



Thank you for your interest in the Pegasus Project!

Pegasus Project is a PATH International affiliated center, providing therapeutic riding and equine assisted services to those with special needs. 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**

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

After being accepted into the program, a participant 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 upon. The cost of each **session** is **\$200.00** (one 30 minute semi-private or 45 minute group lesson weekly 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 Amy Stoothoff at 509-949-1880 / volunteer@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 ▪ mailing: 5808 Summitview Ave. #324, Yakima, WA 98908
▪ Office: (509)965-6990 ▪ Email: volunteer@pegasusrides.com ▪ Fax (509) 965-0531



Eligibility Requirements

Pegasus Project's goal is to provide safe and productive equine assisted services 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, other equine activities may be offered, when appropriate.

As a PATH affiliated center, Pegasus Project adheres to PATH guidelines and standards. In conjunction with PATH guidelines, we have established the following as eligibility requirements for the therapeutic equine 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 assisted 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 participant 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. Individual horses may have more strict weight limits. Participants will be weighed in our office at the start of each session.

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 (note not all participants participate in mounted activities). 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
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices
(such as Harrington Rods)

Neurological

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

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

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

****NOTE – We have a TheraPlate (vibrating plate) at our facility our clients may utilize. Please comment on the following page if the TheraPlate should NOT be used by this patient.**

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.

Please mail, fax or email to Pegasus Project

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

Fax (509) 965-0531

Participant's Medical History & Physician's Statement

(To be completed by a Licensed Health Care Provider)

Participant: _____ DOB: _____ Height: _____ Weight: _____

Date participant was last seen by Licensed Health Care Provider: _____

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
Allergies		
Auditory		
Visual		
Tactile Sensation		
Speech		
Cardiac		
Circulatory		
Integumentary/Skin		
Immunity		
Pulmonary		
Neurological		
Muscular		
Balance		
Orthopedic		
Learning Disability		
Cognitive		
Emotional/Psychological		
Pain		

Comments – if “yes” is checked please specify

Given the above diagnosis and medical information, this person is not medically precluded from participation in mounted 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: _____

Participant's Parents/Guardians if applicable:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

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: _____

Email address: _____

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: _____

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.

	Example	Yes	No	If yes, please explain/describe
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):

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):

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.):

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



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

In light of these understandings and recognitions and in consideration of me (and/or my child/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 child/dependent) and my (and/or my child/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 child/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 child/dependent), 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/dependent, that I am the legal guardian of said child/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): _____

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



PARTICIPANT TERMS AND CONDITIONS CONTRACT– 2025

Pegasus Project
5808A 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 equine activities. 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 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 participants 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 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:

- Medical Update with a health care provider's signature
- Atlantoaxial Instability Verification (for those participants with Down Syndrome)
- Any changes to contact information

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
- 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.

Lesson Policy Standard

A typical semi-private lesson has two participants and is 30 minutes in length. A typical group lesson with 3-4 participants is roughly 45 minutes in length. Lessons 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 “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. 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 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. Participants will not be credited for missed lessons due to illness, vacation, etc. Lessons are credited only to participants who pay full-tuition when Pegasus Project cancels lessons due to weather, smoke, instructor absence, etc.

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. If they are more than 15 minutes late without notice, their lesson time will be forfeited. There are **no** make-up days 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 the lesson schedule, and their spot will be given to someone else.

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 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 riding activities, become no longer suitable for riding 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 or redirection 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 participant 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 and Executive 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 may 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.
- Follow 10 mph speed limit upon entering the Pegasus property at the gate – at all times.
- 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 the horses, equine 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 – 2025

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

Project to give (Participant's name) _____ instruction in equine activities.

I, the undersigned, 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: _____