



211 Arney's Mount Rd. Pemberton, NJ 08068  
609.969.8899 www.beyondbalance.org

**New Participant Information**

Thank you for your interest in our program. Please find enclosed a new participant information package containing participant registration forms. Complete the forms giving as much information as possible, and then return them to Beyond Balance. Beyond Balance is limited to providing service to individuals weighing 180 lbs. or less and who are at least 4 years old. We strive to make our classes a fun learning experience for all participants. The level of instruction is tailored to the participants' capabilities. There are many different programs offered at Beyond Balance, Inc., if the prospective client does not fall in the weight or age category, we may be able to tailor a horsemanship program to fit the client's needs.

Your safety and well being is our most important concern. Certain conditions require additional precautions to be taken when on or around horses and some conditions are contraindications to riding. Your physician must complete the Physician Release/Participant Medical History Form. Once you become an active participant, all forms will need to be updated on an annual basis. Should the physical condition of the participant change at any time, Beyond Balance should be notified immediately and a new Physician Release Form must be completed.

The lesson fee at Beyond Balance is \$35 for a 1/2 hour lesson. This fee covers only a portion of the estimated operating cost for each participant. The remainder of the cost is covered by donations and fundraising.

When you have returned your completed forms with payment we will contact you to schedule an evaluation. Evaluation last approximately 30-45 minutes and participants are asked to wear long pants and shoes with a rounded toe and small heel. Safety helmets are to be worn by all participants and will be provided for you. An Evaluation Fee of \$75.00 must be paid day of evaluation.

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Contact Information

Participants Name: \_\_\_\_\_

Legal Guardians Name: \_\_\_\_\_

Phone Numbers where we can reach you if we need to talk about schedule or class changes: \_\_\_\_\_  
\_\_\_\_\_

Billing/Notification address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

-Would you like to receive text messages about classes? Y\_\_\_\_\_ N\_\_\_\_\_



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## **Participant Policies and Procedures**

Listed below are policies and procedures for our participants. Some of our policies have changed, *please read this form in its entirety then sign below and return it to the office.*

### **Participant limitations**

**Beyond Balance** offers therapeutic horseback riding and provides service to adults and children 4 years and older. Due to the nature of the horses work, Beyond Balance has a weight limit of 180 lbs. or less. Certain conditions require additional precautions to be taken when on or around horses and **some conditions are contraindications to riding**. Horseback riding may not be a suitable recreational activity for certain individuals. Most activities have some type of precautions and contraindications for participation and horse riding is no exception.

Your physician will need to complete and sign the Physician Release/Participant Medical History Form. Should the physical condition of the participant change at any time, Beyond Balance should be notified immediately and a new Physician Release form must be completed. All participant forms will need to be updated on an annual basis.

### ***Clothing***

Participants should wear long pants such as riding breeches, jeans or leggings to prevent chafing of legs. Shoes or boots with a rounded toe and small heel are the safest form of footwear.

Participants should avoid wearing jewelry. Safety helmets that meet ASTM-SEI requirements are required to be worn by all participants and will be provided for you.

### ***Inclement weather***

Classes may be canceled due to certain weather conditions and are determined by the instructor based on the safety and well-being of the horses.

### ***Cancellation Policy***

It is difficult to re-schedule both horses and volunteers at short notice. If you know in advance that you have prior commitments and will be unable to attend a class, please advise us as soon as possible by calling 609.969.8899. Participants who "no-show" and cancellations within 24hrs of the scheduled lesson time will forfeit the lesson cost, paying the \$30.00 for the session. Three "no-shows" or late cancellations in a session will result in dismissal from the session and the participant will be put on the waiting list.



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***Make-up policy***

Make-up classes will only be offered if there is an appropriate class time, horse and instructor available. There will be no make-ups offered for "no-shows" and late cancellations.

Beyond Balance reserves the right to reschedule, cancel and amend classes and the operating calendar at any time.

***Payment Policy***

All participant fees must be prepaid. We are currently offering \$210 for 6 lessons with the 7th free must be paid in advance for the upcoming session. We request that the cost of the entire session is paid in full prior to attending the first class. Alternative payment options may be available. If your balance becomes 30 days past due the participant will be unable to participate until balance is paid or other arrangements have been made. You can give your payment to the instructor, paypal off of our website, Venmo (beyondbalance06), or mail to 211 Arney's Mount Road. Pemberton, NJ 08068.

***Ways to Help***

Parents are always encouraged to offer their support by volunteering during the participant's lesson time. There are many ways to help, if interested please contact the office.

***Safety Rules***

- Participants that display behaviors that are abusive and/or disruptive in manner to other participants, horses, staff or volunteers will not be allowed to participate for the safety of everyone involved.
- Please do not hand feed the horses.
- In order to comply with Path, Intl. standards only participants and volunteers will be allowed in the barn area during classes. Parents and other spectators are asked to wait in the parent viewing area until students are finished with their class. For the safety of our participants please stay off of the mounting ramps and out of the mounting ramp area.
- No dogs are allowed on the property
- Participants must wear close-toed shoes. If a participant arrives wearing inappropriate shoes he/she will not be able to participate.

We strive to make this a fun, safe experience for everyone. Please do not hesitate to call the office with any questions you may have.

By signing below I agree that I have read and understand the above written policies and procedures.

Participant Name: \_\_\_\_\_  
*Please Print*

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*Participant, Parent or Legal Guardian*

*Additional copies of policies and procedures will be available on request.*



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**Participant's Medical History and Physician's Release - Must be completed by Physician**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Tetanus shot: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Any contagious diseases: \_\_\_\_\_

**Please indicate if a patient has a problem and/or surgeries in any of the following areas. If yes, please comment, using the back of the form if necessary.**

| Areas                    | Yes | No | Comments |
|--------------------------|-----|----|----------|
| Auditory                 |     |    |          |
| Visual                   |     |    |          |
| Speech                   |     |    |          |
| Cardiac                  |     |    |          |
| Circulatory              |     |    |          |
| Pulmonary                |     |    |          |
| Neurological             |     |    |          |
| Muscular                 |     |    |          |
| Orthopedic               |     |    |          |
| Allergies                |     |    |          |
| Learning Disabilities    |     |    |          |
| Mental Impairment        |     |    |          |
| Psychological Impairment |     |    |          |
| Incontinence             |     |    |          |
| Coordination             |     |    |          |
| Balance                  |     |    |          |

Mobility: Independent Ambulation: Yes \_\_\_\_\_ No \_\_\_\_\_ Crutches: Yes \_\_\_\_\_ No \_\_\_\_\_  
Wheelchair: Yes \_\_\_\_\_ No \_\_\_\_\_ Braces: Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate any special precautions:



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**Physician Information**

The following conditions, if present, may represent precautions and contraindications to therapeutic horse riding. Please be sure to clearly identify if any of the following conditions are present and to what degree.

| <b><u>Orthopedic</u></b>               | <b>Yes</b> | <b>No</b> | <b><u>Medical/ Surgical</u></b>     | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|-------------------------------------|------------|-----------|
| Spinal Fusion                          |            |           | Allergies                           |            |           |
| Spinal Instabilities/ Abnormalities    |            |           | Cancer                              |            |           |
| Atlantoaxial Instabilities             |            |           | Poor Endurance                      |            |           |
| <b><u>Scoliosis</u></b>                |            |           | Recent Surgery                      |            |           |
| Kyphosis                               |            |           | Diabetes                            |            |           |
| Lordosis                               |            |           | Peripheral Vascular Disease         |            |           |
| Hip Subluxation and Dislocation        |            |           | Varicose Veins                      |            |           |
| Osteoporosis                           |            |           | Hemophilia                          |            |           |
| Pathologic Fractures                   |            |           | Hypertension                        |            |           |
| Coxas Arthrosis                        |            |           | Serious Heart Condition             |            |           |
| Heterotopic Ossification               |            |           | Stroke (Cerebrovascular Accident)   |            |           |
| Osteogenesis Imperfecta                |            |           | GI tube or other                    |            |           |
| Cranial Deficits                       |            |           | <b><u>Muscular</u></b>              |            |           |
| Spinal Orthoses                        |            |           | Hypotonic, indicate where           |            |           |
| Internal Spinal Stabilization Devices  |            |           | Hypertonic, indicate where          |            |           |
| <b><u>Fractures</u></b>                |            |           | <b><u>Neurologic</u></b>            |            |           |
|  |            |           | Seizure disorders                   |            |           |
| <b><u>Secondary Concerns</u></b>       |            |           | Hydrocephalus/shunt                 |            |           |
| Behavior problems                      |            |           | Spina Bifida                        |            |           |
| Age under two years                    |            |           | Tethered Cord                       |            |           |
| Age two - four years                   |            |           | Chiari II Malformation              |            |           |
| Acute exacerbation of chronic disorder |            |           | Hydromyelia                         |            |           |
| Indwelling catheter                    |            |           | Paralysis due to Spinal Cord injury |            |           |

\*\*If student has Down Syndrome, an additional Atlantoaxial Dislocation X-ray form is required.\*\* If yes was checked for Scoliosis, Kyphosis, Lordosis, Please List the Degree and the date of last X-Ray Below

**Scoliosis: Degree** \_\_\_\_\_ **Last X-Ray Date** \_\_\_\_\_  
 Kyphosis: Degree \_\_\_\_\_ Last X-Ray Date \_\_\_\_\_  
 Lordosis: Degree \_\_\_\_\_ Last X-Ray Date \_\_\_\_\_  
 Further comments / Notes:

|   |        |
|---|--------|
| Physician Verification – Please PRINT your name, sign & date – THANK YOU  |        |
| <b>In my opinion there is no reason why this person cannot participate in supervised equestrian activities.</b> |        |
| Participant's Name:   |        |
| Physician's Printed Name:   |        |
| Physician's Signature:  |        |
| Date:   | Phone: |
| Address:  |        |



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**Participant Authorization for Emergency Medical Treatment**

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Beyond Balance to: Secure and retain medical treatment and transportation, if needed Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

Participants Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

In an emergency, Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please check one option listed below:**

**I give 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 the agency. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

**I do not give 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 the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

I \_\_\_\_\_ acknowledge the risks and potential for injury that may occur with the activities of horseback riding and working around horses, and I have discussed these risks with my child/and his/her/my physician.

However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. Therefore agree to be legally bound for myself (or for my son/daughter/ward) and hold Beyond Balance, its Board of Directors, Instructors, Therapists, Aids, Volunteers, Employees and Property owner its employees, supervisors and associates harmless of any claim for damages, loss, or injury while at the Beyond Balance facility located on 211 Arney's Mount Rd. Pemberton N.J 08068, or while off the property in conjunction with a Beyond Balance event. "WARNING UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOTLIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997, c. 287 (C.5:15-1 et seq.)"

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant, Parent or Guardian (if under 18)*

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_



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## **EQUINE ACTIVITY AND HOLD HARMLESS AGREEMENT 211 Arney's Mount Rd. Pemberton, NJ 08068**

Please take time to read and sign the following Equine Release and Hold Harmless Agreement in respect to your horse related activities. Please note that this agreement is in accordance with the New Jersey Statute (see Footnote below).

1. I, \_\_\_\_\_, the undersigned/legal guardian of the undersigned minor have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with **Beyond Balance, and the owner of 211 Arney's Mount Rd Pemberton, NJ property**, representatives, and consigns, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding said horse(s); including but not limited to, any other interaction with other horses, use of tack or equipment. Understanding those risks, I hereby release Beyond Balance, and the owner of 211 Arney's Mount Rd. its representatives and consigns, and anyone else directly or indirectly connected with Beyond Balance, and owners of 211 Arney's Mount Rd. from any liability whatsoever in the event of injury or damage of any nature (or perhaps death) to me/the minor for whom I am legal guardian or anyone else caused by or incidental to my electing/allowing the minor to use tack or other equipment, mount, and ride a horse located at Beyond Balance, Inc. Additionally:

3. I understand and recognize and warrant that this release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of the instructor to include any activity whatsoever involving an equine including death, personal injury, and/or damage to the property.

4. I recognize and agree that I know which instructor I will be working with, that the relationship between the instructor and the rider/legal guardian of the rider is a personal contract and acknowledge that I agree said instructor has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said instructor from continuing duty to monitor my equine activities.

5. I further voluntarily agree and warrant Release and Hold Harmless this instructor from any liability whatsoever, including, but not limited to any incident caused by or related to said instructor's gross negligence, relating to injuries known, unknown, or otherwise herein disclosed; including but not limited to, injuries, death or property damage from: mounting; riding; dismounting; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any instructor's directions relating to my/the minor's for whom I am legal guardian, riding or otherwise use and control, or lack thereof, of my/the minor's horse or the horse I have/the minor has been assigned to.

\*\*\*Please indicate with circling the appropriate response whether person/the minor is a participant of the Beyond Balance program.



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\*\*\*Please acknowledge with circling 'Yes' that there is no Extraction Plan at Beyond Balance, Inc. other than dialing 9-1-1 for local medical emergency personal.

Yes    No

Person voluntarily entering into this Release and Hold Harmless Agreement

Signature (person or legal guardian) \_\_\_\_\_ Date \_\_\_\_\_

Name of Minor \_\_\_\_\_

Printed name and address (person or legal guardian) \_\_\_\_\_  
\_\_\_\_\_

Witness

Date

*NJ Statutes 5:15:*

*Under NJ Law, an equestrian area operator is not liable for an injury or death of a particular participant in equine animal activities resulting from the inherent risks of equine animal activities pursuant to P.L. 1997, c. 287 (C.5:15-1 et seq).*

Revised 5/7/07



