

# About Time Stables

## Therapeutic Riding Registration Packet Instructions

1. We require a registration fee. [CLICK HERE](#) to pay.
2. Complete all paperwork in this packet.
  - a. Participant's Application & Health History page 1 needs to be completed and signed by the participant's physician.
3. Scan and email all pages of this packet to the farm [abouttimestable@gmail.com](mailto:abouttimestable@gmail.com)
  - a. This must be submitted to the farm a minimum of 72 hours prior to the site visit.
  - b. Copies can be mailed to the farm if scanning is not possible.
4. A site visit must be completed prior to starting lessons. [CLICK HERE](#) to book your site visit.
5. Please bring a hard copy of all pages of this packet to the site visit.

**\*\*Failure to complete any of these steps will result in cancellation of the site visit and denial of acceptance into the therapeutic riding program. \*\***

## Packet Contents

Page 1: Instructions

Page 2: Registration

Pages 3-4: Release Waiver

Pages 5-8: Policies and Procedures

Pages 9-10: Participant's Application & Health History

**PARTICIPANT'S REGISTRATION APPLICATION:**

**Date:** \_\_\_\_\_

**NON REFUNDABLE REGISTRATION AND PROCESSING FEE \$35.00 PER STUDENT DUE AT TIME OF APPLICATION.  
PLEASE SUBMIT ALL FORMS TOGETHER**

**Participant's Contact Information**

Participant's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*PATH Int'l sets weight limits for horse's safety. Ht. / Wt. is required to determine appropriate horse for rider*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

County the Participant Lives In: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

**Preferred Method of Contact:** ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Email

*For communication purposes, please be sure to notify About Time Stables of any changes to contact information ASAP*

**Parent/Legal Guardian/Authorized Caregiver Contact Information**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

ONCE REGISTRATION FORM IS COMPLETED A SITE VISIT CAN BE BOOKED. AFTER A MADATORY SITE VISIT, A DECISION OF ACCEPTANCE INTO THE PROGRAM WILL BE DONE WITH IN 24-48 HR. BOOKINGS CAN BE MADE AFTER ACCEPTANCE INTO THE PROGRAM.

**WE ACCEPT CASH, CREDIT OR PAY PAL.**

## About Time Stables and the Cleary Family

278 Spring Valley Road Morganville, NJ 07751 908-433-6064

### Equine Release and Waiver of Liability

**This form is good for the current year only and must be renewed and returned to About Time Stables annually.**

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT About Time Stables or The Cleary Family

INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR About Time Stables or The Cleary Family.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

I hereby specifically forever waive and release About Time Stables and The Cleary Family and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of (About Time Stables and The Cleary Family and its principals and agents.

(Initial) \_\_\_\_\_

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at About Time Stables and The Cleary Family, there will not be a nurse on the premises and About Time Stables and The Cleary Family and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless About Time Stables and The Cleary Family and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at About Time Stables and The Cleary Family or any acts or omissions of About Time Stables and The Cleary Family principals or agents.

By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at About Time Stables and The Cleary Family, without restriction, without liability to About Time Stables and The Cleary Family its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein. (Initial)\_\_\_\_\_

If I am present at and participate in the activities of About Time Stables and The Cleary Family I do so at my own risk, and I hereby acknowledge and agree that About Time Stables and The Cleary Family and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at About Time Stables and The Cleary Family

I understand that the weight limit for mounted activities is 200lbs. (Initial)\_\_\_\_\_

Under the New Jersey equine law, an equestrian area operator is not liable for injury to or the death of a participant in equine animal activities, pursuant to inherent risks of equine animal activities, pursuant to p.l.1997,c.287(c.5:15-1et seq ).

I know that riding is at my own risk, and I hold no one responsible for the action of the equine should it cause injury or death to myself. If under the age of 18 years, a helmet must be worn at ALL times by the rider. A helmet is advised to be worn by anyone over the age of 18 years. I hold no one responsible if I choose not to wear a helmet. The correct riding apparel must be worn at all times.

Selfie sticks are not allowed while riding or around the horses at any given time. This may result in loss of any or all riding privileges.

Dismounting on any trail ride is prohibited unless an emergency. Changing horses unless instructor advises to due to emergency or lack of riding is also prohibited while riding.

Photos may be used for website or advertising. No personal information will be given out at any time.

A parent or guardian must be present for the entire time during the student's lesson.

I have read all of the above and agree to all of the terms as follows.

Child #1\_\_\_\_\_age\_\_\_\_\_

Child #2\_\_\_\_\_age\_\_\_\_\_

Emergency #\_\_\_\_\_Contact #\_\_\_\_\_

Rider Signature (If under 18 years old, parent or guardian signature required)

\_\_\_\_\_

Rider (if over 18 years old) has read all of the above

\_\_\_\_\_

## **About Time Stables, LLC**

### **Program Policies and Procedures**

#### **Cancellations**

Cancellations by customers with less than a 24-hour phone call notice and no shows by customers on the day of the lesson will be charged for the full amount of the length lesson they have reserved. When you reserve a lesson, we do not book anyone else for that time slot. In the event of unsafe weather conditions, the stables will notify the customer of cancellation of the lesson. This lesson will be rescheduled on a make-up lesson day. Scheduling will be within 30 days of the cancelled lesson. If you cannot attend your make-up lesson, the lesson will be forfeited. Changes in a rider's schedule must be reported a month in advance, and will be approved at the discretion of the office.

#### **Late Arrivals**

Participants who arrive **up to 15 minutes** late may have their lesson, but must understand that their lesson will still end at the regularly scheduled time. After the **fifteen (15) minute** waiting period has passed, the volunteers will be instructed to return the horse to the barn and the lesson will be forfeited.

#### **Parking**

Dedicated rider parking is available in designated areas. Please note that the speed limit on the farm is 5 m.p.h. Garbage is not to be thrown in parking areas.

#### **Designated Waiting Area and Observation Area**

Upon arrival for lessons, riders and family members/caregivers should gather outside their assigned mounting area. Instructors will meet riders at this location to select helmets and prepare for the lesson. Family members/caregivers and guests can use the observation areas outside the arenas for observation of lessons.

Children must be under the supervision of a parent or adult caregiver at all times. The barn is a busy place during lesson times. For your safety and the safety of others, please do not congregate in the indoor, in front of the indoor, or in the pathway leading from the indoor to the mounting area. This area needs to remain clear for the horses. Only staff and volunteers are permitted in the indoor, paddocks, round pen, and arenas.

## **Age and Weight Requirements**

Individuals must be at least 3 years old before they can participate in any programs. There is no maximum age limit. Participants involved in mounted activities may not exceed 200lbs. as we do not currently have horses that can safely carry more than that.

## **Safety Requirements**

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

- Participant's condition is in any way exacerbated by riding
- An appropriate horse is no longer available for the participant
- The participant's behavior poses safety concerns (at the discretion of instructor)
- The available staff does not feel able to safely conduct a lesson or session with the participant
- Any other situation that may have a negative impact on the program in general (at the discretion of the instructor and/or program director)

## **Annual Update of Paperwork**

The following forms must be completed on an annual basis and submitted to the office by the stated deadline in order for individuals to participate in our programs.

- Participant's Application and Health History
- Participant's Consent for Release of Information
- Authorization for Emergency Medical Treatment
- Release of Liability

Riders with outdated forms will not be allowed to participate.

## **Scheduling Policy and Fees**

Registration and session dates are available by appointment. The current fees are posted on our website. Registration forms can be downloaded also from our website. If you have any difficulty downloading the forms from the website, please call the office. Registrations will not be considered if the paperwork has not been received. Riding days and times will be confirmed by phone and/or e-mail.

## **Attire**

All riders must wear ASTM-SEI approved headgear while mounted. Helmets are available at the barn. Long hair must be tied low enough that the helmet can properly fit and be

secured on the client's head. Long pants are preferred; shorts are permitted, but not recommended, in warm weather. Nylon pants (such as warm-up pants or ski pants) are not permitted because they are too slippery against the saddle or pad. Hard soled shoes or boots with a heel are ideal for riding, but sneakers are acceptable. Sandals, open toed shoes, or crocs are not permitted. Jewelry should be kept to a minimum. Riders should dress appropriately for the weather conditions so they can be comfortable during lessons. Remember to layer clothing during cold weather and to wear warm coats, heavy socks, long underwear or tights, gloves, and ear protection that will fit under the riding helmet. In warm weather, please remember to wear light-colored clothing and apply sunscreen before riding. Riders may also want to bring their own water bottles.

### **General Barn and Farm Rules**

1. Treats must not be offered to the horses by anyone at any time. If you wish to donate carrots, please bring them to the office. No other types of treats will be accepted. It is important for the horse's health that these guidelines are followed. Volunteers, however, are allowed all forms of treats such as cookies, chips, etc. Donations of treats for our hardworking volunteers are always welcome and appreciated and may also be delivered to the office.
2. Only staff and volunteers are permitted in the indoor.
3. There is no smoking allowed in the indoor.
4. The speed limit on the farm is 5 m.p.h. Please drive carefully.
5. Parents, guardians, or caregivers must remain on the premises during lessons if:
  - The participant is under the age of 14, or;
  - The participant is in the care of or under the supervision of a parent, guardian or caregiver.
6. Please supervise children at all times to ensure that they do not enter any restricted areas. No running or fence climbing is allowed. Please encourage quiet play in the designated waiting and observation areas. This is for the safety of the children and to ensure that no horses are startled during lessons.
7. Photography is permitted as long as it is not interfering with the lesson in any way or startling the horses.

**About Time Stables LLC**

**278 Spring Valley Road**

**Morganville, NJ 07751**

**[www.abouttimestables.com](http://www.abouttimestables.com)**

**908-433-6064**

**Receipt of Lesson Policies & Procedures**

About Time Stables operates under guidelines established by PATH Intl. These guidelines allow us to provide quality riding experiences while ensuring safety for all participants. Please read these policies thoroughly and sign and return the lower portion of this page acknowledging your receipt. Please contact us at (908) 433-6064 if you have any questions. Thank you for your cooperation.

Rider's Name:

\_\_\_\_\_ (Please print)

I have read and understand About Time Stables Lesson Policies & Procedures.

\_\_\_\_\_ Signature of Rider (if over the age of 18)

\_\_\_\_\_ Signature of Parent, Guardian, or Caregiver

\_\_\_\_\_ Date

I understand that the weight limit for mounted activities is 200lbs. \_\_\_\_\_ Signature



About Time Stables LLC  
278 Spring Valley Road  
Morganville, NJ 07751

## Participant's Application & Health History

### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

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

Parent/Legal Guardian: \_\_\_\_\_

Caregivers: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

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

Referral Source: \_\_\_\_\_

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

How did you hear about the program? \_\_\_\_\_

### HEALTH HISTORY

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

*Please indicate current or past special needs in the following areas:*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the PATH Accredited Center will weigh the medical information above against the existing precautions and contraindications.

Physician Name: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

**MEDICATIONS** (include prescription and over-the-counter, name, dose, and frequency)\_\_\_\_\_

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Describe your abilities/difficulties in the following areas (include assistance required or equipment needed)

**PHYSICAL FUNCTION** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHOSOCIAL FUNCTION** (e.g., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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**GOALS** (i.e., why are you applying for participation? What would you like to accomplish?)

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Signature\_\_\_\_\_Date\_\_\_\_\_

**PHOTO RELEASE**

I ☐ DO

☐ DO NOT

Consent to and authorize the use and reproduction by About Time Stables LLC of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature\_\_\_\_\_Date\_\_\_\_\_

Client, Parent, or Legal Guardian

These forms are good for the current year only and must be renewed and returned to About Time Stables annually.