



Thank you for your renewed 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.

Each year the enclosed forms must be completely filled out and returned to the Pegasus Project office:

- **Authorization for Emergency Medical Treatment**
- **Medical Update With Physicians Signature**
- **Atlantoaxial Instability Verification (If Applicable)**
- **Photo Release**
- **Signed Participant Terms and Conditions Contract**
- **Release of Liability**

The cost of each 8 week session is \$200. We do offer financial assistance, based on financial need. For scholarship applications please contact the Pegasus Project Office at the number listed below.

If you have any questions regarding the annual paperwork update, please contact the Pegasus Project office at the number listed below.

We thank you again for your interest!

Sincerely,

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 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.



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email (Participant, Parent or Legal Guardian): _____

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 Medical Update

This is a medical update form to be completed by a licensed health care provider.

Participant's Name: _____ Date: _____

Dear Health Care Provider:

Your patient has been participating in equine activities at Pegasus Project and is due for an update of their medical status. Please review their previous medical history and provide an update of information in the space below (if more space is needed, please use the reverse side). Address occurrences over the past year including surgeries, illnesses, hospitalizations, changes in medication, treatment, weight, or behavior. Please indicate current height and weight.

**For your reference, current precautions and contraindications are listed on the reverse side.
Please note whether these conditions are present, and to what degree.**

Diagnosis _____

Height: _____ Weight: _____

If diagnosis is Down's Syndrome:

Date of last AtlantoDens Interval X-rays: _____ Result: ☐ Positive ☐ Negative

Does patient have neurological symptoms of Atlantoaxial Instability? ☐ Yes ☐ No

Update Status :

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): _____

Please mail, drop off or email to Pegasus Project

volunteer@pegasusrides.com or 5808A Summitview Ave #324 Yakima, WA 98908

Please note the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form,

PLEASE NOTE WHETHER THESE CONDITIONS ARE PRESENT, AND TO WHAT DEGREE:

Orthopedic

Atlantoaxial Instability-
(including neurological symptoms)
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II malformation/
Tethered Cord/Hydromyelia

Other

Age- under 4 years
Indwelling Catheters/Medical Equipment
Medications – i.e. photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal abuse
Cardiac condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self and others
Exacerbations of medical conditions
(i.e. RA, MS)
Fire settings
Hemophilia
Medical instability
Migraines
PVD
Respiratory compromise
Recent surgeries
Substance Abuse
Thought control disorders
Weight control disorder

Additional update notes:

Please mail, drop off or email to Pegasus Project
volunteer@pegasusrides.com or 5808A Summitview Ave #324 Yakima, WA 98908



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 dependent);*
- 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 dependent) 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 dependent'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 dependent) may, at any time, lose control or fall off of my (and/or my dependent's) horse or have a collision.*

In light of these understandings and recognitions and in consideration of me (and/or my dependent) 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 dependent) and my (and/or my dependent'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 dependent'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 dependent), for whatever reason, while participating in the *Subject Activities*, whether such damages are the result of *Releasee's* negligence or any other cause.

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 dependent, that I am the legal guardian of said dependent 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): _____

Dependent's Name (*if applicable*): _____



PARTICIPANT TERMS AND CONDITIONS CONTRACT– 2017/2018

**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 participant's safety or ability to perform correctly during my scheduled 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. Pegasus does have boots in limited sizes for participants to borrow if they do not have boots of their own. 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 participant has his/her own approved safety helmet. No bicycle helmets will be allowed. A participant 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 participant may not participate in program activities, until all the paperwork has been completed. Official acceptance into the program is still pending upon a participant 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
- Signed Photo Release Form
- 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 participant until forms are complete. Please also note that this may result in a participant losing their reserved slot for that particular session. The participant would be placed on a waiting list until a slot becomes available.

Participant Goal Setting Policy

Each participant 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 participant, 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 participant goals and evaluations will be located in each participant's file.
- The Instructor is responsible for maintaining weekly progress notes on each participant.
- The Program is responsible for distributing End of Session Evaluation at the beginning of the next session.

Lesson Policy Standard

A typical equine lesson is roughly 50 minutes in length and may consist of 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 each of the two outdoor arenas 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 “Participant Viewing Area”.
- All participants are to remain behind the “WHOA” Line in the “Participant 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 “Participant Waiting Area” are the instructors, volunteers, and participants (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 Participant Viewing Area or in their vehicles.
- While in the viewing area all guests should try and remain as quiet as possible.

After lesson

- After the lesson the participant 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 participant 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 participant 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 participants arrive late, their lesson time will still end at the agreed upon time regardless of the circumstances. There are no make-up day’s offered for missed lessons.

After two no-shows, the participant will no longer be eligible for a tuition scholarship. After three no-shows, the participant will be taken off of the schedule, and their spot will be given to someone else. To clarify, a “no-show” is when the participant does not call ahead of their lesson to cancel.

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 participant absences during the session, it is not within the capability of the center to make up all missed lessons.

Discharge of Participants

Participants may, during the course of therapeutic equine activities, become no longer suitable for equine activities. The center's goal is to meet the individual needs of each participant; however, some circumstances may not allow for the center to safely meet the needs of a participant. 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 participant. 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 equine program.

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

1. **First offense** is a documented verbal warning. If this is a participant, 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 participant, he/she will be dismissed from the lesson for that day.
3. **Third offense** is the final warning. If it is a participant, 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 participants, 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 participants 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.



Participant Terms and Conditions Contract – 2017/2018

I (Parent, Guardian) _____ have contracted with the Pegasus

Project to give (Participant's name) _____ equine related 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: _____

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