this Notice. We may, however, change our privacy and the terms of this Notice in the future, and those changes may affect all health information maintained by SUF. If our privacy practices change, you will be provided a new Notice. The updated version will also be available on SUF's web site ([www.SaddleUpFoundation.org](http://www.SaddleUpFoundation.org)).

### PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION:

We will use and share your health information to ensure you are provided medical treatment and services. We will use and share your health information to pay for your medical treatment and services. We will use and share your health information for SUF operations necessary to make sure our clients receive quality care. We will share your health information to provide you information on health care programs and health care choices. We will share health information about you when required to do so by federal or state law. We may use or share your health information to prevent serious threats to your health and safety or the health and safety of others. Under certain circumstances, we may share your health information for research purposes. All research projects must be approved, and the project must keep your information confidential. We may share your health information with public health agencies to prevent or control the spread of diseases. We may share your health information in response to a valid judicial or administrative order. We may share your health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections. Other uses or sharing will be made only with your authorization.

### YOUR HEALTH INFORMATION RIGHTS:

You may see and get a copy of your health information and billing records by making a written request to SUF. We can only provide those records that were created for or on behalf of SUF. You may not see or get a copy of any psychotherapy notes or information prepared solely for use in a civil, criminal, or administrative legal action. If you feel that the health information we have provided to you is incorrect or incomplete, you may ask us to amend the information by making a written request to SUF. In certain cases, SUF may deny your request to amend your information. You have the right to a list of those instances in which we have shared your health information, other than for treatment, payment, and health care operations, or when you specifically authorized SUF to share your information. Your request must be in writing to SUF. You may request, in writing to SUF, that your health information be provided in a confidential manner, such as sending mail to an address other than your home. SUF will honor reasonable requests. You have the right to request that we not use or share your health information for treatment, payment, or health care operations, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. Your request must be in writing to SUF, and we will consider your request but we are not legally required to accept it. You may ask for a copy of this Notice, anytime.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions about your privacy rights, would like additional information about something in this Notice, or would like to file a complaint because you believe your privacy rights have been violated, you may contact SUF at: ***SaddleUp! Foundation, ATTN: Program Director, 39850 Swift Creek Circle, Elizabeth, CO 80107.***

I \_\_\_\_\_ have read and understand the above Notice.  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## SaddleUp! Foundation Non-Discrimination Policy

*Required form*

SaddleUp! Foundation (SUF), a 501(c)(3) not-for-profit organization, does not practice and will not condone unlawful discrimination on the basis of race, color, religion, gender, creed, sexual orientation, national origin, political affiliation, age, disability, or veteran status. This non-discrimination policy includes, but is not limited to, employment, retention, salary and benefits, participation on the board of directors, acceptance of volunteers, acceptance of riders desiring to utilize our services, and scholarships for those riders.

Discrimination based upon race, color, religion, gender, creed, sexual orientation, national origin, political affiliation, age, disability, or veteran status is in violation of federal and state law and SUF policy, and will not be tolerated. It should be noted that SUF may make determinations related to the ability to effectively serve a participant. There may be occasions when our professional staff determines that our programs may not be of benefit to a particular participant. This is an analytical process and is not based in discrimination; it is a question of therapeutic effectiveness and in the best interest of SUF and the participant. Our ultimate goal is to provide programs and services that bring maximum benefits to each and every participant. For more information on this please refer to the *SaddleUp! Foundation Statement of Participant Eligibility or Dismissal*.

Retaliation against any person complaining of discrimination is in violation of federal and state law and SUF policy, and will not be tolerated. SUF will respond promptly to all complaints of discrimination and retaliation. Violation of this policy can result in serious disciplinary action up to and including total denial of access to the premises, including its facilities and programs.

SUF hereby affirms its desire to maintain an environment for all staff, volunteers and participants that is free from all forms of unlawful discrimination. Unlawful discrimination is completely incompatible with the values and goals of SUF and will not be tolerated.

### **Definitions**

Discrimination is unequal and unlawful treatment based upon race, color, religion, gender, creed, sexual orientation, national origin, political affiliation, age, disability, or veteran status. Retaliation is conduct causing any interference, coercion, restraint or reprisal against a person complaining of discrimination or participating in the resolution of a complaint of discrimination. Harassment is a form of discrimination, and will not be tolerated.

### **Violations of Policy**

Any individual with a concern, grievance or complaint of discrimination or retaliation should contact SUF staff in writing at the following mailing address:

SaddleUp! Foundation  
39850 Swift Creek Circle  
Elizabeth, CO 80107  
P: 303.788.1666  
F: 303.788.1886

Participant/Primary Contact name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian if under 18 years: \_\_\_\_\_