



2515 Moores Mill Road • Rougemont, North Carolina 27572

p: 919.316.0747 e: brad@brightstarstables.org w: brightstarstables.org

Dear Bright Star Stables Rider,

Welcome to Bright Star Stables. Below you will find the new Rider Packet.

This packet contains several sections that need to be completed and signed for each new rider.

- Rider Application
- Medical Form
- Rider Handbook acknowledgement
- Liability Release form
- Photo Release statement

Should you have any questions, please feel free to reach out to us. We look forward to having you become part of our family.



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Rider Application:

In order to ensure coordinated care, Bright Star Stables staff and volunteers are provided with information about participant's abilities/disabilities.

Participant's Name: _____

Date of Birth Age: _____

Male Female

Address: _____

City State Zip: _____

School Name: _____

Parent or Guardian Name(s): _____

Rider or Guardian Employer: _____

List Phone Numbers and whose number it is, if other than Participant:

Home _____ Work _____ Cell _____

Email: _____

How did you hear of our program?

Please describe limitations/concerns in these areas:

Physical function (e.g. ambulation, motor skills, balance, strength, tone, vision):

Cognition and Processing (e.g. attention, touch/sensation, memory, speech and language, sensory integration, learning disabilities, developmental delays):

Psychological, emotional, behavioral, social issues:

Do you have previous riding experience? Yes or No

If so, please describe:



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Patient's Medical History and Physician's Statement

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

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AltantoDens Interval X-rays, date: _____ Results: + -

Neurologic Symptoms of AltantoAxial Instability: _____

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

	<u>Y</u>	<u>N</u>	<u>Comments</u>
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is not reason why this person cannot participate in supervised, equestrian activities. However, I understand that the PATH center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD DO NP PA Other: _____

Signature: _____ Date: _____

Address: _____

Phone: () _____ License/UPIN number: _____



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Dear Bright Star Riders,

Please read over the attached Rider Handbook. After you have read and understand the requirements, please sign this sheet.

Please sign here if you are a parent with a minor rider:

I, _____, have received and read the Bright Star Stables Rider Handbook and have clearly explained them to my minor, _____. I agree to uphold the rules and I will be responsible for assuring my minor upholds the rules as well.

Parent Signature

Date

Please sign here if you are an adult rider:

I, _____, have received, read, understand, and agree to uphold the requirements/rules outline in the Bright Star Stables Rider Handbook.

Adult Rider Signature

Date



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Bright Star Stables Rider Handbook

I. GENERAL INFORMATION

FACILITY LOCATION

Bright Star Stables is located in Rougemont, NC at 2515 Moores Mill Road.

ACCREDITATION

The Professional Association of Therapeutic Horsemanship (PATH) International is the national non-profit association that promotes and supports equine-facilitated activities for individuals with disabilities. PATH International sets the safety guidelines and teaching standards for the industry. Bright Star Stables is a registered center and Bright Star Stables instructors are certified by PATH International.

NON-DISCRIMINATION POLICY

Bright Star Stables accepts students regardless of race, color, nationality or ethnic origin and economic status.

II. BENEFITS OF THERAPEUTIC HORSEMANSHIP

The equine programs at Bright Star Stables are uniquely designed to meet the educational, behavioral, social and physical goals of people with disabilities.

Physical Disabilities - The horse's unique, three-dimensional movement replicates the movement that the human body experiences while walking. Therefore, sitting on a horse helps to strengthen and stimulate core muscles, which often improves walking ability.

Psychosocial Disorders – Horses provide motivation and encouragement to riders. The relationship that develops between participant and horse nurtures the development of skills such as responsibility, increased self-esteem, honesty and respect.

III. PROGRAMS

For any of the programs listed below, please ask your Instructor for more information.

RIDING LESSONS

Each lesson incorporates the educational, physical, social and recreational goals of the individual student. The 45-minute lesson includes mounting, warm-up time, an exercise, an activity or pattern, skill development, skill review, a closing activity and dismounting. Group lessons have 2-5 students per class.

Lessons may include some unmounted time devoted to expanding horsemanship skills. Students may groom, saddle, feed, bathe or perform other appropriate activities that develop horsemanship skills.

Continual participation in the program is suggested for maximum therapeutic benefits.

PERFORMANCE EVENTS

Each year, Bright Star Stables students are invited to participate in an offsite horse show. Eligible and interested riders are notified in advance of dates, locations and level of ability required for each show offered. There are modest participant fees associated with each show.



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IV. POLICIES AND PROCEDURES

CLOTHING AND APPAREL GUIDELINES

For your safety and the safety of your participants and families, please follow these clothing and equipment guidelines:

Avoid dangling earrings or other jewelry. Medical tags, necklaces and scarves should be worn under shirts/jackets during activities around horses. Wear sunglasses only if necessary.

For student safety, appropriate footwear for horseback riding is important. This includes a sturdy-soled, ankle-high boot with a heel. The heel should be no greater than one inch. Shoes with bulky rubber soles (i.e. tennis shoes) do not move easily into and out of the stirrup and are therefore unsafe for horseback riding. Footwear for students with special physical needs will be considered on an individual basis. Shoes with laces must be securely tied. Absolutely no sandals are permitted in the barn area. No one will be allowed into the barn area or arena wearing sandals or open-toed shoes!

Rider hairstyles must fit comfortably under their helmet. Pony tails, braids and large hair accessories may not fit under a hard hat and may need to be removed.

Appropriate trousers/pants for horseback riding include jeans, heavy cotton trousers, riding breeches or chaps over trousers. Shorts are prohibited. Stretch pants, snow pants, satiny leggings and other loose fitting or stretchy materials are not recommended. Dress in plenty of layers as the weather changes. Keep loose clothing/jackets buttoned or zipped. Please bring appropriate clothing, including gloves, for riding in the winter months.

If not appropriately dressed, students may be offered a ground lesson if there is adequate staff/volunteer support

Please note these guidelines must be adhered to by participants, teachers and visitors alike.

BARN CONDUCT AND SAFETY RULES

- No touching or feeding the horses without a staff member present.
- No children allowed in stable area without an adult present.
- Do not enter or open a stall unless asked or accompanied by a staff member.
- Ask before giving any type of treat or food to the horses.
- Do not approach the horses while they are eating.
- Absolutely NO SMOKING in or around the barn/arena grounds.
- No running in barn or parking lot.
- All riders must wear a ASTM-SEI helmet when riding Bright Star Stables horses.
- Close-toed shoes must be worn when working with the horses (NO sandal or clogs). No bare, feet inside the barn at any time.
- Riders must wear a boot or hard soled shoe with a heel



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- Please do not climb on the hay bales or sawdust piles.
- Please leave pets at home, therapy animals are allowed with prior permission.

CODE OF CONDUCT

Thoughtful conduct and self-control factor into the safety and enjoyment of all participants. All persons at Bright Star Stables will be expected to adhere to the following code of conduct:

- Respect all persons—no abusive language or actions
- Respect all property
- Refrain from loud, abrupt noises, actions or behaviors which may startle horses

Students/Families who cannot adhere to the policies or the Code of Conduct set forth in this handbook will be dismissed from all program activities.

ELIGIBILITY CRITERIA

Safety and maximizing the therapeutic benefits of equine activities are primary concerns of a successful program. Due to the capacities of volunteer side walkers and current program horses, insurance requirements and industry standards, Bright Star Stables is limited to instructing students who:

- Weigh 200 pounds or less
- Are able to be effectively supported by side walkers
- Do not exhibit conditions that are contraindicated (as determined by staff)
- Have current signed and dated paperwork
- Benefit physically, emotionally, socially and/or cognitively from a program
- Do not threaten the health or well-being of other participants, horses, volunteers or staff

STUDENT RECORDS

Students are required to update their registration information (rider application) and medical history forms annually. This paperwork is required to maintain our PATH International accreditation. All student forms must be updated between July 1 and October 1 of every year. Students are not permitted to ride without up-to-date forms.

CHANGE OF HEALTH OR MEDICATION STATUS

Students must inform their Instructor, **in writing**, immediately of any changes in health or medication. This includes, but is not limited to, changes in weight, increased/decreased medication dosages, revised diagnoses, medical interventions, surgeries, etc.

CONFIDENTIALITY

Student medical histories, diagnoses and related information are used by the Instructor to develop goal-oriented lesson plans. General information, as it relates to the success of the riding experience, is shared with volunteers on a need-to-know basis.

VISITORS

Visitors are always welcome during business hours in the observation area of the facility. Children must be supervised at all times. If visitors would like more information about Bright Star Stables or a tour of the entire facility, please arrange this with an Instructor in advance. You are responsible for your guests. *Visitors are not permitted in the barn area unless escorted by a Bright Star Stables volunteer or staff member. All persons entering the barn area must wear closed-toe shoes and follow the barn rules.*



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EQUINE LIABILITY LAW

WARNING: UNDER CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES

ATTENDANCE POLICY AND CANCELLATIONS

We know that there are times when students will not be able to attend their class. Please let us know of an absence at least 24 hours in advance, so we can plan appropriately.

We also appreciate that there may be rare instances with 24 hours notice is not possible (i.e. the rider wakes up not feeling well). As a nonprofit, Bright Star Stables relies on volunteers to help with the many tasks involved in lessons. Therefore, please be courteous and respectful of the volunteers' time by providing the most advanced notice of cancellation possible.

Bright Star Stables offers a pay as you go approach to lessons fees. However, should we experience a higher than normal absenteeism rate, we may be forced to offer a prepaid block of lessons along with a more formal attendance policy. Please help us with managing this so it does not become an issue.

WEATHER POLICY

We will make every attempt possible to hold lessons. However, we will communicate via text and email when the weather forces us to cancel lessons. Please ensure that we have your most current contact details.



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PLEASE READ THIS FORM CAREFULLY.

IT CONTAINS IMPORTANT LIABILITY RELEASES AND EMERGENCY MEDICAL AUTHORIZATION.

Rider's Name: _____ D.O.B. _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Medical Authorization

In the event emergency medical aid or treatment is required due to illness or injury while participating in program functions or on The Glazer's / Bright Star Stables property, I authorize The Glazer's / Bright Star Stables to (i) secure and retain medical treatment and transportation if needed and (ii) release student records upon request to the authorized individual or agency involved in the medical emergency treatment. This provision will be invoked only if the person listed below cannot immediately be reached.

Emergency Contact: _____ Telephone: _____

Physician's Name: _____ Telephone: _____

Preferred Medical Facility: _____

Health Insurance Co. _____ Policy No. _____

Allergies: _____ Seizures: _____

Medications: _____

Non-Consent Option: If parent/guardian does not consent to the above emergency procedures, and wishes alternate action taken, please state so here: _____

NON-CONSENT SIGNATURE ONLY: _____



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RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

1. **Assumption of Risk.** I hereby assume full responsibility for, and risk of, any death or bodily injury to myself or others and damage to or destruction of my property or the property of others, caused by my engaging in any equine activity either on the premises of The Glazer's / Bright Star Stables or elsewhere while working with a The Glazer's / Bright Star Stables equine professional.
2. **Release, Waiver of Liability, and Discharge of Claims.** I hereby release, waive, and discharge any and all claims that I may now or in the future have for damages against The Glazer's / Bright Star Stables their employees, volunteers, heirs, successors, assigns, and personal representatives from arising directly or indirectly from my death, the death of any other person, bodily injury to me or others, or damage to my property or that of others, attributable to my engaging in equine activities, or my presence on The Glazer's / Bright Star Stables premises.
3. **Indemnification.** I agree to completely indemnify and hold harmless The Glazer's / Bright Star Stables from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including attorney's fees, which are occasioned by, or otherwise attributable to, matters for which I have assumed the risk and for which I am responsible in accordance with this Agreement and for any actions brought by my guests or invitees.
4. **Conditions of Nature.** I understand that The Glazer's / Bright Star Stables is **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: thunder, lightning, rain, wind, sound, sudden movement, unfamiliar objects, humans, wild and/or domestic animals, insects and/or reptiles which may walk, run, or fly near, or bite or sting a horse or person, irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.
5. **Conditions of Premises.** In consideration of being permitted to enter for any purposes any restricted area (herein defined as including, but not limited to, arenas, stables, walkways, pens, corrals, fields, training areas, equipment rooms, horse bathing stall, office, classrooms, and any other areas appurtenant to any area where any activity relating to an equine activity shall take place), or being permitted to participate in any way in any equine activity, I acknowledge, agree, and represent that I have, or will immediately on entering any of such restricted areas, and will continuously thereafter inspect such restricted areas and all portions of restricted area or areas, and my participation, if any, in an equine activity constitutes an acknowledgment that I find and accept the area as being safe and reasonably suited for the purposes of its use, and I further agree and warrant that if, at any time, I am in or about restricted areas and I feel anything to be unsafe, I will immediately advise my instructor and will immediately leave the restricted area.
6. **Equipment and Tack.** I understand that in consideration of being permitted to use the equipment and/or tack of The Glazer's / Bright Star Stables, I acknowledge, agree, and



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represent that I have, or will immediately prior to using such equipment or tack, and will continuously thereafter inspect such equipment and tack, and do further warrant that my use of such equipment and tack constitutes an acknowledgment that I find and accept such equipment and tack as being safe and reasonably suited for the purposes of its use, and I further agree and warrant that if, at any time, I feel any equipment and tack are unsafe, I will immediately advise my instructor and will immediately cease using such equipment and tack.

7. **Protective Headgear.** I understand that The Glazer's / Bright Star Stables require me to wear ASTM/SEI-certified helmet at all times while riding. I understand and acknowledge that the risk of head injuries and death are significantly reduced by wearing appropriate headgear. I hereby release, waive, and discharge The Glazer's / Bright Star Stables from and against any and all claims that I may not or in the future have for damages resulting from my failure to wear headgear while riding either on Bright Star Stables' premises or at an offsite facility.
8. **Jurisdiction and Venue.** This Agreement is made and is to be construed under the laws of the State of North Carolina. Venue for any matter or dispute with respect to this Agreement shall be in a court of competent jurisdiction in Durham County, North Carolina.
9. **Severability.** If any court determines that any provision of this Agreement is invalid or unenforceable, any invalidity or unenforceability will affect only that provision and will not make any other provision of this Agreement invalid or unenforceable. Instead, the court shall modify, amend, or limit the provision to the extent necessary to render it valid and enforceable.
10. **Binding.** This Agreement shall be binding upon and inure to the benefit of the parties hereto, their respective heirs, personal representatives, guardians, successors, and assigns.

Executed this _____ day of _____, 20_____.

PARTICIPANT

Signature

Printed Name

MINOR:

The undersigned declares that the undersigned is the parent or legal guardian of the minor named below. The undersigned has read the foregoing RELEASE, WAIVER OF LIABILITY, AND



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INDEMNITY AGREEMENT and in consideration of The Glazer's / Bright Star Stables allowing the below named minor onto its premises and/or allowing such minor to participate in equine activities, hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding upon the undersigned and the minor.

If under 18, signature of both parents (if applicable) or guardian is required.

Printed Participant Name

Parent/Guardian=s Signature

Printed Parent/Guardian=s Name

Parent/Guardian=s Signature

Printed Parent/Guardian=s Name

Photo Release

I hereby grant The Glazer's / Bright Star Stables the irrevocable and unrestricted right to use and publish photographs of me and/or my minor child(ren) at any time I/we are participating in Equine Activities at The Glazer's / Bright Star Stables for editorial trade, advertising, and any other purpose and in any manner and medium; and to alter the same without restriction. I hereby release the photographer and their legal representatives and assigns from all claims and liability relating to said photographs.

CONSENT SIGNATURE: _____