



## Lesson Information

Let's Saddle Up Therapeutic Horsemanship is located at Solid Rock Stables

1907 Durbin Road, Fountain Inn, SC 29644

Contact Sharron Dillard RN at 864-871-1744

LSU offers several programs. Therapeutic Horsemanship, Silver Stirrups, and LSU Eagles (Veteran's)

**LSU Therapeutic Horsemanship** is a 6 weeklong program. Cost for this program is \$240 per session. Each lesson is 1 hour. Sessions fees must be paid at the beginning of the session. Make up lessons will only be allowed for those who give a 12-hour notice. **No shows or cancelling on the day of lessons will result in forfeiting the money for that lesson.** There is no refund of Money. Make up lessons will be added on at the end of the 6-week session.

If you have an outside organization paying for your lessons, the money for that session must be in our hands before lessons can begin. If LSU has not received the money, then it is the responsibility of the parent or guardian to pay for the session, \$240 or wait until the organization pays for lessons.

**Therapeutic riding is beneficial only when a person gets regular lessons. For this reason, money paid for a session is only available for 6 months. After that time, the funds will be forfeited and counted as a donation towards Let's Saddle Up. There is no refund of money.**

We accept check or cash, no debit cards. Make the checks out to **Let's Saddle Up**.

Attire- All riders are required to wear a Horse-Riding helmet. NO bike helmets are allowed. We do have helmets available to use but it is recommended to have your own helmet because our helmets are shared with many people. Long pants are to be worn. And either boots or a shoe with a heel is required.

Forms need to be filled out completely before lessons can be scheduled.

Forms required for Therapeutic riding.

- 1- Rider Registration form
- 2- Rider's Medical History and Physician's Statement
- 3- **Please mail forms to 554 Spring Road, Laurens, SC 29360**



### Therapeutic Horsemanship

#### Rider Registration Form (ABLE RIDERS)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Phone: Home \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

#### Liability Release

Warning: Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I acknowledge the risks and potential for risk of horseback riding. However, I feel that the possible benefits to myself/my son/ my daughter/ my ward/ are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against "Lets Saddle Up", its Board of Directors, Instructors, Therapist, Aides, Volunteers and/or Employees for any and all injuries and /or losses I/my son/ my daughter/ my ward may sustain while participating in "Lets Saddle UP".

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

**Photo Release-** I hereby consent to and authorize the use and reproduction by Let's Saddle Up of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program. It is our policy, that names will not be attached to the photographs.

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

## Emergency Medical Information

Rider's name: \_\_\_\_\_

## Emergency Contacts

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

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

## General Information

Physician's Name: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

## Consent for Emergency Medical Treatment

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 property of the agency, I authorize "Lets Saddle Up" to secure and retain medical treatment and transportation if needed and to release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospital, medication and any treatment deemed "life saving" by the physician.

Date: \_\_\_\_\_ Signature of parent, guardian, client \_\_\_\_\_