STARS AND STRIDES STABLES THERAPEUTIC RIDING CENTER
228 SANDPIPER DRIVE WEATHERFORD, TEXAS 76088
Website: starsandstrides.org

PARTICIPANT'S APPLICATION FORM (TO BE COMPLETED ANNUALLY)

Name _____Date of Birth ____/___/____ Age _____

Parent or Legal Guardian (if under 18 years of age) _____

Address _____City_____State_____ Zip _____

Home Phone _____Cell Phone _____ Work Phone _____

Email address (please print) _____

Medical Diagnosis or Special Concerns _____
Physician _____Phone _____Hospital _____
Health Insurance Provider _____Policy # _____

How did you hear about Stars and Strides? _____

----------HEALTH HISTORY----------

PHYSICAL FUNCTION (i.e. mobility skills such as transfers, ambulatory equipment, driving, bus riding, etc)

_____

_____

PSYCHO/SOCIAL FUNCTION (i.e., work, school including grade completed, leisure interests, support systems, relationships – family structure, companion animals, fears/concerns etc)

_____

_____

_____

GOALS (i.e., why are you applying for an equine assisted activity or therapy? What would you like to accomplish?

_____

_____

SEIZURE STATEMENT

Information required for all participants with any seizure activity within last 10 years:
Does participant have seizures now or has had seizures in the past ten years? ( )Yes ( )No Date and type of last seizure:

_____/_____/_____ _____

Typical aura/pre-seizure sensations or behaviors during seizures _____

_____

_____

Typical motor activity during seizure: _____

Average duration of seizures: _____ Current frequency of seizures:_____

Description of behavior during the recovery state and its duration: _____

Signature _____ Date: _____
(Participant, or if under 18 years of age – Parent/Legal Guardian

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

(TO BE COMPLETED ANNUALLY)

Name _____Date of Birth ____/___/____ Age _____

Parent or Legal Guardian (if under 18 years of age) _____

Address _____City_____State_____ Zip _____

Home Phone _____Cell Phone _____ Work Phone _____

Email address (please print) _____

Medical Diagnosis or Special Concerns _____

Physician _____Phone _____Hospital _____

Health Insurance Provider _____Policy # _____

Allergies to Medications: _____

Current medications _____

Medical condition requiring special precautions _____

IN THE EVENT OF AN EMERGENCY, CONTACT

Name _____Relation _____Phone _____

Name _____Relation_____ Phone _____

CONSENT PLAN

In the event of an emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of this agency in any type capacity, I authorize STARS AND STRIDES STABLES THERAPEUTIC RIDING CENTER. to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to authorized individuals or agencies involved in the medical emergency treatment. This authorization includes but is not limited to: x-ray, surgery, hospitalization, medication and/or any treatment procedure deemed “life saving” by the physician or attending medical personnel. This provision will only be invoked if the person or persons named above are unable to respond or if the parent or legal guardian named above is unable to be reached.

Signature _____Date _____
Participant (or Parent/Guardian if under 18 years of age)

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 the property of this agency.

1. Parent, legal guardian, or person authorized to make medical decisions for me will remain on site at all times during equine assisted or related activities.
2. In the event of emergency treatment/aid is required; I wish the following procedure to take place:

Signature _____Date _____

Participant (or Parent/Guardian if under 18 years of age)

REVISED 06/01/2026

----------PHOTO RELEASE----------

PHOTO CONSENT

I hereby grant STARS AND STRIDES STABLES permission to take or have taken still and/or moving photographs and films including television pictures of (participant) _____ and consent and authorize the use and reproduction of the photographs, films and pictures, and to circulate and publicize the same, by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional material, books, and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signatures to this release other than the intention of STARS AND STRIDES STABLES to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding this corporation and its work. Signature _____ Date_____

Participant, if under 18 years of age, Parent/Legal Guardian

PHOTO NON-CONSENT

I do not give my consent to STARS AND STRIDES STABLES to take or have taken still and/or moving photographs and films including television pictures.

Signature _____ Date_____

Participant, if under 18 years of age, Parent/Legal Guardian

----------PARTICIPANT LIABILITY RELEASE----------

I, the undersigned, adult student or Parent/Legal Guardian of _____,a minor participant, would like to participate at STARS AND STRIDES STABLES THERAPEUTIC RIDING CENTER. I acknowledge the risks and potential for risks of equine assisted activities and therapies. I understand that I/my son/ daughter/ward, will be working with and around horses, as well as, riding horses at STARS AND STRIDES STABLES; however, I feel that the possible benefits to myself/my son/daughter/ward are greater than the risk assumed. I, the undersigned participant and/or parent/legal guardian, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waiver and forever release, acquit, discharge, and hold harmless all claims for damages, assigns of personal injuries and/or personal damages known or unknown, or in any way growing out of any activities assigned or related against STARS AND STRIDES STABLES THERAPEUTIC RIDING CENTER its board of directors, trustees, agents, instructors, employees, representatives, successors, assigns, volunteers, owners of the property on which either corporation listed above operates, for any and all manner of claims, demands, and damages of every kind or nature whatsoever, which participant may now, or in the future, have against these corporations.

Under the **Texas Law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional or farm owner or lessee is not liable for an injury to or the death of a participant in farm animal activities, including an employee or independent contractor, resulting from the inherent risks of farm animal activities.**

Signature _____ Date_____

Participant, if under 18 years of age, Parent/Legal Guardian

----------CONFIDENTIALITY POLICY----------

It is agreed and mutually understood that participants and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. STARS AND STRIDES STABLES shall preserve that right of confidentiality for all individuals in its program. The staff, participants, volunteers, and/or board members shall keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family. Information (written or verbal) will not be shared with anyone without the express written consent of the participant and/or their parent or legal guardian.

Signature _____ Date_____

Participant, if under 18 years of age, Parent/Legal Guardian

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Participant Rules & Regulations

I and my family understand and agree to abide by the following rules and regulations:

Safety Requirements

Individuals may not be allowed to participate in the program if any of the following situations occur:

1.Participant's physical condition is in any way exacerbated by riding or receiving services at Stars and Strides Stables Therapeutic Riding Center

2. An appropriate horse is no longer available for the Participant.

3. The Participant's behavior poses safety concerns for the Participant, Staff, Volunteer or Horse (at the discretion of the Instructor)

Rules and Regulations

(1) Participants/Guardians/Parents are required to sign a variety of forms annually, including but not limited to a photo release, liability release, emergency medical form, and attending physician form. All forms must be completed and signed **prior** to any participation at Stars and Strides Stables activities.

(2) If a Participant is under 18 years of age or has a legal guardian, a designated adult must be on the premises at all times while the Participant is on Stars and Strides Stables Therapeutic Riding Center property unless prior approval has been obtained.

(3) Off-limit areas are posted. For the safety of everyone, SSSTRC staff and volunteers will support this guideline. Parents and guardians are welcome to observe lessons from any approved area on the property. SSTRC requests that all children are supervised while on SSSTRC premises. SSSTRC requests that the children not be allowed to run or make excessive noise in the barn aisle, or near the arena.

(4) **Personal pets are not allowed on property,** with the exception of service dogs.

(5) Any person mounted on a horse on SSSTRC premises is required to wear an ASTM-SEI approved riding helmet during all equine scheduled activity hours. Approved helmets are available at SSSTRC for rider's use. Participants with their own personal helmets are requested to get new helmets after their helmet is 5 years old.

(6) Photo releases are required paperwork and we ask that permission is requested before photos are taken of participants, parents, instructors, volunteers and/or staff.

(7) Participants should dress appropriately for horse related activities. This includes but is not limited to comfortable, **closed-toe safe shoes/boots with preferably leather heel**, weather appropriate attire, sunscreen if applicable, etc.

(8) Out of respect for others, and during scheduled activities, participants, staff and volunteers will not be permitted to bring alcohol onto SSSTRC premises.

(9) Out of respect for others, no one will be permitted to bring drugs of any kind onto SSTRC premises. (11) Participants, staff or volunteers are requested not to wear revealing clothing or any clothing advertising alcohol, drugs, firearms, gang colors, sexual content, or other in appropriate subject matter.

(10) **NO SMOKING ON THE PREMISES** (includes vapor smoking)

(11) For the safety and respect of others, NO weapons of any kind are permitted within the working area of scheduled activities.

(12) SSTRC is private property. For admittance outside of operating hours, prior authorization is needed. Contact Teresa Miller in advance.

(13) Violation of any of these rules may result in immediate termination from the program.

I have read and understand what is written and agree to rules and regulations set forth by SSSTRC.

Printed Name of Participant:	Date:
Signature of Participant (or parent/guardian if participant is under age 18)	

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STARS AND STRIDES STABLES THERAPEUTIC RIDING CENTER Client Policies

Late Arrival policy: If a participant is late to the scheduled session time, SSSTRC cannot guarantee a full lesson if a rider arrives late. Lessons will end at the scheduled time, and late arrivals may result in a shortened lesson without a makeup for missed time. SSSTRC appreciates good communication.

Attendance/Cancellation/Fee Policy
Enrollment in Stars and Strides Stables Therapeutic Riding Center (SSSTRC) reserves a weekly lesson time for each rider. Tuition is due on the 1st day of each month.

Monthly tuition is based on the number of scheduled lesson weeks in that month. Months containing four lesson weeks will be billed for four lessons, and months containing five lesson weeks will be billed for five lessons.

Tuition reserves the rider's scheduled lesson time and is due regardless of attendance. No refunds or credits will be issued for missed lessons due to vacations, personal scheduling conflicts, or other absences. SSSTRC operates year-round. Lessons may be modified due to weather, extreme temperatures, arena conditions, horse welfare, or other safety concerns. When riding is not possible, lessons may be conducted on the ground and may include grooming, tacking, horse care, showmanship, horsemanship skills, equine education, barn activities, therapeutic activities, or other horse related learning experiences. Ground lessons are considered a scheduled lesson and fulfill that week's lesson requirement.
RIDER CANCELLATION POLICY Families should provide at least 24 hours' notice if they are unable to attend a scheduled lesson.
Funded Riders:
Cancellations made less than 24 hours before the scheduled lesson may result in a $25 cancellation fee. Funding agencies do not pay for missed lessons: therefore, the cancellation fee will be due from the family the following month.
Private-Pay riders
Payment is required for all scheduled lessons unless the lesson is canceled by SSSTRC. Missed lessons, regardless of reason, are not eligible for a refund or credit. Make-up lessons may be offered when scheduling permits but are not guaranteed.
Attendance and Make-Up Lessons: SSSTRC understands that appointments, school activities, illnesses, and other scheduling conflicts may occasionally arise. When possible, we will make every effort to accommodate a rider by offering an alternate lesson time during the same month. However, alternate lesson times are based on availability and are not guaranteed.
Rescheduling is intended as an occasional courtesy and should not be expected on a regular basis. Riders who frequently cannot attend their assigned lesson time may be asked to move to a different lesson slot if one is available.

Weight Limitations

At this time, we are unable to accept new riders over 200 lbs. Rider plus tack should not exceed 20% of the horse's weight, and SSSTRC is only able to accept riders according to the current string of special horses we have at any given time. Extenuating circumstances could prevail if a rider is evaluated and approved by staff.

Weather Policy
SSSTRC may cancel lessons due to hazardous road conditions, flooding, lightning, severe thunderstorms, tornado warnings, ice, extreme weather conditions, or any circumstance that may compromise the safety of riders, families, volunteers, staff, or horses. Families will be notified as soon as possible. If SSSTRC cancels an entire week of lessons and is unable to provide a ground lesson, alternated lesson day, or make-up lesson during that week, a credit for the missed lesson will be applied to the following month's tuition. No tuition credit will be given when an alternate lesson, make-up lesson, or ground lessons are offered.

I have read and understand what is written and agree to follow the policies and procedures set for by Stars and Strides Stables Therapeutic Riding Center

Printed Name of Participant:	Date:
Signature of Participant (or parent/guardian if participant is under age 18)	

Revised 06/01/2026

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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:

	Y	N	Comments
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, Int. 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: _____