



Rider Policies and Procedures

Welcome to HorsePower! We hope to provide you with a fun learning environment while helping you improve your riding skills.

The following is information necessary for us to ensure that you have a safe, fun, and successful experience here at HorsePower. Riders, parents/guardians, and guests are responsible for following rules and regulations at all times. Any violation may be considered a reason to be dismissed from the lesson or facility.

1. Participant Forms

The forms supplied within the new participant packet must be completed accurately and returned to a HorsePower staff prior to the start of the first lesson. These forms include, Independent Riding Registration, Rider Assessment and Questionnaire, Acknowledgement of Policies and Procedures, EMT Authorization, and Photo/Liability Release. All forms must be completed annually.

2. Eligibility Requirements

For the safety of our horses, the weight limit is 240 pounds. At this time, there is not a minimum age requirement. However, riders must not require the assistance of persons other than the instructor to complete designated activities. Our instructors reserve the right to determine whether a rider is mature enough to participate in the case of young riders.

3. Risks of Engaging in Equine Activities

Although the majority of our horses are used in general lessons and as therapy horses, horses are still animals. Please note that equine activities inherently involve risk. **Under South Dakota 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 §42-11-2.**

4. Participant Dismissal From Activities

Riders, parents and guardians should be aware that certain conditions will require the dismissal of participants from riding activities. These conditions are:

- Incomplete or failure to return annual forms.
- Any display of harmful or threatening behavior exhibited towards any person or animal.
- Failure to follow any rules, regulations, or policies.

5. Program Schedule and Fees

Lessons are 45 minutes to one hour in length. Each lesson consists of grooming, tacking, and riding. Group lessons will have no more than two riders per lesson, and will last one hour. Lesson times are NOT guaranteed if not scheduled in advance. First come, first serve depending on instructor availability.

Lessons cost \$90/two lessons

Volunteers

50% discount on the first two lessons, if you have volunteered the equivalent of 10 hours in the year 2020.

\$22.50/lesson (first two only)

***Volunteers must have volunteered for a minimum of 10 hours during 2019 to receive the initial 50% discount*

\$15 off on every set of (2) lessons after the initial two lessons.

\$37.50+tax/lesson

***Volunteers must be volunteering for a minimum of 8 classes PER 8-week session in order to receive the \$15 discount.*

6. Lesson Policies

Registration: Riders must complete all required documents prior to the start of the first lesson.

Payments: Payments must be made at or prior to the time of the first lesson.

Acceptable payments may be made in the form of cash, check, or credit/debit via your online invoice. Card payments **cannot be processed in house**. It is the responsibility of the rider to ensure payments are up to date. The rider may not schedule additional lessons unless their account is fully paid.

Absence: The lesson fee is to pay for your slot for both lessons. If regular or make-up lessons are provided but you are unable to attend for any given reason, make-up lessons will not be scheduled and refunds will not be given.

Tardiness: If, for any given reason, a client is later than 50% of lesson length, HorsePower's instructor(s) reserve the right to deny services that day in fairness to other riders. A make-up lesson will not be scheduled and refunds will not be given.

Proper Clothing: Clients must, for the safety of all involved, come properly attired for activities that involve horses. This means full-length pants, and completely enclosed, sturdy shoes (Please no sandals or croc-type shoes. Sneakers and boots are preferred). Helmets are required. HorsePower provides a variety of sizes, but personal equipment is strongly encouraged. If the client does not have proper attire and/or footwear on, HorsePower will not be able to provide the lesson to them. A make-up lesson will not be scheduled and a refund will not be given.

Inclement Weather: If a lesson is canceled by HorsePower due to inclement weather, every effort will be made to offer a make-up lesson at their previously scheduled time. As a last resort, if HorsePower is unable to offer a make-up, a refund of the lesson fee may be issued, at HorsePower's discretion.

Other Cancellations: If HorsePower is unable to provide services due to internal reasons (e.g., Instructor is unable to provide a lesson that day), every effort will be made

HorsePower • 26659 Blue Sage Lane, Suite 100, Sioux Falls, SD 57106 • (605)251-1685
coordinator@horsepowersf.com

to offer a make-up lesson during the previously scheduled time. As a last resort, a refund of the lesson fee may be issued, at HorsePower's discretion.

7. **Safety Rules**

Safety is of utmost importance during equine activities. We ask that you use good judgement around other students and the horses. All of our staff are highly competent, and their instructions must be followed. If you don't know something or unsure, please always ask!

Please familiarize yourself (participants, volunteers, parents/guardians, and guests) with the following safety precautions:

- No running in the barn area
- No smoking
- Do not stand directly behind a horse. HorsePower horses are well trained, but it is always possible for a horse to spook and strike out
- No running or yelling around the horses or in the barn
- Children must be supervised at all times. Parents/guardians of children must remain on the HorsePower property for the duration of lessons.
- Alcohol or illegal drug use is strictly prohibited.
- No abusive, threatening or violent behavior.
- No one may mount, dismount or ride a horse unless supervised by a staff member.
- Please do not feed our horses without permission. Many of our horses have specific diet restrictions, and there is always the risk of being bitten.
- Always lead a horse with a halter and lead rope.
- Keep a safe distance between horses – at least 2 horse lengths apart at a minimum.
- Arena gates must be shut when horses are in the ring.
- In the case of a loose horse, fallen rider, or any other emergency, do not panic. Rider safety is most important. Directions will be provided from an instructor.
- No cell phone use in the arena during lessons.
- **No photos** taken without permission. Some riders may be sharing an arena with others who do not give their permission to be photographed.

Our rules are in place for the safety and protection of all of our participants. Anyone failing to comply may be asked to leave and/or dismissed from our program.

Independent Riding Registration Form

Please print clearly or type, and fill out completely and accurately. Students under the age of 18 need to have this form signed by a parent/guardian.

Student Name: _____

Date of Birth: _____ **Age:** _____ **Weight:** _____ (240 pounds is the upper limit for our horses and for safety.)

Student Address:

Street _____

City _____ State _____ Zip _____

HomePhone:(____) _____ Cell Phone: (____) _____

Work Phone:(____) _____

E-mail address: _____

Parent(s)/Guardian(s): _____

(If different than client)

Address: Street _____

City _____ State _____ Zip _____

HomePhone:(____) _____ Cell Phone: (____) _____

Work Phone:(____) _____

E-mail address: _____

Please list your preferred method of communication:

Emergency contacts:

Name: _____

Relationship to student: _____ Phone #: _____

Name: _____

Relationship to student: _____ Phone #: _____

Medical Information:

Describe any physical ailments/disabilities that may affect ability to participate in equestrian activities: _____

Please list any current medications: _____

Doctor's Name: _____ Doctor's Phone #: _____

Print Name: _____ **Signature:** _____ **Date:** _____

(Parent/Guardian for students under 18)

Acknowledgement

I acknowledge the receipt of a copy of HorsePower Rider Policies and Procedures. I have been provided the opportunity for questions and clarification.

Participant Name: _____

Signature (Parent/Guardian if under 18): _____

Date: _____

Rider Assessment and Questionnaire

In order for us to help you get the most out of your lessons at HorsePower, please fill out our assessment and questionnaire form honestly and thoroughly. This form will help HorsePower instructors formulate lesson plans that are specialized to help you work towards your goals.

Section 1: Personal Information

First Name _____

Last Name _____

Address _____

Phone _____

Number _____

Email _____

What is your height? _____ What is your age? _____

What is your weight? _____

The answers to the following two questions are considered by instructors at HorsePower to help develop programming that is suited to your individual needs and to help us teach in a way that is most conducive to your learning style.

Do you suffer from any medical conditions or have you had any surgery that may affect your riding?

What is your learning style?

Visual

Auditory

Kinesthetic

Examples:

Visual learners: *"I learn best by seeing diagrams or charts that help explain the task."*

Auditory learners: *"I learn best by listening to someone explain instructions."*

Kinesthetic: *"I learn best by using a hands-on approach and by participating in the task I am meant to perform."*

Section 2: Scheduling

How often would you like to have lessons? If you choose “Other”, please specify the desired frequency in the space provided.

(2) lessons per week (1) lesson per week (1) lesson every other week *Other*

For your riding lesson, what days of the week work best with your schedule?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

In the space below, please share other scheduling details such as what times of day work best for you. Example: *After 3PM on Tuesdays. Before 1100 on Thursdays.*

Section 3: General Riding Experience and Horsemanship

Please circle the rider skill-level that best matches your skills:

Beginner Novice Intermediate Advanced

If you answered anything but “Beginner” to the section above, please answer these questions below to the best of your ability to help us understand a little more about your experience with horses.

Choose any of the following phrases that would best describe your confidence level:

- I feel secure and confident in all circumstances, with other horses and riders, as well as on my own.
- I ride outside of the arena but with other competent riders and well-trained horses.
- I prefer to ride in an arena or other enclosed space.
- I only ride very calm, well trained horses.
- I only ride a horse I know and trust in a safe environment.

HorsePower • 26659 Blue Sage Lane, Suite 100, Sioux Falls, SD 57106 • (605)251-1685
coordinator@horsepowersf.com

- I will ride if there is someone on the ground to help with the horse.
- I am very nervous and this sometimes prevents me from riding at all.

Do you take riding lessons currently? Yes No

Have you taken lessons in the past? Yes No

If yes, please share what discipline(s) you are receiving lessons in.

What aspects of horsemanship are most important to you?

What specifically about your horsemanship would you like to improve through working with an instructor at HorsePower?

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while receiving services, being on the property, or participating in an authorized activity of this agency, I **authorize** HorsePower 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.

Student's Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

In the event I cannot be reached, contact:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____
Preferred Medical Facility: _____

Please fill out and sign one section below, either "Consent Plan" or "Non-Consent Plan".

CONSENT PLAN

This authorization includes X-ray, surgery, hospitalization and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed is unable to be reasonably reached.

Address: _____ City: _____ State: _____ Zip: _____
Print Name: _____ Relationship: _____ Phone: _____
Signature: _____ Date: _____

NON-CONSENT PLAN

I do **NOT** give my consent for emergency medical treatment/aid in case of illness or injury while receiving services, being on the property, or participating in an authorized activity of the agency. **In the event emergency treatment/aid is required, I wish the following procedures to take place:** _____

Address: _____ City: _____ State: _____ Zip: _____
Print Name: _____ Relationship: _____ Phone: _____
Non-Consent Signature: _____ Date: _____

Liability Release

_____ (Client's name) would like to participate in a Handi-Riders, Inc. DBA: HorsePower program(s) or activity. I acknowledge the risks and potential for risks of horseback riding and equine-related activities. However, I feel that the possible benefits for *me/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 Handi-Riders, Inc. DBA: HorsePower, its Board and its employees, and Matt and Dawn Jamison, property owners, for any and all injuries and/or losses *l/my son/my daughter/my ward* may sustain while participating in Handi-Riders, Inc. DBA: HorsePower activities, whether caused by negligence of the releasees or otherwise.

Releasor hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while engaged in or participating in a Handi-Riders, Inc. DBA: HorsePower program or activity.

Releasor expressly agrees that this release and waiver agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further state and affirm that I have the authority to sign this release and have obtained the consent and or advice of any other person with a custodial or supervisory role in this minor's activities.

WARNING
Under South Dakota 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 §42-11-2.

Signature _____ Date: _____
(Client, Parent, or Guardian)

Printed Name: _____ Relationship to Client: _____
(Self, Parent, or Guardian)

Photo Release

Photo Release not required to participate.

I hereby consent to and authorize the use and reproduction by Handi-Riders, Inc. DBA: HorsePower, of any and all photographs of _____ (Client's name) and any other audiovisual materials taken of *me/my son/my daughter/my ward* for promotional printed, audio, or visual material, educational activities, and exhibitions or for any other use for the benefit of Handi-Riders, Inc. DBA: HorsePower and its programs.

Signature _____ Date: _____
(Self, Parent, or Guardian)

Printed Name: _____ Relationship to Client: _____
(Self, Parent, or Guardian)

HorsePower • 26659 Blue Sage Lane, Suite 100, Sioux Falls, SD 57106 • (605)251-1685
coordinator@horsepowersf.com

HorsePower ▪ 26659 Blue Sage Lane, Suite 100, Sioux Falls, SD 57106 ▪ (605)251-1685
coordinator@horsepowersf.com