

Hearts TRC, LLC
214 Asbury Road
Egg Harbor Twp, NJ 08234
609-703-9130
HeartsTRC@aol.com

Payment Policy

Lessons will be \$140.00 plus \$20.00 for insurance per month based on a 4 week month. The total due per month will be \$160.00. Insurance payments are nonrefundable. Payment is due by the 10th of each month. A late fee of \$25 should be added if payment is made after the 10th of each month. There is no credit for missed lessons unless they are cancelled due to the weather or instructor not being available. When there is a 5th week in the month, that lesson will be free unless a make-up lesson is needed. Any free or make –up lesson will be given on the same day as the student’s regularly scheduled lesson.

If an instructor is unable to make up a lesson, reimbursements will be issued at the end of the year in one of three ways:

- 1) Credit applied to the student’s next year lessons
- 2) Check refund
- 3) A tax deductible donation to the Hearts program.

Lesson Policy

If you are going to miss a lesson, please call the instructor as soon as possible so the horse/pony will not be brought in. No make ups unless there is a fifth week in a month.

Riding Clothes

All riders should dress appropriately; shoes with a heel (no work boots please!) riding pants or jeans (baggy pants are a hazard...no shorts or capris) shirt with at least a short sleeve (no sleeveless tee-shirts). An approved safety helmet will be provided for the first month of lessons, and then each rider **MUST** purchase their own helmet.

Instructions

Your mounted riding lesson begins at the time of mounting and ends at the time of dismounting. The private and semi private (2 in a class) lesson is 30 minutes. A group mounted lesson (3 to 4 in a lesson) is an hour in length.

Learning Horsemanship: to groom, tack, bathe, do ground work and about the general care of your horse/pony is also part of becoming a good equestrian. During the year, these lessons may be scheduled in place of a mounted lesson when weather is bad.

Concerns, Comments, Suggestion

Heart TRC, INC look forward to your comments and suggestions. If there are any concerns or problems please call us immediately so we may address them.

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PARTICIPANT INFORMATION SHEET

Date: _____

Name _____ **DOB:** _____

Height _____ **Weight** _____

Address _____

Town _____ **State** _____ **Zip** _____

Phone# _____

Alternative# _____

E-Mail address _____

Employer/School _____

Occupation _____

Parent/Legal

Guardian _____ **Caregivers** _____

_____ **Phone** _____

How did you hear about

Hearts? _____

PARTICIPANTS HEALTH AND MEDICAL HISTORY

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

Auditory Y N Comments _____

Visual Y N _____

Tactile Sensation Y N _____

Speech Y N _____

Cardiac Y N _____

Circulatory Y N _____

Integumentary/Skin Y N _____

Immunity Y N _____

Pulmonary Y N _____

Neurologic Y N _____

Muscular Y N _____

Balance Y N _____

Orthopedic Y N _____

Allergies Y N _____

Learning Disability Y N _____

Cognitive Y N _____

Emotional Y N _____

Psychological Y N _____

Pain Y N _____

Other Y N _____

*****If the participant has Down Syndrome, a physicians letter stating results from an x-ray for ATL are negative, MUST be received prior to an initial evaluation and admission to Hearts TRC, LLC.**

PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Staff Volunteer

Name _____ **DOB** _____ **Phone** _____

Address _____

Physician's Name _____ **Phone** _____

Hospital Preference _____

Allergies to medications _____

Current medication(s) _____

In the event of an emergency contact:

Name _____ **Relation** _____ **Phone** _____

Name _____ **Relation** _____ **Phone** _____

Sign one or the other (not BOTH)

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on property, I authorize Hearts TRC, LLC to:

- 1. Secure and retain medical treatment and transportation if needed.*
- 2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.*

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed 'life saving'.

Date _____ **Consent Signature** _____

Client, parent or legal guardian

Non Consent Plan

I do NOT give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on property.

Parent or legal guardian will remain on site AT ALL TIMES during equine assisted activities. In the event of emergency treatment/aid is required, I wish the following procedure to take place:

Date_____ Non Consent Signature_____

Client, Parent or Legal Guardian

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Rider Liability Release

I, the undersigned, as an adult rider 18 or older, or as the parent and/or guardian of named minor, (please print name) _____, for and in consideration of the agreement of Rolling Seas Farm to provide riding instruction, do hereby forever release, acquit, discharge and hold harmless, Hearts TRC, LLC, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now, or in the future, have against Hearts TRC, LLC on account of any personal injuries, physical or mental condition, known or unknown, to the person of said myself or said minor and the treatment therefore as a result of, or in anyway growing out of, the acts of Hearts TRC, LLC, including, but not limited to, their negligence or gross negligence, in rendering the services above described or in anyway incidental thereto.

WARNING

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ANIMAL ACTIVITIES, PERSUANT TO P.L., CHAPTER 287.

DATE _____

NAME OF PARTICIPANT AGE

SIGNATURE OF ADULT RIDER or PARENT/ GUARDIAN OF MINOR

PRINT NAME OF ADULT RIDER or PARENT/ GUARDIAN OF MINOR

PHOTO RELEASE

I DO I DO NOT

Give Hearts TRC, LLC permission to use my/my child's photograph or video for promotional and educational purposes.

Date _____ Signature _____

Parent or Legal Guardian