



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 is available to anyone who may be 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 this program 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.

The Instructors and Staff at PRANCE



1. RIDER'S PROFILE:

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Email: _____

Parent/legal guardian: _____

In case of emergency notify: _____ Phone: _____

Health card number: _____

Information obtained from: _____ Parent/legal guardian
_____ Physician's referral
_____ Rider
_____ Other (specify) _____

Physician's name: _____ Phone: _____

What is your preferred lesson time? _____

2. AREA OF SPECIAL NEED (Please check what is applicable with a brief description):

Physical: _____
(Please fill out details in section #4)

Cognitive:

Psychological/Emotional:

3. GENERAL MEDICAL HISTORY (Please fill out what is applicable):

Weight: _____ Height: _____

(This section must be filled out so that we can choose the right horse for the rider. Please note: unfortunately we cannot accommodate all riders in the saddle but have other opportunities for ground-based experiences with horses.)

COVID-19 – Have you tested positive for COVID-19 or been exposed to anyone who has?
(This section must be filled out and a COVID-19 waiver signed when visiting PRANCE)

Medications: _____

Allergies: _____

Surgical procedures: _____

Speech: _____

Hearing: _____

Sensory – Vision: _____

Assistive devices: _____

Immunization date: _____

If not immunized, why? _____

Past medical history: _____

4. PHYSICAL ASSESSMENT – This section need only be filled out by Riders with Physical Challenges

Diagnosis: _____

Date of onset: _____

Integumentary: _____ Respiration: _____

Hematological: _____

Cardiovascular: _____ Peripheral: _____ Vascular: _____

Gastrointestinal: _____ Genitourinary: _____

Reproductive: _____ Endocrine: _____

Neurological: _____

Musculoskeletal: _____

GENERAL HISTORY:

Previous riding experience: _____

School/Job: _____ Grade _____

level/Position _____

Involved in other sports: _____

Interests: _____

Physiotherapy: _____

Goals: _____

Fears: _____

ADDITIONAL COMMENTS

To the best of my knowledge the information provided in this form is accurate and complete.

Signature: Rider, Parent/Legal Guardian

Witness



PRANCE
Box 2037
Port Elgin, ON
prance@bmts.com
N0H 2C

(519) 832-2522

Physician's Referral Form
(COMPULSARY for riders with Physical Disabilities)

Name: _____ Date of Birth: _____

Address: _____

Parent/Legal Guardian: _____

Diagnosis: _____ Date of Onset: _____

Medical History: _____

Hepatitis B carrier _____ Yes _____ No If yes, infectious? _____ Yes _____ No

Surgical procedures: _____

Medications: _____

Physician's referral form con't

Visual defects: _____ Auditory defects: _____

Neurosensation: _____ Circulation: _____

Balance: _____ Coordination: _____

Spasticity /rigidity: _____

Seizures: _____

Braces/assistive devices: _____ Weight: _____

Precautions or contraindications: _____

Additional comments: _____

Physician's Signature

In my opinion, this patient can receive riding instruction under the appropriate supervision.

Physician's signature: _____

Address: _____

Phone: _____ Date: _____



PRANCE
Box 2037
Port Elgin, ON
NOH 2C

(519) 832-2522
prance@bmts.com

Re: Riders with a diagnosis of Down Syndrome

Proof of a diagnostic negative Atlanto-Axial Instability (AAI) X-ray, taken anytime in the past, is required for all riders with Down Syndrome.

If X-rays are more than one-year old, physicians are requested to annually verify an absence of AAI symptoms. This can be done by a simple note from the doctor obtained at the time of the rider's annual physical.

Please ask your physician to include proof with his/her referral in one of the following ways:

- 1) Copy of X-Ray report
- or 2) Include date and results of X-Ray in Physician's Referral
- or 3) Fill in and sign this form.

Date of Atlanto-Axial X-Ray: _____

Result: _____

Physician's Signature: _____

HORSE/PONY LOAD AND RIDER WEIGHT GUIDELINES

Guidelines for Determining Maximum Weights to be Carried by Each Horse/Pony

The guidelines are as follows:

- a) Very powerful 15.1 to 15.2 H.H. horses (cobs, mixed draft horses or stocky quarter horses) can carry up to 224 pounds.
- b) Short-coupled, cobby types of 14.2 H.H. (Highland, Haflinger, Welsh cob, Dales) can carry up to 196 pounds.
- c) Lighter ponies of 14.2 H.H. can carry 140 to 168 pounds, depending on type – long-backed or light-boned, part-thoroughbred can carry up to 140 pounds.
- d) Strongly built ponies of 13.2 H.H. can carry up to 140 pounds.
- e) Lighter types of 13.2 H.H. can carry up to 112 pounds.
- f) Strong native types of 12.2 H.H. can carry up to 112 pounds.
- g) Finely bred ponies of 12.2 H.H. can carry up to 91 pounds.

To calculate variation according to condition and age:

The above weights apply only to animals in good condition. The very fit horse/pony who is lean but well-muscled can carry maximum weight. It is important to remember the following three points in relation to condition and age:

- a) **The horse/pony in poorer condition has less strength.**
- b) **The horse/pony who is soft (unfit) and overweight has less strength.**
- c) **In old age, the horse/pony will find heavy weights increasingly difficult to carry.**

Horses/ponies fitting any of these three descriptions should have their total maximum load adjusted accordingly. No horse/pony which is unsound or in very poor condition should be used in therapeutic riding. Cases of doubtful condition should be tactfully discussed with the owner or riding school concerned and, if necessary, advice should be sought from the chairperson of the therapeutic riding group's Horse and Pony Committee of the centre's veterinarian.

Add 10 percent when weighing riders who have the following characteristics - they tend to feel heavier to the horse than other riders:

- poor balance
- poor muscle tone
- sudden muscle spasms
- lack of movement control
- slow balance reactions
- tendency to tip easily (top-heavy)
- asymmetry – with weight more on one side than the other

- a tall rider on a horse which is too small – this combination results in unbalancing the horse, adding to its load

For weight purposes, riders who have very minor disabilities, and those who have developed a good seat and good balance control, can be considered in the same way as non-disabled riders. Therefore, no weight ratio is added to the scale weight. Riding without a saddle, either bareback or with a pad, is harder on the horse's back than riding with a saddle. Special care therefore must be taken to ensure:

- that the rider's weight is distributed as evenly as possible (this should be checked often)
- that a horse with a heavy rider is not left standing still for long periods of time.

Are any of your horses/ponies overburdened?

It must be remembered that riders who have a disability almost always feel more heavy to the horse/pony than riders who do not have a disability. Moving at a slow pace in a confined area with frequent stops, starts and turns is hard work for a horse or pony, especially if the animal is carrying an unbalanced rider. These charts will provide some guidelines.

Sample record

NAME	DATE	SCALE WEIGHT	ADDITIONAL lbs (SEE GUIDELINES)	RIDING WEIGHT
SHARON	3 / 3 / 96	82 lbs	10%	89 lbs
JOHN	3 / 3 / 96	126 lbs	0%	126 lbs
MASON	15 / 4 / 96	168 lbs	5%	175 lbs

Note: Riding weight of some riders may be different from their weight on the scales. Weight in the last column of the rider's chart **must not exceed** weight in the last column of the horse/pony chart.

Sample Horse/Pony Chart

NAME & HEIGHT	TOTAL MAX WEIGHT	WEIGHT OF TACK	MAXIMUM RIDING WEIGHT OF RIDER
JINKS 12.0 H.H.	91 lbs	14 lbs	77 lbs (see rider weight)
SNOW 13.2 H.H.	140 lbs	14 lbs	126 lbs
FLASH 14.0 H.H.	126 lbs	14 lbs	112 lbs
BOB 15.1 H.H.	210 lbs	21 lbs	189 lbs

Note: To allow for tack weight, add 14 pounds for ponies and 12 pounds for larger animals. The total maximum weight is the maximum weight (rider plus tack) that the horse or pony should carry. **This weight must not be exceeded.**



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 _____



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)



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