



Riding Center

206 Ridge Drive, Naples, Florida 34108

Phone: (239) 596-2988 / Fax: (239) 514-2908

Email: info@NTRC.org Web: www.NaplesTherapeuticRidingCenter.org

Annual Renewal Packet

Instructions: Participant renewal information is collected every September. Please indicate below with a circle if any of the following information has changed in the last year. By signing the first page of this packet, you agree to all of the terms and conditions described in the Annual Renewal Packet. You acknowledge that you have carefully reviewed the packet.

Date Completed: _____

Date Entered by NTRC: _____

Has your information changed since September 2016?

Complete all information below

Rider's Name _____	YES	NO
Local Address _____	YES	NO
Primary Phone _____	YES	NO
Email _____	YES	NO

Current Behavioral issues: _____

Changes in medical conditions, if any: _____

Therapeutic Target Skill you would like for NTRC to work on in riding this year:

PLEASE CIRCLE ONE

Motor Skills

Social Skills

Communication

Balance

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature



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PARTICIPANT DEMOGRAPHIC INFORMATION

Please assist us by providing the requested information. This information helps NTRC with applying for grant funding to operate our program. Providing this information is required.

INCOME: Please indicate, for the most recent tax year, your family's gross (*before taxes*) income.

_____ Less than \$20,000 _____ \$20,000 - \$39,999 _____ \$40,000 - \$59,999
_____ \$60,000 - \$79,999 _____ More than \$80,000

LEGAL HOUSEHOLD DEPENDENTS:

Number of people living in your household that are dependent on the house income:

Number of Adults (including yourself): _____

Number of Children / Dependents: _____

Total Numbers: _____

Marital Status: _____

RACE:

White _____ Black or African American _____ Asian _____ Native Hawaiian or other Pacific Islander _____
American Indian or Alaskan Native and White _____ Asian and White _____
Black/African American and White _____ American Indian/Alaskan Native and Black/African American _____
Other Multi-Racial _____

ETHNICITY:

Hispanic Yes _____ No _____

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EMERGENCY CONTACT INFORMATION

In Case of Emergency:

In case of emergency, NTRC's policy is to immediately call 911 and to then contact the name indicated below if not already on site.

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone

Cell Phone

Work Phone

Authorized Personal:

A parent or adult guardian must be present during the entire riding lesson for all riders under the age of 21 years old, all non-English speaking riders, and all non-verbal riders. If someone other than the parent or guardian will be accompanying the rider, please add this person's name and contact information below.

Please indicate designated persons:

Name _____

Phone Number _____

Name _____

Phone Number _____

ATTENDANCE AND TARDY POLICY

In order to be fair to all participants and those on the waiting list, participants must be committed to be present for their scheduled lesson time and arrive on time to avoid disrupting the lesson.

All participants are permitted two (2) absences (excused or unexcused) per program session. If the participant is absent three (3) times per program session, the participant will be removed from the lesson roster and be placed at the end of the current waiting list for placement in the next scheduled session.

Scholarship recipients are permitted one (1) absence (excused or unexcused) per program session while receiving scholarship funds. If the scholarship recipient is absent two (2) times per program session while receiving scholarship funds, the participant will be removed from the scholarship program. To continue to participate in the current program session, the participant must pay the nominal fee for the lesson. The participant is permitted an additional absence. If the participant is absent three (3) times per program session, the participant will be removed from the lesson roster and be placed at the end of the current waiting list for possible placement in the next scheduled session. The scholarship recipient at this point will need to re-apply for scholarship funds if needed.

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BILLING AND PAYMENT POLICY

Naples Equestrian Challenge, Inc. has taken great care in setting participant fees for our services. Our fees are very modest because we subsidize most of the cost of group riding lessons and other programming through fundraising each year. We do not bill insurance companies or third party payors. The information below sets forth the billing and payment policies of Naples Equestrian Challenge, Inc. *This form may not be altered and must be signed prior to your participation in NTRC's program.*

New Rider Evaluation: A one-time, non-refundable fee of \$30.00 is required at the time of all new rider evaluations.

Riding Sessions:

Lesson Cost: \$10.00 per 30 min lesson, \$15.00 per 45 min lesson & \$20.00 per 60 min lesson.

Sessions: 8-10 weeks

Session 1: January to February

Session 2: March, April and May

Session 3 (Summer Session): June and July

Session 4: September to October

Session 5: November to December

Individual Lessons: \$60.00 per hour or \$30.00 per 30 min lesson.

Camp, EFMHA and EFL: Rates for camp and group programs are determined at the beginning of each session and may vary based on length of program and number of participants in a client group.

Financial Aid: Financial aid is available to those who may have difficulty in paying for their riding sessions. An application is required. Financial aid will be determined on a case by case basis by our Scholarship Committee.

Billing: You will be billed in advance for all scheduled riding days within each session. Payment will still be required for all unexcused and excused absences. Absences due to a medical emergency or other medical procedure will be taken into consideration on a case by case basis. Naples Therapeutic Riding Center has a 30-day billing cycle. You have 30 days from the date on the invoice to make your payment. If payment is not received within the 30-day limit, a **\$10.00 late fee will be assessed**. The late fee shall be assessed by invoice, and that invoice shall also be subject to a late fee if it is not paid within 30 days. You must contact our billing department if you are not able to make your payment when it is due. Statements will be issued monthly for accounts with a balance due after 30 days.

Account Balances: If your account balance remains due on one or more invoices over 60 days, then you will be notified in writing that you are prohibited from participating in the program until payment is received in full. If you are having difficulty making your payment on time, then you can make application for financial aid. If you do not meet the eligibility criteria for financial aid, then you can request a payment plan. Requests for payment plans are reviewed by the Scholarship Committee, and if approved, your payment plan will be documented as a written agreement between you and NTRC. *Please note: If you do not follow the terms of the written payment plan agreement, then the balance you owe shall immediately become due in full, and the participant shall be prohibited from participating in the program until full payment is received by NTRC.*

Returned Checks: Your account will be assessed a \$30.00 return check fee for each check that is returned to our office. The returned check fee shall be assessed by invoice, and that invoice shall be subject to a late fee if it is not paid within 30 days.

We accept cash, personal checks, debit cards, Visa, MasterCard, and American Express. If you have any questions, please do not hesitate to contact our Billing Department at (239) 596-2988.

I have read, understand, and agree to the above listed policy.

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EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENT: That _____, who is known to NTRC as a visitor, volunteer, participant, employee or guest, (hereinafter referred to as "Constituent"), for and in consideration of participation in any Naples Equestrian Challenge, Inc. programs and presence on any NTRC property and for other good and valuable consideration in hand received by Constituent, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Naples Equestrian Challenge, Inc., a Florida nonprofit corporation, and it's successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NTRC") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Constituent has or may have in the future from the signing of this release until the end of such Constituent's participation in an NTRC program or presence on NTRC property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against NTRC for, upon or by reason of any matter, cause or thing whatsoever, from the time of Constituent participation in any NTRC program or being present on any NTRC property until such time as Constituent is not participating in any NTRC program or from a date forward that such Constituent is not present on any NTRC property, such release and hold harmless of NTRC specifically includes, but not by way of limitation, the following:

1) All equine activities at the property owned by NTRC located on the southwest corner of the intersection of Center Street and Goodlette Road, Naples, Collier County, Florida, including, handling, care, grooming, leading and riding of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on NTRC property;

2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by NTRC or death or injury of person occurring on NTRC property or claim for damage to any Constituent's personal property brought upon any NTRC property by Constituent.

3) Constituent grants NTRC the right and authority to perform a background check on Constituent in advance of Constituent's participation in any NTRC activity or presence on NTRC property and NTRC may make future checks on background from time to time during the Constituent's involvement in any NTRC program or presence on NTRC property. Constituent releases NTRC from any claim, cause of action or damages based upon NTRC's authorized background check(s).

4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Constituent who takes transport in any NTRC agent vehicle as part of a sponsored NTRC program occurring outside of the NTRC property.

WARNING

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

IN WITNESS WHEREOF, the undersigned executes this release
this _____ day of _____, 20_____.

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Phone Number

Address

Email

Witness Name (Print)

Witness Signature



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Individual Medical Records Release Form/HUD

PARTICIPANT NAME _____ DATE OF BIRTH _____

This will authorize ____ release of participant's records or ____ NOT release:

Naples Equestrian Challenge, Inc.

(NAME OF INDIVIDUAL, WHO WILL RECEIVE/RELEASE INFORMATION)

206 Ridge Drive, Naples FL 34108

(ADDRESS)

(239) 596-2988

(PHONE NUMBER)

Naples Therapeutic Riding Center through its operation of providing therapeutic riding programs is eligible for HUD Grants and as such, is required to permit HUD Grant Audits which review the Participants Medical Diagnosis in determining Grant participation. This review is onsite at Naples Therapeutic Riding Center and no medical diagnosis or records will be taken off site or copied and removed from Naples Equestrian Challenge. Naples Therapeutic Riding Center wants to insure as a Participant that you authorize Naples Therapeutic Riding Center to include your medical information in the HUD Grant Audit for Naples Therapeutic Riding Center Grant eligibility.

Information to be reviewed includes (Please **INITIAL** each item to be released):

_____ All information including medical, psychiatric, psychological, alcohol and drug or other substances.

Specific information/reports, such as (Please **INITIAL each item** to be released).

_____ Medical and/or Mental Health Record Release Form

Other _____

Specific purpose for disclosure of information: **HUD Grant Audit Procedures as disclosed above**

This information has been disclosed from records whose confidentiality is protected by Florida Statutes and federal regulations governing confidentiality, (42 CFR Part 2).

This information cannot be disclosed without my written consent unless otherwise provided for in the regulations I also understand that I may revoke this consent at any time (except to the extent that action has been taken) by written notification to NTRC Program Director.

Signature of Participant

Date

Signature of Witness

Date

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PHOTO AND NAME RELEASE



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For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) Naples Therapeutic Riding Center, a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NTRC") the following permission:

Photo Release:

_____ I DO

The undersigned hereby grant(s) NTRC to take or have taken, still and moving photographs and films including television pictures of _____ (print full name) and consents and authorizes NTRC, its advertising agents, news media, and any other persons interested in NTRC and its work, to the use and reproduction of the photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, NTRC website, brochures, pamphlets, instructional materials, books and clinical material.

_____ I DO NOT

The undersigned choose(s) not to grant permission for the use of photographic images.

Name Release:

_____ I DO

The undersigned hereby grant(s) NTRC to use _____ 's (print full name) full name and consents and authorizes Naples Equestrian Challenge, Inc., its advertising agents, news media, and any other persons interested in Naples Equestrian Challenge, Inc., and or its work, to the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, NTRC website, brochures, pamphlets, instructional materials, books and clinical material.

_____ I DO NOT

The undersigned choose(s) not to grant permission for the use of the aforementioned name.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on NTRC to use or be in use or be used the aforementioned name and such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 20_____.

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Witness Name (Print)

Witness Signature



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ANNUAL PHYSICIAN'S REFERRAL FORM

EXPIRES August 7, 2018

Participant's Name: _____ Date of Birth: _____ Height: _____ Weight: _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

Naples Therapeutic Riding Center is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protections and greatest personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a rider:

Diagnosis: _____ Date of Onset: _____

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

Note: If the diagnosis is Down syndrome, the first Physician's Referral Form ever submitted to NTRC must be accompanied by a negative diagnosis x-ray report for Atlantoaxial Instability. This must be a signed statement from a qualified physician giving the date and result of the x-ray. If you have questions, please call us.

Medical History: _____

Allergies: _____

Surgical Procedures: _____

Medications: _____

Prescribed For: _____

Present Impairments (Please Check Yes or No for each category):

Impairment	Yes	No	Comments
Auditory			
Vision			
Tactile Sensation			
Speech/Communication			
Sensory Integration			
Cardiac			
Pulmonary			
Integumentary/Skin			
Balance			
Mobility			
Muscular			
Spasticity and/or Rigidity Present			
Braces or Assistive Devices			
Orthopedic			
Seizures (if yes, date of last one)			
Cognitive			
Emotional/Psychological			
Other			

Precautions or Contraindications to Therapeutic Horseback Riding: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that NTRC will weigh the medical information given against the existing precautions and contraindications identified above and by the Professional Association of Therapeutic Horsemanship (PATH) Therefore, I refer this person to NTRC for ongoing evaluation to determine eligibility for participation.

Physician's Signature: _____ Printed Name: _____

Dated this _____ day of _____, 20____ (Physician's Stamp):