



INFORMATION PACKAGE & APPLICATION FORM - 2021

“PRANCE” stands for Pegasus Riding Association Nurturing Challenged Equestrians. We are a non-profit therapeutic riding organization designed to help children and adults with physical, cognitive and emotional challenges. Therapeutic riding contributes positively to the well-being of people with disabilities as it helps to promote physical strength and flexibility and improves self-confidence and social connection. Safety equipment and specially trained horses and volunteers are used in the program.

PRANCE runs two therapeutic riding sessions throughout the year; one in the spring and one in the fall. The spring and the fall sessions each run for 10 weeks with a break at the half-way point. Riders are grouped as much as possible according to age and ability and classes run weekdays throughout the day with limited evening spots available. Please contact the PRANCE Office for more information concerning these sessions.

Our rate per lesson is \$40.00 therefore making our 10 week sessions \$400.00. Payment can be made by cheque or e-transfer to prancedeposit@bmts.com. Scholarship money may be available to anyone who is struggling financially. Just contact Ann Marie at prance@bmts.com to learn more about how to apply. If for any reason PRANCE cancels a session due to bad weather, etc. monies will be refunded at the end of the session or a credit will be given towards future lessons. Please note that our lesson rate represents just 30 % of the actual cost of the lessons and the rest is subsidized by donations and grants.

PRANCE depends on volunteers to facilitate all of its programs. We do our best to make these programs run as smoothly as possible. If you have any questions or concerns about the program, please contact the PRANCE Office at 519-832-2522. This year we are of course facing the challenge of COVID-19 and have established safety and hygiene protocols to ensure that riders, staff and volunteers are all safe and healthy.

Thank you in advance for your patience and understanding and we hope to see you soon!

The Instructors and Staff at PRANCE



Box 2037 Port Elgin, Ontario N0H 2C0 519-832-2522
www.prance.ca prance@bmts.com

Returning Rider Application - 2021

Date: _____

Name: _____

Address: _____

Phone #: _____ Cell#: _____

Height: _____ Current Weight: _____

Area of Special Need (Physical*/Cognitive/Emotional/Mental Health):

Horse Experience:

Email address: _____

Emergency contact: _____ Phone: _____

Relevant Medical History: _____

Have there been any Health Changes?

Any Allergies: Y__N__

If yes, please specify allergy and treatment: _____

For Office Use:

PRANCE Instructor: _____ Date: _____



PRANCE Program/Volunteer Waiver

(Please read carefully - All participants MUST complete and return these forms)

NAME: _____ **Date:** _____ (dd/mm/yr)

PHONE #: _____ **DATE OF BIRTH:** _____

Health Card # _____ **Allergies/Medical Conditions?** Yes / No

If yes to above questions, what? _____

EMERGENCY CONTACT: _____

Relationship: _____ **Phone #:** _____

DISCLAIMER CLAUSE

PRANCE and Miramichi Farms, it's employees, partners, volunteers and representatives, are not responsible for any injury, loss or damage of any kind sustained by any person while participating in any activities held in relationship to PRANCE programs or any loss or damage which might be caused by the negligence of PRANCE or Miramichi Farms.

PICTURE WAIVER (photos/video/artwork/profiles/stories)

PRANCE has my permission to use my and/or my Child(ren)'s photograph, video, audio recordings, likeness, artwork, profile and/or story in future publications, web pages and other materials produced, used by and representing PRANCE. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

Parent Signature (If under 18) _____

Participant Signature (If over 18) _____

Print Name (in either case above) _____

By signing this document, as the participant or parent or legal guardian of the minor participant, you confirm that you are assuming risks on behalf of the participant (or yourself) which may have financial or other consequences for you and/or your family should the participant be injured or lose their life while participating in the above activity/activities of PRANCE.

Updated on: _____ (dd/mm/yr)



Miramichi Farms/PRANCE Health Screening Declaration regarding COVID-19

Self-Declaration

<p>1. I understand the risks of coming into contact with other people during the COVID-19 global pandemic at Miramichi Farms. I understand that I could become infected with COVID-19 while at the facility. I agree to waive all liability and to indemnify Miramichi Farms and PRANCE for damages that may be incurred by the facility as a result of any mis-statement in this self-declaration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. To your knowledge have you or anyone in your household had contact of any kind with someone diagnosed with COVID-19 (presumptively or confirmed) within the last 15 days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Have you or anyone in your household experienced any cold or flu-like symptoms in the last 15 days, including, but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane from any destination within the last 15 days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. I understand that should circumstances arise I have a duty to the facility to refrain from entering the premise until a period of 15 days has passed. Upon re-entry I am required to complete a further self-declaration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Print Name: _____ Signature: _____

Date: _____

Phone Number _____



ACKNOWLEDGEMENT of RISK and RELEASE of LIABILITY
"For Participants 18 Years or Younger" - Please Print Clearly

Infant Participant's Name: _____ Date of Birth: _____

Infant's Address: _____ City: _____ Prov: _____
Postal Code: _____

Guardian's Name: _____ Date of Birth: _____

Guardian's Address: _____ City: _____ Prov: _____
Postal Code: _____

The Guardian must Read and Understand this form prior to the Minor Participating in Equine Activities

TO: **PRANCE (Pegasus Riding Association Nurturing Challenged Equestrians)**, their directors, employees, officers, volunteers, business operators, and site property owners (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the Item

___ **1.** I am the Parent and/or Legal Guardian of the Infant Participant named above and am executing this form on behalf of _____ the Infant Participant in my capacity as parent and/or legal guardian and with **the intent that this form be binding on myself and the Infant Participant for all legal purposes.**

___ **2.** I Understand there are Inherent **DANGERS, HAZARDS, and RISKS**, (collectively called **RISKS**) associated with _____ Equines Activities and injuries resulting from these "RISKS" are a common occurrence.

___ **3.** I Acknowledge that the Inherent "**RISKS**" of Equine Activities mean those **DANGEROUS** conditions which are an _____ integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite, or kick other animals, people, or objects.
- The unpredictability of an equine's reaction to such things as sounds, sudden movements, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.

- The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

___ 4. I **Freely Accept and Fully Assume All Responsibility** for the Inherent **“RISKS”** and the possibility of personal injury, death, property damage or loss resulting from the Infant’s Participation in Equine Activities.

___ 5. I **Acknowledge** that it remains my **Sole Responsibility** for the safety of the Infant Participant and for the Infant to participate within their own limits.

___ 6. In addition to consideration given for the Infant to participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my **“Legal Representatives”**) agree:

- **To Waive All Claims that I or the Infant Participant might have against the “HOST”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the Infant Participant or our **“Legal Representatives”** might suffer as a result of the Infant’s participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the Infant Participant or to any third party which might result from the Infant’s Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state that I am aware that signing this form, waives certain legal rights I and/or the Infant Participant and/or our **“Legal Representatives”** might have against the **“HOST”**.

SIGNED this _____ day of _____
20_____

(Print name of HOST Witness to signing and Initialing)

(Signature of Participant)

(Signature of HOST Witness)

Do Not Sign until you Understand All Items Above



**ACKNOWLEDGEMENT of RISK and RELEASE of LIABILITY –
“For Participants 19 or Older” – Please Print Clearly**

Participant’s Name: _____ Date of Birth: _____

Address: _____ City: _____ Prov: _____ Postal: _____

Every Person Must Read and Understand this form before Participating in Equine Activities

TO: **PRANCE (Pegasus Riding Association Nurturing Challenged Equestrians)**, their directors, employees, officers, volunteers, business operators, and site property owners (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the Item

___ **1. I Understand** there are Inherent **DANGERS, HAZARDS, and RISKS**, (collectively called **RISKS**) associated with Equines Activities and injuries resulting from these “**RISKS**” are a common occurrence.

___ **2. I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite, or kick other animals, people, or objects.
- The unpredictability of an equine’s reaction to such things as sounds, sudden movements, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

___ **3. I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.

___ **4. I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits

___ **5. In addition to consideration given for my Participation in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree:**

- **To Waive All Claims that I might have against the “HOST”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my "Legal Representatives" might have against the "HOST".

SIGNED this _____ day of _____
20_____

(Print name of HOST Witness to signing and initialing)

(Signature of Participant)

(Signature of HOST Witness)

Do Not Sign until you Understand All Items Above