



Thank you for your interest in the Pegasus Project!

Pegasus Project is a PATH International Premier Accredited Center, providing therapeutic riding and equine assisted activities to those with special needs and disabilities. The program is designed to promote riding and horsemanship skills, taking into account each participant's needs. Approved applicants are evaluated and annual goals are developed for the participant.

Before an applicant can be considered for the Pegasus Project program, the enclosed forms must be completely filled out and returned to the Pegasus Project office (see mailing address at bottom of page).

- **Eligibility Requirements (for your reference)**
- **Participant's Medical History & Physician's Statement (Please include Information for Physician when submitting form)**
- **Authorization for Emergency Medical Treatment**
- **Application and Health History**
- **Photo Release**
- **Release of Liability**
- **Physical/Occupational Therapy Assessment (If available)**

Once all forms are received and verified for completeness, the applicant will be contacted for an assessment. If the applicant is suitable for therapeutic riding, the applicant will be enrolled in the program or put on the waiting list if there is not an available riding lesson slot. We do our best to accommodate all applicants.

After being accepted into the program, a riding contract will be issued to the participant /parent /guardian to be completed and returned to Pegasus Project with the session fee prior to the session starting, unless other arrangements have been agreed to. The cost of each **riding session** is **\$200.00** (one hour a week for 8 weeks). Invoices will be mailed or emailed before the start of each session. We do offer financial assistance, based on financial need. For additional information please call or email Denise Davis at 509-965-6990 / [program@pegasusrides.com](mailto:program@pegasusrides.com)

The Pegasus Project offers lesson times with five (5) sessions offered throughout the year and a break in between sessions.

If you have any questions regarding the application process, please contact the Pegasus Project office at the number listed below.

We thank you again for your interest!

Sincerely,  
Pegasus Project

Pegasus Project ▪ 5808 Summitview Ave. #324, Yakima, WA 98908  
▪ Office: (509)965-6990 ▪ Fax: (509)965-0531



## **Eligibility Requirements**

Pegasus Project's goal is to provide safe and productive equine assisted activities for all its participants. If Pegasus Project cannot accommodate the participant's needs, or the act of riding or the environment will aggravate his/her condition, equine activities may not be appropriate.

As a PATH Premier Accredited Center (PAC), Pegasus Project adheres to PATH guidelines and standards. In conjunction with PATH guidelines, we have established the following as eligibility requirements for the therapeutic riding program:

### **Mission Statement:**

All participants should have a diagnosed special need/disability in line with the following mission set forth by Pegasus Project:

“To provide quality therapeutic riding and equine related activities to people with special physical and emotional needs to improve their health and well-being.”

### **Age Policy:**

**Minimum Age:** 4 years old for therapeutic riding lessons. There is not a maximum age. The only requirement is that the person is able to physically and safely perform what is required in a therapeutic riding lesson.

### **Weight Policy:**

The maximum weight for any rider that is appropriate for riding at the Pegasus Project is 200 lbs. People within that limit will be evaluated by staff to determine if riding is a safe and appropriate activity.

### **Precautions/Contraindications:**

If the movement associated with therapeutic riding will cause a decrease in the participant's function, an increase in pain or generally aggravate the participant's medical condition, it is not the activity of choice. If the equine assisted activities are detrimental to the participant or the equine, equine activities may be contraindicated, according to PATH guidelines.

All participants are evaluated on an individual basis with regard to precautions and contraindications, as outlined by PATH guidelines. All team members (participant, parent/guardian, PATH Instructor, therapist, educator, physician and others) must be comfortable with the final decision to approve participation.

### **Further Considerations:**

These may include the experience and expertise of the PATH instructor to address the needs of the participant, possessing a suitable equine for the participant, proper equipment, and availability of the appropriate number of volunteers for the participant. In addition, consideration will also be given to whether staff and volunteers are able to **safely manage the participant in any situation, including an emergency dismount.**

## Information for Physician (or alternate Health Care provider)

### Dear Healthcare provider:

Your patient, \_\_\_\_\_, is interested in participating in supervised equine assisted activities at the Pegasus Project therapeutic riding center.

In order to safely provide this service, Pegasus Project requests that you complete the attached Medical History and Physician's Statement form.

The following conditions, if present, may represent **PRECAUTIONS** or **CONTRAINDICATIONS** to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

### Orthopedic

Spinal Fusion  
Spinal Instabilities/Abnormalities  
Atlantoaxial Instabilities  
Scoliosis  
Kyphosis  
Lordosis  
Hip Subluxation and Dislocation  
Osteoporosis  
Pathologic Fractures  
Coxs Arthrosis  
Heterotopic Ossification  
Osteogenesis Imperfecta  
Cranial Deficits  
Spinal Orthoses  
Internal Spinal Stabilization Devices  
(such as Harrington Rods)

### Neurological

Hydrocephalus/shunt  
Spina Bifida  
Tethered Cord  
Chiari II Malformation  
Hydromyelia  
Paralysis due to Spinal Cord Injury (above T-9)  
Uncontrolled Seizure Disorders

### Medical/Surgical

Allergies to Grasses, Animals and Dust  
Cancer  
Poor Endurance  
Recent Surgery  
Diabetes  
Peripheral Vascular Disease  
Varicose Veins  
Hemophilia  
Hypertension  
Serious Heart Condition  
Stroke (Cerebrovascular Accident)

### Secondary Concerns

Behavior Problems  
Age less than four years  
  
Acute exacerbation of chronic disorder  
Indwelling catheter

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine activities, please contact Pegasus Project at the address and phone number listed below.

Pegasus Project ▪ 5808 Summitview Ave. #324, Yakima, WA 98908  
▪ Office:(509)965-6990 ▪ Fax: (509)965-0531

**Participant's Medical History & Physician's Statement**  
(To be completed by Licensed Health Care Provider))

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

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

Does participant have seizures? ☐ Yes ☐ No If yes, please note seizure type: \_\_\_\_\_

Are seizures controlled? ☐ Yes ☐ No Date of last seizure: \_\_\_\_\_

Does participant have a shunt? ☐ Yes ☐ No If yes, date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation? ☐ Yes ☐ No /Assisted Ambulation? ☐ Yes ☐ No /Use of wheelchair?: ☐ Yes ☐ No

Braces/Assisted Devices: \_\_\_\_\_

For those with Down Syndrome: Neurologic Symptoms of Atlantoaxial Instability: ☐ Present ☐ Absent

Does participant display neurological symptoms of Atlantoaxial Instability? ☐ Yes ☐ No \_\_\_\_\_

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

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Physician's Name/Title (please print): \_\_\_\_\_



## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of a medical emergency, I authorize Pegasus Project Therapeutic Riding Center and/or its designated agent to authorize such medical assistance as it deems necessary. I further authorize any licensed physician and/or medical facility to provide any medical or surgical care and/or hospitalization for the participant deemed necessary or advisable until I am available or able to provide more specific authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, Parent or Legal Guardian)

## PARTICIPANT APPLICATION & HEALTH HISTORY

### GENERAL INFORMATION

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Parent/Legal Guardian(s): \_\_\_\_\_

Referral Source: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### HEALTH HISTORY

Primary Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Secondary Diagnoses: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Current or past seizures? \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

If yes, please elaborate on type, frequency, and method of control: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past surgeries: \_\_\_\_\_

Recent imaging studies (X-ray, MRI, CT scan, etc.): \_\_\_\_\_

\_\_\_\_\_

**Please indicate current and past considerations in the following areas. Please use separate sheet if necessary.**

	<b>Example</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please explain/describe</b>
Vision	<i>Glasses/contacts</i>			
Hearing	<i>Hearing aids, implants</i>			
Sensation	<i>Over- or under-sensitive</i>			
Communication	<i>ASL, speech delays, gesture</i>			
Heart	<i>Surgeries, implants</i>			
Breathing	<i>Asthma, oxygen</i>			
Digestion	<i>Gastronomy tube</i>			
Elimination	<i>Catheters, colostomy, incontinence</i>			
Circulation	<i>Varicose veins, hemophilia, reduced circulation</i>			
Emotional/Mental Health	<i>Depression, anxiety</i>			
Behavioral	<i>Aggression</i>			
Pain	<i>Headaches, joint pain</i>			
Bone/Joint	<i>Spinal surgeries, fusions, implants, osteoporosis, arthritis</i>			
Muscular	<i>Weakness, high tone, low tone</i>			
Neurological	<i>Seizures, ataxias, tremors</i>			
Cognitive	<i>Ability to follow one to multiple step requests</i>			
Allergies	<i>Hay, dust, dander</i>			

**MEDICATIONS** (include prescription, over-the-counter; name, dose, and frequency):

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**Please describe the participant's abilities in the following areas** (include assistance required and/or equipment needed):

**PHYSICAL FUNCTION** (include mobility skills, such as the use of assistive devices or transfers, orthotics worn and purpose, etc):

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**PSYCHO/SOCIAL FUNCTION** (include daily activities, such as work or school – including grade completed, leisure interests, relationships, family structure, support system, companion animals, fears/concerns, etc.):

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**GOALS** (What would you/participant like to accomplish through riding or hippotherapy? Feel free to include other therapy goals and IEP objectives, etc.):

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Participant or Parent/Guardian)





## PHOTO RELEASE

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### **Consent:**

I hereby consent to and authorize the use and reproduction by the Pegasus Project Foundation of any and all photographs, digital reproductions, and any other audio/visual material taken of me/my son/my daughter/my ward for promotional material, whether electronic, print, digital or electronic publishing via the Internet, education activities, exhibits or for any other use for the benefit of the Pegasus Project for an unlimited period of time and without monetary compensation or other remuneration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18 years old, parent or legal guardian must sign)

### **Non-Consent:**

I do not consent to and authorize the use of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibits, or for any other use for the benefit of the program.

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

# LIABILITY RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

I fully understand and recognize the existence of each of the following risks and hazards associated with being around horses and horseback riding (these risks and hazards shall hereinafter collectively be referred to as the “*Inherent Risks*”):

- a) *The activities of horseback riding and/or being near a horse involve numerous inherent dangers and risks, both foreseen and unforeseen, of injury and death to me (and/or my child);*
- b) *Horses, like all other animals, irrespective of their training and usual past behavior and characteristics, may act and react in unpredictable and dangerous ways, including, but not limited to, rearing, bucking, and running away;*
- c) *Horseback riding on any type of terrain can be dangerous to both me (and/or my child) and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop;*
- d) *While horseback riding, even at slower paces, my (and/or my child's) horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me; and*
- e) *While horseback riding, I (and/or my child) may, at any time, lose control or fall off of my (and/or my child's) horse or have a collision.*

In light of these understandings and recognitions and in consideration of me (and/or my child) being permitted to participate in and/or serve as a volunteer for horseback riding and horse-related activities (“*Subject Activities*”) provided and/or coordinated by Pegasus Project Foundation (d/b/a Pegasus Project Foundation Therapeutic Riding Center), do for myself (and/or my child) and my (and/or my child's) heirs, personal and legal representatives, administrators, and assigns, hereby:

1. Recognize the *Subject Activities* are inherently dangerous and personally assume all risks, including, but not limited to, the above-stated *Inherent Risks*, whether foreseen or unforeseen, associated with my (or my child's) participation in the *Subject Activities*; and

2. Forever

- (i) RELEASE any and all liability of Pegasus Project Foundation and its successors, assigns, members, directors, officers, employees, volunteers, instructors, therapists, agents, sponsors, and affiliates (hereinafter collectively referred to as “Releasee”),
- (ii) DISCHARGE and COVENANT NOT TO SUE the Releasee, and
- (iii) hold and save HARMLESS and INDEMNIFY Releasee from and against any and every liability, claim, injury, loss, damage, expense, demand, action, and cause of action, of whatsoever kind or nature, arising out of or related to any such loss, damage, or injury, including death, that may be sustained by me (or my child), for whatever reason, while participating in the *Subject Activities*, whether such damages are the result of Releasee's negligence or any other cause.

3. I further state that

- (i) I am of lawful age and legally competent to sign this Agreement,
- (ii) I understand the terms of this Agreement are contractual and not a mere recital;
- (iii) this Agreement contains the entire agreement between myself and *Releasee*; and
- (iv) if I am executing this Agreement on behalf of a child, that I am the legal guardian of said child and authorized to execute this Agreement in said capacity. In addition, I agree that nothing about this Agreement limits the protections afforded to *Releasee* by Washington State's Equine Liability Law, as such is currently codified at RCW 4.24.530 - .540 and hereafter amended.

**IN SIGNING THIS AGREEMENT, I HEREBY ACKNOWLEDGE AND REPRESENT, THAT I HAVE READ THIS AGREEMENT, UNDERSTAND AND ACCEPT THE AGREEMENT'S TERMS, AND AM VOLUNTARILY ENTERING INTO THIS AGREEMENT.**

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

Name (Print): \_\_\_\_\_

Child's Name (*if applicable*): \_\_\_\_\_



## PARTICIPANT TERMS AND CONDITIONS CONTRACT– PY 2016/2017

Pegasus Project  
5808 A. Summitview Ave #324  
Yakima WA 98908

STATE OF WASHINGTON  
COUNTY OF YAKIMA

### Washington State Equine Liability Act

I am aware of the inherent risks of horseback riding. I further understand that I must be careful while on the property of the Pegasus Project particularly while horses are being handled. The Pegasus Project cannot and does not assume any liability for accidents, injury, or death to person or persons. I further have reviewed and understand the content of the Washington State Liability Law which is posted at the property entrance and riding arenas. Likewise, I accept full responsibility for friends and visitors accompanying myself on the Pegasus Project property.

### Medical Update

I understand that it is my responsibility prior to entering the lesson area to inform the Instructor of any new medical or physical problems which may impact a rider's safety or ability to perform correctly during my schedule lesson time. I further agree to handle all other questions or suggestions according to the Pegasus Project Participant's Policy.

### Proper Attire

Proper attire **must** be worn at all times. This includes long pants, a shirt (no low cut tops), and riding **boots with at least a half inch heel, or alternate hard-soled, close-toed shoes**. Pegasus does have boots in limited sizes for riders to borrow if they do not have appropriate footwear. Students with medically approved footwear exemptions will be required to use stirrups with safety features, based on their individual needs. In addition, all students are required to wear an **ASTM-SEI approved riding helmet** which fits properly with an attached harness. A safety helmet will be provided by the Pegasus Project unless the rider has his/her own **approved** safety helmet. No bicycle helmets will be allowed. A rider must wear a helmet whenever horses are present without a barrier.

### Confidentiality Policy

Student information files will be held in confidentiality and only shared when necessary to ensure the safety of a student in the lesson, or during an official incident review.

# **Pegasus Project Policies and Rules**

## **Program Enrollment Policy**

In order to be allowed on the property, any/all individuals present *must* have a signed Liability Waiver on file. In order for students to participate in the program, they *must* have the entire Participation Packet completed and on file.

If any of the above mentioned forms are incomplete when turned in at the beginning of the first week of session then *rider may not participate in* program activities, until all the paperwork has been completed. Official acceptance into the program is still pending upon a rider successfully going through the initial on-site evaluation with an Instructor, and completion of the Participant Terms and Conditions Contract.

## **Update of Participant forms**

Returning participants are to have the following forms updated annually:

- Signed Release of Liability Form
- Signed Participant Terms and Conditions Contract
- Authorization for Emergency Medical Treatment
- Medical Update with a health care provider's signature
- Atlantoaxial Instability Verification (for those participants with Down Syndrome)

In the case the above forms are not completed and returned at the requested annual update time, Pegasus Project administration reserves the right to suspend program activities for that rider until forms are complete. Please also note that this may result in a rider losing their reserved slot for that particular session. The rider would be placed on a waiting list until a slot becomes available.

## **Participant Goal Setting Policy**

Each rider will have a set of goals, which will be documented and evaluated throughout the 8 week session.

- Goals will be set and documented for every participant, using the:
  - Initial Assessment Form
  - Weekly Progress Notes
  - End of Session Evaluation
- For a continuing rider, goals will be set before each session and progress towards those goals will be documented in a similar manner as the process mentioned above.
- Documented rider goals and evaluations will be located in each rider's file.
- The Instructor is responsible for maintaining weekly progress notes on each rider.
- The Program is responsible for distributing End of Session Evaluation at the beginning of the next session.

## **Lesson Policy Standard**

A typical riding lesson is roughly 40-50 minutes in length and may consist of ground work, mounting each participant, tack adjustments, exercises (while mounted), a new skill taught/reviewed, a game, cool down time, and the dismount.

# General Conduct Policy for Parents, Participants, and Guests during a Pegasus Project lesson time:

## Important areas used during lesson times:

- Parent/Visitor viewing areas are located near the outdoor arena and in the designated viewing area in the indoor arena.
- Participant holding area is located in the area just outside the indoor parent/visitor viewing area.
- Neither students nor non-staff personnel are to cross the red WOA line w/out the permission of the instructor.

## Arrival to lesson for parents, family and guests:

- If previous lesson is in progress or dismounting, please go quietly to “Rider Viewing Area”.
- All riders are to remain behind the “WHOA” Line in the “Rider Waiting Area” until a volunteer or instructor comes to escort them to the mounting ramp or block. *The only people who are to be in the “Rider Waiting Area” are the instructors, volunteers, and riders (accompanied by parent if needed) that are getting ready to start the current lesson.*
- If you need to talk to the Instructors about medical or physical problems which may have a safety implication for the current lesson, please do so *before* the mounting phase of the lesson gets started.

## During lesson

- While a lesson is in progress, all parents, family members, and guests *must* stay in the Rider Viewing Area or in their vehicles. If participant is less than 18 years of age, a parent or other designated adult must remain on Pegasus property during the participant’s lesson.
- While in the viewing area all guests should try and remain as quiet as possible.

## After lesson

- After the lesson the rider will be returned to their parent, guardian, or designated ride.

This policy is for the safety of all. During a scheduled lesson our instructors and volunteers must maintain lesson focus at all times for the safety of our students.

## Attendance Policy

If a rider will be absent for a lesson, it is the family’s responsibility to notify the **Pegasus Project office at 509-965-6990** as soon as possible at least one hour before lesson was intended to begin. Late notifications negatively impact the volunteers and staff at Pegasus. Giving early notice helps keep the program running smoothly. If a rider fails to give notice of an absence they will have to follow the Disciplinary Policy.

Please note, we will be ready to start weekly lessons at the agreed upon time. If riders arrive late, their lesson time will still end at the agreed upon time regardless of the circumstances. If they are more than 15 minutes late without notice, their riding time will be forfeited. There are **no** make-up day’s offered for missed lessons.

**Please note:** If the participant cannot attend school or work because of an illness, they will not be allowed to attend their scheduled lesson either. Our hope is to limit the spread of contagious pathogens or infections. Please call us to cancel if this scenario occurs.

## Lesson Cancellations

The Instructor is the only person with the authority to cancel any lesson. *Absences for participant illness, vacation, etc. will not be made-up.* With the amount of rider absences during the session, it is not within the capability of the center to make up all missed lessons.

## **Discharge of Participants**

Riders may, during the course of therapeutic riding activities, become no longer suitable for riding activities. The center's goal is to meet the individual needs of each rider; however, some circumstances may not allow for the center to safely meet the needs of a rider. The following are some reasons, which may warrant discharge from program activities:

1. If a student's medical condition or behavior becomes a threat to safety of his/herself and/or others including the horses.
2. If a rider exceeds the 200 lb weight limit the riding portion of the program may be individually modified to that rider. For example, they may only be allowed to participate in the ground portion of the program.

The process in which a participant is discharged from program activities will be a team based approach and decision, involving input from the Instructor, Equine Director, and Program Director. Prior to discharge (depending on the immediacy of the circumstance) the student and/or parent/guardian will be given adequate notice of possible need for discharge.

Efforts will be made to accommodate student's needs, if they can be met in an alternative way. For example, a participant might be better and more safely served in un-mounted activities.

If the reason for discharge involves behavior that compromises the safety of the lesson, the following disciplinary policy would be followed:

## **Disciplinary Policy**

The Pegasus Project disciplinary policy has been developed to ensure a safe and conducive environment for all involved in our therapeutic riding program.

The Pegasus Project Riding Instructor has the right to discipline a rider, parent/guardian, and/or volunteer.

1. **First offense** is a documented verbal warning. If this is a rider, he/she will be removed from the horse and will sit in a holding area until lessons end.
2. **Second offense** is a written warning. If it is a rider, he/she will be dismissed from the riding lesson for that day.
3. **Third offense** is the final warning. If it is a rider, he/she will be removed from the horse and dropped from the Pegasus Project program.

Likewise, if the offender is a parent, guardian or visitor, they will follow the same disciplinary policy. (A documented verbal warning, a written warning, and a final warning.)

**Examples of reasons for disciplinary actions:** Disruption to class, behavior problems that are unacceptable or unsafe, disrespect to instructor, staff members, volunteers, or other riders, failure to follow program stated policies, rules, instructions, etc.

## **Immediate Termination Policy:**

Any individual will be immediately removed from the Pegasus Project program for sexual comments or behavioral misconduct.

## General Rules:

- Park vehicles in designated areas.
- All students are to be directly supervised at all times, *including accompanying riders to the bathroom.*
- All gates and stall doors are to be kept closed unless otherwise directed.
- No entry into feed/hay storage areas without adult supervision.
- No entry into the gated arena areas without staff member present.
- No climbing, sitting, or standing on stall doors, fences, or gates (this includes arenas).
- Smoking is prohibited.
- No consumption of alcoholic beverages or drugs while on the Pegasus Project property.
- You are responsible for your friends and visitors conduct and safety while on the property of the Pegasus Project. Infractions will follow the Pegasus Project disciplinary policy.
- No personal dogs or other animals are allowed on the Pegasus Project property.
- No running around horses, riding areas, or anywhere on the property.
- All trash to be disposed of in trash barrels.
- No horses to be handled in or out of the stalls without program staff's permission and/or supervision.
- Always respect others when speaking or socializing.
- No entry into tack room or stall areas unless accompanied by program staff or directed to by program staff.



\* Please return only this page (contract) and keep the terms and conditions for your reference.



## Participant Terms and Conditions Contract – PY 2016/17

I (Parent, Guardian) \_\_\_\_\_ have contracted with the Pegasus

Project to give (Participant's name) \_\_\_\_\_ riding lessons.

I, the under signed, have read and understand the participant terms and conditions, in addition to all the Pegasus Project policies and rules, which I agree to abide by in total and I have received a copy of this contract which includes the Pegasus Project policies and rules.

I further understand that if any of the Pegasus Project policies or rules are not followed the Pegasus Project has the right to cancel this contract in full.

### Accepted by:

Participant Signature (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

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