



Therapeutic  
Riding Program

# 2021 Learn to Ride

**COST:** \$40 per lesson  
**WHERE:** 851 Erickson Rd, Creston, BC

Please keep this page for your information and return pages 2, 3 and 4 to CDSCL.

## CDSCL supplies:

- ASTM-SEI certified riding helmets are available in some sizes
- Riding boots are available in some sizes.
- Well trained, safe horses.
- Canadian Therapeutic Riding Association Certified instructors.
- A beautiful facility!

The rider should bring the following:

- **Long pants for riding.** These can be jeans or riding pants. Shorts or capris aren't great for riding in as the legs are exposed to the saddle and the rider may develop rub sores.

If you bring your own equipment:

- **Riding helmet:** Please make sure that it fits properly, has a chin strap and is ASTM/SEI certified. The ASTM/SEI helmets cover most of the back of the rider's head and also provides protection to specific areas of the head. Without this proper coverage, it does not pass certification. Bicycle helmets that are currently being sold only provide protection for the top of the head and are not permitted for riding horses.
- **Riding boots** can be an ankle boot or a tall boot, as long as they have a 1/2" heel and a smooth sole. Hiking boots are not recommended.

**If you would like to buy your own helmet, Home Hardware in Creston has a large selection in the Equine Products aisle.**

## POLICY REMINDERS:

- In the event of cancellation of a lesson by CDSCL, the lesson will be rescheduled or refunded.
- If lessons are proceeding as scheduled and the rider does not attend, there will be no make-up lesson.
- Please notify CDSCL if a rider will not be attending by calling Michelle at **250-402-3400**.
- Our status as a CanTRA Accredited centre requires that a rider weighs no more than 180 lbs. (81.6 kgs)



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# 2021 Learn to Ride

**COST: \$40 per lesson**

**WHERE: 851 Erickson Rd, Creston, BC**

Name of Rider: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ **Please note that riders must not weigh more than 180 lbs.**

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Tell us a bit about your horse experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Rider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Questions? Please call Michelle at 250-402-3400 or email [mwhiteaway@hotmail.com](mailto:mwhiteaway@hotmail.com)**

Please returned the completed form to  
**The Office** - 205 7<sup>th</sup> Ave North, Creston  
**OR By Mail** - PO Box 1820, Creston, BC V0B 1G0  
**By Email:** [mwhiteaway@hotmail.com](mailto:mwhiteaway@hotmail.com)  
**OR By fax:** 250-428-2297  
**Thank you!**



# THERAPEUTIC RIDING PROGRAM

P.O. Box 1820 205-7th Ave. N. Creston BC, V0B 1G0 ph. (250) 402-6793 fax 428-2297

Name of Rider: \_\_\_\_\_

## RIDER LIABILITY WAIVER

I acknowledge that the sport of horses is a risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding, working around horses (mounted and dismounted) and viewing horse activities, which include bodily injury to both horse and rider which can result from therapeutic riding as well as normal use, competition and schooling. It is hereby also understood that no helmet or protective equipment can protect me against all foreseeable injury.

I hereby assume all risk and hereby absolve Creston and District Society for Community Living, its members and volunteers, Kootenay Region Association for Community Living, their members and volunteers from all responsibility, liability or claims of any nature and kind which I may have arising from participation in the Therapeutic Riding Program including but not limited to bodily injury or death, and damage to or loss of my property arising from any cause whatsoever, including negligence of one or more of the organizations or individuals referred to herein.

I hereby declare that in signing this document that I have read and fully understood and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signature of Rider: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ date: \_\_\_\_\_

## PHOTO/VIDEO RELEASE/NON-CONSENT

While on outings and during our daily programs many exciting situations arise. By photographing or video taping these events we can share them with you, family members, caregivers, and others and utilize them to demonstrate the "good works" for our organization. For this reason, we ask permission to share these photographs and or videotapes with the general public.

Give permission for CDSCL to:

- 1. Share photographs with the general public Yes ( ) No ( )
- 2. Share video tapes with the general public Yes ( ) No ( )
- 3. Publish photographs/videos/stories on the internet Yes ( ) No ( )

Signature of Rider: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ date: \_\_\_\_\_



# THERAPEUTIC RIDING PROGRAM

P.O. Box 1820 205-7th Ave. N. Creston BC, V0B 1G0 ph. (250) 402-6793 fax 428-2297

## EMERGENCY MEDICAL TREATMENT

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

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

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

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

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

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

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

Other: \_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, **I give permission** to Creston and District Society for Community Living to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## NON CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, **I do not give permission** to Creston and District Society for Community Living to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_