

NEW THERAPEUTIC CLIENT Registration Checklist



Please use this checklist to ensure that all information has been completed. Participation in our program, or placement on our waitlist, cannot occur until all information has been received. Registration will be much smoother if you complete all forms completely. Incomplete forms will be returned to you. Thank you in advance for your attention and thoroughness at this time.

Please complete the forms listed below:

___ Client's Application, Photo Release, and Health History

- Complete all requested information. Use N/A for any line that is not applicable.
- Circle DO or DO NOT under Photo Release, sign and date on page 2.
- Sign and date on the bottom of page 4.

___ Client's Authorization for Emergency Medical Treatment Form

- Complete all requested information. Use N/A for any line that is not applicable.
- Complete Consent or Non-Consent Plan, sign and date on page 5.

___ Liability Form (Release and Indemnification)

- Complete date.
- Client's signature and printed name.
- **Spouse's** signature and printed name if applicable.
- Since this agreement is in effect for the duration of the client's involvement with Windrush Farm Therapeutic Equitation, Inc. it need only be completed once.

___ Client's Medical History and Physician's Statement

- Completely filled out, signed and dated only by the applicant's physician.
- Windrush Farm can only accept this form. Windrush Farm cannot accept a physician's own form or any sports related release forms in lieu of this form.

___ Physical or Occupational Therapy Evaluation

- Completely filled out by applicant's PT or OT
- Or if not under the care of a PT/OT, please sign stating that fact and return.

CLIENT INFORMATION FORM



CLIENT INFO:

Title _____ First Name _____
Last Name _____
E-mail Address _____
Home Phone _____ Cell Phone _____
Street _____ City _____ State _____ Zip _____
Gender Male ☐ Female ☐ Date of Birth _____ Age _____ Height _____ Weight _____
Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Ethnicity Check one only ☐ Asian ☐ African American/Black ☐ Caucasian ☐ Hawaiian or Pacific Islander
☐ Hispanic/Latina ☐ American Indian or Alaskan Native ☐ I choose not to answer
Place of employment or school _____ Phone of work or school _____
Street _____ City _____ State _____ Zip _____

If you are a new applicant:

How did you hear about our program? _____
If referred, please list source and date _____
If you have any previous riding/horse experience, please describe _____

If you currently ride at Windrush, please list start date _____

FAMILY INFO:

PLEASE COMPLETE FOR SPOUSE IF CLIENT IS MARRIED OR SEPARATED:

Title _____ First Name _____ Last Name _____
E-mail Address _____ Home Phone _____ Cell Phone _____
If address same as above, check here: ☐
Street _____ City _____ State _____ Zip _____
Gender Male ☐ Female ☐ Date of Birth _____
Place of employment or school _____ Phone of work or school _____
Street _____ City _____ State _____ Zip _____

PLEASE COMPLETE IF CLIENT IS UNDER 18 YEARS OF AGE:

PARENT ☐ OR GUARDIAN ☐ 1:

Title _____ First Name _____ Last Name _____
E-mail Address _____ Home Phone _____ Cell Phone _____
If address same as above, check here: ☐
Street _____ City _____ State _____ Zip _____
Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Gender Male ☐ Female ☐ Date of Birth _____
Place of employment or school _____ Phone of work or school _____
Street _____ City _____ State _____ Zip _____

PARENT ☐ OR GUARDIAN ☐ 2:

Title _____ First Name _____

Last Name _____

E-mail Address _____

Home Phone _____ Cell Phone _____

If address same as above, check here: ☐

Street _____ City _____ State _____ Zip _____

Gender Male ☐ Female ☐ Date of Birth _____

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Place of employment or school _____ Phone of work or school _____

Street _____ City _____ State _____ Zip _____



PHOTO RELEASE

I consent ☐ / do not consent ☐ (please check one) to and authorize the use and reproduction by Windrush Farm Therapeutic Equitation, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

SIGN HERE PHOTO RELEASE:

Date _____ Consent Client or Parent/Guardian Signature _____

RIDING GOALS

What you would like to accomplish during your time with us?

Short Term (During the next 6–12 months): _____

Long Term (During the next 2-3 years): _____

OTHER GOALS

This could include social, recreational, professional/career, etc. _____

AREAS OF FOCUS/STRENGTHS/WEAKNESSES

Riding a horse involves many aspects of the whole person; the physical, cognitive, and emotional. Participating in riding lessons adds even more dimensions to the scenario, such as our learning styles, spatial awareness, social interactions, etc.

Please use this section to discuss information that you believe might be helpful or issues that you would like addressed, so that the instructor can create a beneficial, supportive lesson environment for you/your child. A good place to start might be the teaching environment, aids, and tools that best supports your learning style and needs

PREFERENCES

Although the needs and requirements of all our riders is the priority, every effort is made to accommodate the preferences of our riders. Toward that goal, please feel free to share with us your “favorites” in horses and tack. It would be beneficial if you would explain why you prefer a certain horse or piece of equipment so that, if we can not exactly meet your wishes, we can come close.

CONCERNS

This could include any past riding experiences that caused a loss of confidence, any conditions or circumstances that you feel could interfere with your ability to ride safely or to your full potential, any fears, etc.



Lessons at Windrush are a team effort. Your instructor wants and appreciates your input throughout the riding session. Please feel free to ask questions, make suggestions, and give feedback. Discussions of any length can be done on the phone or via e-mail. Each instructor and staff member has an e-mail address for your convenience - Firstname@windrushfarm.org

HEALTH HISTORY

Please indicate current or past special needs in the following areas

Please answer all questions below

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

OTHER HEALTH ISSUES

Please include any health issues (i.e. allergies, asthma, reactions to medications, dizziness, etc.) that you feel staff should be aware.

If you have a Diagnosis Diagnosis _____ Date of Onset _____



MEDICATIONS

Please include prescription and over-the-counter: name, dose, and frequency

PHYSICAL FUNCTION

Describe, what you would consider, your potential difficulties when mounting/dismounting and riding a horse.

COGNITIVE/LEARNING SKILLS

i.e. Learning Disabilities, communication aids or tools

PSYCHO/SOCIAL FUNCTION

i.e. Work/school, behavior/safety issues, relationship-family structure, support systems, fears/concerns. etc.

To the best of my knowledge the above information is up to date and accurate.

SIGN HERE CLIENT APPLICATION:

Date _____ Client Signature _____

IF UNDER 18, PARENT OR GUARDIAN MUST SIGN:

Date _____ Parent/Guardian Signature _____

WARNING: UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A CLIENT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128-SECTION 2D OF THE GENERAL LAWS.

Client/Volunteer's Authorization for Emergency Medical Treatment Form



CLIENT/VOLUNTEER INFO:

First Name _____

Last Name _____

Preferred Phone to Call _____ E-mail _____ Date of Birth _____

In the event of an emergency, contact;

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Physician's Name _____ Telephone _____

Preferred Medical Facility _____

Health Insurance Co _____ Policy # _____

Allergies to medications _____

Current medications _____

State any information that you want supplied to a medical professional treating you in an emergency _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the premises operated by Windrush Farm Therapeutic Equitation, Inc., I **authorize** Windrush Farm Therapeutic Equitation, 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.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date _____ **Consent Client or Volunteer Signature** _____

Parent or Guardian if Client is under the age of 18 yrs

First Name _____ Last Name _____

Address _____ Phone _____

Non-Consent Plan

I **do not** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Must check one of the following:

____ *A parent or legal guardian will remain on site at all times during equine assisted activities.*

____ *In the event emergency treatment/aid is required, I wish the following procedures to take place:*

Date _____ **NON-Consent Client or Volunteer Signature** _____

Parent or Guardian if Client is under the age of 18 yrs

First Name _____ Last Name _____

Address _____ Phone _____

WARNING: UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A CLIENT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128-SECTION 2D OF THE GENERAL LAWS.

WINDRUSH FARM THERAPEUTIC EQUITATION, INC.

RELEASE AND INDEMNIFICATION



PARTICIPANT (client or volunteer)

Date _____

Title _____ First Name _____

Last Name _____ Date of Birth _____

Spouse's Name (if Applicable) _____

Group Name (if Applicable) _____

PARTICIPANT (client or volunteer) (*check all that apply*):

____ is a **minor** – under 18 yrs of age

____ Both parents have legal guardianship (**both parents must sign** this document (below))

____ One parent has sole legal custody (**parent must sign** this document and complete and sign affidavit)

____ Has a court appointed guardian(s) (**guardian(s) must sign*** this document and complete and sign affidavit)

____ *Signature must include Court and Docket Number

____ is an **adult** -18 yrs or older

____ is single (**sign below**)

____ is married (**spouse must also sign** this document)

____ is under legal guardianship (**guardian must sign*** this document and complete and sign affidavit)

____ *Signature must include Court and Docket Number

This release and indemnification is made by and between the parties executing this Agreement (each and collectively, the "Parties") and any and all persons and parties now or hereafter having any interest in the business known as Windrush Farm Therapeutic Equitation, Inc., a Massachusetts corporation, together with any and all employees, agents and servants of Windrush Farm Therapeutic Equitation, Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Windrush Farm Therapeutic Equitation, Inc. (collectively "Windrush Farm"). Windrush Farm provides horseback riding lessons to individuals, including but not limited to disabled and handicapped children (the "Program"). Windrush Farm owns the land and improvements thereon known as and located at 30-31 Brookview Road, Boxford, Massachusetts 01921 (the "Farm"). Windrush Farm owns, leases, cares for and/or maintains certain horses used or to be used in connection with the Program (the "Horses"). As used herein, the word "horse" shall include horses and ponies of every kind. The Parties desires that the Participant have the opportunity to participate the Program, and/or ride and work with the Horses at the Farm and/or at such other locations as Windrush Farm conducts its activities and/or assist with the Program and/or assist with Windrush Farm's operations or property and/or volunteer with Windrush Farm (each and collectively, the "Activities"). **Windrush Farm will not permit the Participant to participate without the execution of this release and indemnification which is of material significance to Windrush Farm** The Parties hereby acknowledge and agree that the activities contemplated hereby are "equine activities," that Windrush Farm is an "equine professional" and/or an "equine activity sponsor," and the Participant is a "participant" all as defined by Massachusetts General Laws Chapter 128, Section 2D.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Parties agree as follows:

1. **Inherent Risks.** The Parties acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities, including but not limited to the propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface conditions and subsurface conditions; collisions with other horses and objects; and, the potential of the Participant to act in a negligent manner that may contribute to injury to himself or herself or others, such as failing to maintain control over the animal or not acting within his or her ability. Despite these inherent risks, the Parties have chosen to permit the Participant to participate in the Activities. In addition, the Parties hereby acknowledge

that it may be more dangerous for the Participant to undertake the activities due to his or her physical, mental and/or emotional challenges and both the Parties accept the additional risks and dangers presented thereby.



2. **Participant's Representations.** The Parties have been provided with medical and informational intake forms by Windrush Farm. The Parties hereby certify that the information contained therein is true and accurate in all respects. The Parties hereby acknowledge that Windrush Farm will and may rely on the information disclosed thereby without further inquiry or investigation. If, at any time, the medical, physical, emotional or mental condition of the Participant shall change in any material respect or if any of the information required to be disclosed by such forms shall change in any material respect, the Parties shall immediately notify Windrush Farm in writing. In no event shall Windrush Farm be responsible for inquiring into the condition of the Participant's physical, medical, emotional or mental condition or any change in such condition.

3. **Instructions and Authorization.** The Parties each agree to follow the instructions of Windrush Farm at all times and not to undertake any activity which Windrush Farm has not specifically authorized. In no event shall Windrush Farm be held liable for any injury to or death of any of the Parties due to non-compliance with the instructions of Windrush Farm or actions that have not been specifically authorized by Windrush Farm in each instance. Windrush Farm shall at no time be responsible for the supervision of the Participant at any time other than during his or her scheduled lesson or for any other person (including any minors) on the Farm. Unsupervised minors and any person failing to comply with the instructions of Windrush Farm are subject to immediate ejection from the Farm.

4. **Equipment.** The Parties acknowledge and understand that the equipment used in connection with the Activities, including but not limited to saddles, bridles, bits, brushes, pitchforks, shovels, brushes, combs and hoof picks are each given to ordinary wear and tear. The Participant agrees to use reasonable care at all times while at the Farm and to carefully inspect all equipment for evidence of defects or breakage. If the Parties discover or notice any defects or breakage in or related to any equipment or tack, he, she or they shall immediately notify Windrush Farm. In no event shall Windrush Farm be held liable for any injury to or death of any of the Parties caused by any defect in any such equipment or tack.

5. **Condition of the Land.** The Parties understand and acknowledge that he, she or they may be in the stable area as well as in the arenas, fields, pastures and other land located at the Farm or which Windrush Farm has permission to use (collectively, the "Land") and that the Land presents certain hazards of which Windrush Farm may be or should be aware. The Parties specifically agree to hold Windrush Farm harmless from any injury or death arising from the conditions of the Land. Windrush Farm has not undertaken to inspect the Farm for hazards which may exist on the Land and has not undertaken to warn the Parties of any hazards which may exist on the Land. It shall be the sole responsibility of the Parties to carefully inspect the Land for any hazards prior to undertaking any activity.

6. **Release.** The Parties agree that neither he, she, it, nor they shall hold Windrush Farm liable for any injury to or death resulting from or related to his or her involvement in equine activities and/or the Activities. The Parties hereby remise, release and forever discharge Windrush Farm for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death caused by or in any manner related to equine activities and/or the Activities or arising from his, her or their presence at the Farm or on the Land.

7. **Indemnification.** The Parties, jointly and severally, hereby indemnify and hold Windrush Farm harmless for any loss, cost, claim, liability, injury or damage caused by any of them to any person, property of any person or the Farm, which injury or damage is caused by the willful misconduct or negligence of any of the Parties, including but not limited to damage or injury to the Horses, any other horses which may be at the Farm from time to time and any personal or real property.



8. **Acknowledgment.** The Parties each acknowledge that they have been warned about the risks related to equine activities and the Activities and have been informed about the characteristics of each of the Horses. The Parties have each had the opportunity to ask questions of Windrush Farm and are satisfied that they each understand the risks involved in equine activities and the Activities. By their execution of this Release and Indemnification, the Parties agree to be bound by and

comply with the terms hereof and acknowledge that the Participant wishes to engage in equine activities and the Program despite the risks and potential dangers involved. None of the Parties has relied on any representations, statements or warranties of Windrush Farm other than those specifically set forth herein. This Release and Indemnification is a Massachusetts contract and shall be governed by, and enforced in accordance with, the laws of the Commonwealth of Massachusetts.

9. **Consent to Emergency Medical Care.** In the case of any injury to any of the Parties while on the Farm, participating in the Program and/or riding or working with the Horses, the Parties hereby authorize Windrush Farm and any agent, employee, officer and/or director thereof, to seek medical care and attention, including but not limited to arranging for an ambulance to take the Participant (or other Party) to any medical care facility, transporting the Participant (or other Party) to any medical care facility and consenting to treatment, medication and/or surgery for the Participant (or other Party). The Parties acknowledge that they shall be jointly and severally liable for the payment of any medical costs and expenses incurred on behalf of the Participant (or other Party) and hereby indemnify and agree to hold harmless Windrush Farm for any costs incurred by it on behalf of any of the Parties.

10. **Consent and Indemnification.** If the Participant is a minor, the Parties: (a) each warrant and represent that he, she or it is the parent or lawful Guardian of the Participant; (b) by his, her or its execution hereof, each hereby agree and assent to the terms hereof and execute this contract on behalf of the Participant intending it to be legally binding and fully enforceable against the Participant and his, her or itself; (c) by the execution hereof, further remises, releases and forever discharges for itself and its heirs, executors and administrators, Windrush Farm of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that they now have or hereafter can or may have or which their heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death to the Participant, including but not limited to actions for loss of consortium; and, (d) hereby indemnify and hold Windrush Farm harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the Participant's parent(s) whether for or on behalf of the Participant or on such parent's own behalf. If the Participant is a married person, the undersigned spouse: (x) by the execution hereof, remises, releases and forever discharges for his or her heirs, executors and administrators, Windrush Farm of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death to the Participant, including but not limited to actions for loss of consortium; and, (y) hereby indemnifies and holds Windrush Farm harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the undersigned spouse whether for or on behalf of the Participant or on such spouse's own behalf

This Release and Indemnification shall be valid each and every time the Parties are at the Farm, on the Land, and/or participating in the Activities without the need for re-execution and shall be valid unless and until revoked in writing, the receipt of which writing is acknowledged in writing by an officer or director of Windrush Farm or by Windrush Farm's Program Director.

<<CONTINUE TO NEXT PAGE>>

The Parties hereby acknowledge that they have each been given the opportunity to read this Release and Indemnification and that they have executed this document as an instrument under seal, as of the date set forth above.



Print Participant Name _____

SIGN HERE:

Date _____ Participant Signature (everyone 14
yrs of age and over must sign) _____

IF PARTICIPANT IS A MINOR

Date _____ Parent/Guardian 1 Signature _____

Date _____ Parent/Guardian 2 Signature _____

Court and Docket Number (if applicable) _____

IF PARTICIPANT IS UNDER LEGAL GUARDIANSHIP

Date _____ Parent/Guardian 1 Signature _____

Date _____ Parent/Guardian 2 Signature _____

Court and Docket Number (if applicable) _____

IF PARTICIPANT IS MARRIED

Date _____ Spouse Signature _____

WARNING:

UNDER MASSACHUSETTS 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 2D OF CHAPTER 128 OF THE GENERAL LAWS.

Windrush Farm can accept this form only. Windrush Farm cannot accept a physician's own form or any sports related release forms in lieu of this form.

Client's Medical History and Physician's Statement



Name: _____
Date of Birth: _____
Ht: _____ Wt: _____
Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

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

Shunt Present: Y N Date of last revision: _____ Tetanus Shot: ☐ Yes ☐ No

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive Devices: _____

****For Persons with Down Syndrome:** AtlantoDens Interval X-rays, date: _____ Result: pos neg

Neurologic Symptoms of AtlantoAxial Instability: _____

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

AREAS	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation on equine assisted activities. I understand that the PATH Int. center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. center for ongoing evaluation to determine eligibility for participation.

Name/Title (please print) _____ MD DO NP PA Other _____

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone () _____ License/UPIN Number: _____

Please see next page for possible precautions/contraindications →

Information for Physician

The following conditions, if present, may represent precautions or contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact us at (978) 682-7855.



Orthopedic

Spinal Joint Fusion/Fixation
Spinal Joint Instabilities/Abnormalities
Atlantoaxial Instabilities – include neurologic symptoms
Scoliosis
Kyphosis
Lordosis
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification/Myositis Ossificans
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

MS

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Seizure Disorders
Paralysis due to Spinal Cord Injury

Medical/Psychological

Allergies
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Hypertension
Cardiac Condition
Stroke (Cerebrovascular Accident)
Animal Abuse
Physical/Sexual/Emotional Abuse
Fire Setting
Danger to self or others
Thought/Weight Control Disorders
Exacerbations of medical conditions i.e.RA,

Medical Instability
Migraines
Respiratory Compromise
Substance Abuse

Secondary Concerns

Behavior problems
Age under four years
Poor Endurance
Acute exacerbation of chronic disorder
Indwelling Catheters/Medical Equipment
Skin Breakdown
Medications – i.e. photosensitivity

WINDRUSH FARM
PHYSICAL or OCCUPATIONAL THERAPY EVALUATION



Please complete all applicable areas

Date: _____

Name: _____

1. I am currently not under the care of a P.T. or O.T. I will notify you if that changes.

OR

Client's Signature (parent/guardian)

2. I am currently under the care of a P.T. or O.T. Please complete info below:

Height: _____ Weight: _____ Age: _____

Diagnosis: _____

Seizures: _____

Medications: _____

Reflexes: _____

Tone: _____

ROM: _____

Posture: _____

Balance: _____

Mobility: _____

Gait (where applicable): _____

Senses/Sensation: _____

Circulation: _____

Development Motor Sequence Activities (where applicable): _____

ADLs: _____

Communication: _____

Equipment/Aids: _____

Additional Notes: _____

Precautions: _____

Therapist's Signature (a registered PT or OT must sign)

Payments, Fees, and Cancellation Policy

(Revised July 2012)



PAYMENTS:

Lessons are prepaid on a per session basis. The number of weeks in each session will be determined and communicated to you prior to the session start date, but generally average 14 weeks for Fall, 8 weeks for Winter and 14 weeks for Spring. A \$250 nonrefundable deposit is required at the time of sign up for each rider. This deposit will be applied to the tuition due for the session. If for any reason Windrush is unable to provide a spot at the agreed upon day and time, the deposit will be refunded to you in full.

The tuition for each session is due by September 1 for Fall, January 1 for Winter and March 1 for Spring, unless a pre-arranged and signed payment plan has been established through an individual arrangement with our business office. If a client signs up after the session starts, payment is due prior to the first lesson. Windrush Farm reserves the right to remove any client from the schedule who has a balance that is past due.

A late fee of \$50 will be added to each invoice if not paid by the established due dates or according to the pre-arranged and signed payment plan. Also the \$50 late fee will be applied to each client that does not sign up and send in the necessary paperwork according to the published deadlines of each session, which may be up to two weeks earlier than the Tuition Due Date.

Currently, fees are as follows (and are subject to change):

FEES:

Therapeutic Riding

Group Lesson (one hour)	.....	\$45
Semi-Private (one hour)	.....	\$55
Private (half hour)	.....	\$55
Private (one hour)	.....	\$75

Recreational Riding

Group Lesson (one hour)	.....	\$55
Semi-Private (one hour)	.....	\$65
Private (half hour)	.....	\$65
Private (one hour)	.....	\$85

Hippotherapy (with Occupational Therapist)

Individual Session	Billed by and paid directly to Monica Wu, Occupational Therapist, Rainbow Therapy
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CANCELLATIONS:

If you are unable to attend a regularly schedule class, notification must be made by calling the Windrush office at 978-682-7855. Sufficient notice is needed so that we may communicate with the barn, staff and volunteers.



Refunds, make-up classes or credits are not provided for any cancellations by a rider* or due to weather closings. If an individual class is cancelled due to foul weather 3 or more times, Windrush will provide a credit to be used during the next riding session for the third, fourth, fifth, etc. cancelled class(es) during that session.

In the event Windrush must cancel a lesson we will attempt to schedule a make-up class. All reasonable attempts will be made to notify clients in a timely manner of the cancellation and make-up day and time.

The session charge is a flat fee, is non-refundable and will only be carried over to the next session due to the foul weather clause listed above. Windrush cannot offer refunds or make up classes for lessons missed due to incomplete paperwork, vacations, illness, or scheduling conflicts on the part of clients. Lesson fees help to cover operating expenses.

**Refunds will only be offered for a rider cancellation due to a serious (i.e. not a common cold/flu) medical condition, which is accompanied by a doctor's note.*

For closings or delays, Windrush follows the North Andover school system.

HOLIDAY CLOSINGS:

Windrush Farm is closed for lessons on:

- New Year's Day
- Martin Luther King Day
- February School Vacation
- Good Friday
- April School Vacation
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Day before Thanksgiving
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day