



January 1, 2022

Dear NTRC Participants, Parents and Guardians,

On behalf of all the NTRC staff, volunteers and critters - welcome! You may be a returning rider this session or someone new to our program but either way, we are so glad to have you here.

In this packet you will find a lot of information that is important to you and your rider having a positive and impactful experience so please take some time to look it over carefully and fill everything out thoroughly.

I would also highly suggest you become friends with us on Facebook if you haven't already. We post a lot on there about our events, class cancellations or changes, fun pictures and videos. This is one more way to stay in touch with what is going on at NTRC and also to share with others that may have interest in volunteering, riding, donating, etc.

Speaking of volunteers - I also encourage all of you who are caregivers/parents to attend one of our volunteer orientations if possible. Since our program relies heavily on volunteers, there is always the chance that we may have volunteer no-shows or cancellations. It is very helpful to the NTRC staff to know what we have trained parents able to step in for an absent volunteer if need be. While we all try our best to have all lessons staffed, sometimes this does happen. Please reach out to our Volunteer Coordinator Cindy Sahl at volunteertrc@gmail.com to find out how you or anyone else that is interested can sign up!

Lastly, please note that while we feel safe enough to hold classes during these times, we are still maintaining all necessary COVID precautions. Have questions or concerns? Please email us at ntrcoffice@gmail.com.

I look forward to hearing your laughter and "walk on's" in the barn very soon!!

Thank you,

Shaney Othic
Executive Director



A Note from our Program Director

On behalf of all the instructors at NTRC, I am excited to get to know you during the upcoming year!

Communication is paramount for your participant to get the most out of our program. If you have questions or concerns, start with your instructor. They are always willing to discuss your participant, as we want them to be as successful as possible. While instructors have a limited amount of time between classes, and it may be difficult to connect with them during your regular class time, please do not mistake this for unapproachability! They are simply busy. If you would like to discuss anything with your instructor, feel free to reach out to them to set up a time to address your concerns. Instructor contact information can be found on page 18 of this packet.

If your questions cannot be answered by your instructor, the next person to contact is me. I can set up a meeting with you and your instructor and myself to talk. I am also very happy to meet with any participant and their support team to discuss how to make our program more effective for everyone involved.

We spend one hour per week with your participant, so we don't know them as well as you do. We value your feedback and input, and feel it's important to continue your rider's growth at NTRC. Everyone on your participant's team wants them to be successful in our program, and we can't make it happen without YOU!

Yours,

Karalyn Pines
Program Director



2022 RIDER PARTICIPATION REGISTRATION PACKET

REGISTRATION DOCUMENTS CHECKLIST

- Participant Registration Information**
- Participant Program Information**
- Precautions and Contraindications Form (*Completed by Physician*)**
- Participant Medical History and Physician Statement (*Completed by Physician*)**
- Emergency Medical Plan and Photo Release**
- Rider Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement**
- COVID Release**
- NTRC Policy of Eligibility for Program Participants**
- Guidelines for Discharge of Participants from Program Activities**
- Rider Absence Policy**
- Other Policies and Procedures**
- Helmet Loan Contract**

The documents submitted above have been completed to the best of my knowledge.

Signature _____ Date _____
Participant over 18, Parent or Guardian



PARTICIPANT REGISTRATION INFORMATION

Participant _____ Date of Birth _____ Age _____ Gender: M F

Diagnosis _____ Weight _____

Address _____ City _____ State _____

Zip Code _____ County _____ School or Employer _____

Ethnicity _____ Referral Source _____

My participant is interested in (check one) Mounted Only Unmounted Only First Available

Caregiver Name (if applicable) _____ Cell Phone _____

If Independent adult, please provide: Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Mother / Guardian Information: (minor or dependent adult only)

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Father Information: (minor or dependent adult only)

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Individual Responsible for Payment

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email _____

Cell Phone _____ Home Phone _____ Relationship to Participant _____

Payment for each session is due AT LEAST 2 weeks prior to the start of each session.

County Funding

Has the participant been **APPLIED FOR AND APPROVED FOR** funding for NTRC from one of the following counties?
Clay County Clinton County Platte County I don't know *Please contact your service coordinator. If we do not have county funding approval in our office from them, you will be billed at the self-pay rate.



PARTICIPANT PROGRAM INFORMATION

Participant's preferred name (e.g. Johnathan goes by John) _____

Caregiver(s) who will be at classes _____

Goals for this Year: Express two goals for the coming season. What you want to get out of your time here? Please be specific!

e.g. 'I want my rider to verbally communicate with his peers', NOT 'communication'

'I want my rider to do tasks, like use their reins, without help' NOT 'independence and horsemanship'

Teaching Tips: Please share any teaching or learning techniques that will help your instructor get through to the participant more easily or memorably. e.g. Do they need visual cues? Are one-step instructions more effective?

Participant Notes: Please let us know of any behavioral, communication, physical, or cognitive notes that your instructor may find helpful to connect better with your participant. e.g. Do they read lips? Are they afraid of heights? Are specific distractions, such as fans, an issue?



PRECAUTIONS & CONTRAINDICATIONS FORM

Dear _____,

Your patient, _____, is interested in participating or continued participation in supervised equine activities at our facility. In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions, if present may represent precautions or contraindications to equine activities. Therefore, when completing this form, please circle any conditions that are present, and explain below to what degree.

Orthopedic

- Spinal Joint Fusion/Fixation
- Spinal Joint Instabilities/Abnormalities
- Atlantoaxial Instabilities (including neurological symptoms)
- Heterotopic Ossification/Myositis Ossificans
- Joint Subluxation and Dislocation
- Osteoporosis: T-Score _____
Date of Exam _____
- Pathologic Fractures
- Coxa Arthrosis
- Cranial Deficits
- History of Joint Replacement
- Scoliosis/Kyphosis/Lordosis
- Herniated/Slipped Disc

Neurologic

- Hydrocephalus/shunt
- Spina Bifida
- Chiari II Malformation

Medical/Psychological

- Allergies
- Animal Abuse
- Cardiac Condition
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions (i.e. RA, MS)
- Hemophilia
- Fire Settings
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorders

Other

- Indwelling Catheter/Medical Equipment
- Age under 4 years
- er** Medications - ie photosensitivity
- Poor Endurance/Fatigue
- Skin Breakdown
- Poor Head & Neck Control

None of these conditions are present

Treating Physician Signature _____ Date _____

Treating Physician Name (Please Print) _____



PARTICIPANT MEDICAL HISTORY AND PHYSICIAN STATEMENT

Name _____ DOB _____ Height _____ Weight _____

Address _____ Name of Parent/Guardian _____

Diagnosis _____ Date of Onset _____

Medications _____

*For Persons with Down Syndrome: Neurological symptoms of atlantoaxial instability: _____ Absent _____ Present

Seizure Type _____ Controlled Yes No Date of last seizure _____

Shunt: Yes No Date of last revision _____ Tetanus Shot: Yes No Date of last shot _____

Please indicate current or past special needs in the following areas by checking yes or no. If yes, please comment.

| Areas | Yes | No | Comments |
|-----------------------------|-------|-------|----------|
| Auditory (hearing) | _____ | _____ | _____ |
| Visual | _____ | _____ | _____ |
| Speech (communication) | _____ | _____ | _____ |
| Cardiac | _____ | _____ | _____ |
| Circulatory | _____ | _____ | _____ |
| Pulmonary | _____ | _____ | _____ |
| Neurological | _____ | _____ | _____ |
| Muscular | _____ | _____ | _____ |
| Orthopedic (bone/joint) | _____ | _____ | _____ |
| Allergies (incl medication) | _____ | _____ | _____ |
| Emotional/Mental Health | _____ | _____ | _____ |
| Behavioral | _____ | _____ | _____ |
| Digestion | _____ | _____ | _____ |
| Elimination | _____ | _____ | _____ |
| Pain | _____ | _____ | _____ |
| Sensation | _____ | _____ | _____ |

Mobility: Independent Ambulation _____ Crutches _____ Braces _____ Wheelchair _____

** Please indicate any special precautions/additional information on the reverse side of this page.

In my opinion, this person can participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications.

Treating Physician Signature _____ Phone _____

Treating Physician Name (Please Print) _____ Date _____



EMERGENCY MEDICAL PLAN AND PHOTO RELEASE

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required for Participant due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Northland Therapeutic Riding Center to:

1. Secure and retain medical Treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Name _____ Date _____

Authorization Signature _____ Phone _____
Participant, Parent or Guardian

In the event the above designated person is not available, the following people may be contacted in an emergency situation: ****THIS MUST BE ENTIRELY COMPLETED****

Emergency Contact (Other than parent) _____ Relation _____ Phone _____

Physician Name _____ Phone _____

Preferred Medical Facility: _____

Health Insurance Company _____ Policy # _____

Consent Plan for Emergency Medical Treatment

I give authorization for emergency medical treatment which includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician for Participant. This provision will only be invoked if the person below is unable to be reached.

Participant Name _____ Date _____

Consent Signature _____ Phone _____
Participant, Parent or Guardian

Non-Consent for Emergency Medical Treatment

I **DO NOT** give consent for emergency medical treatment/aid in the case of illness or injury to Participant. In the event of an emergency I wish the following to take place: _____

Participant Name _____ Date _____

Non-Consent Signature _____ Phone _____
Participant, Parent or Guardian

Photo Release

I consent to and authorize I **DO NOT** consent to the use and reproduction by Northland Therapeutic Riding Center of any and all photographs and any other audio-visual materials taken of me, my child(ren), ward or other family member for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____
Participant, Parent or Guardian



RIDER RELEASE AND WAIVER OF LIABILITY

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Whereas, _____
Participant's Full Name - Please Print

will be participating as a rider in lessons and other equestrian activities organized by Northland Therapeutic Riding Center, a Missouri non-profit corporation doing business as "NTRC" and "Northland Therapeutic Riding Center" (hereinafter referred to as "NTRC");

Please initial one of the following:

_____ Now, therefore, I the undersigned *parent or legal guardian of the rider* named above who is under 18 years of age, for myself and on behalf of the rider named above, his or personal representatives, estate, heirs, assigns, and next of kin,

_____ Now, therefore, I, the *rider* named above, am 18 years of age or older, and I, my personal representatives, estate, heirs, assigns, and next of kin,

do **hereby agree to give up any and all of my legal rights** against NTRC, its agents, employees, volunteers, officers, directors, representatives, assigns, members, owners of riding premises and trails used in its equestrian activities, affiliated organizations, people with whom it has contracts to provide facilities or services, insurers, and others acting on its behalf ("hereinafter collectively referred to as "RELEASED PARTIES"), as more specifically indicated below:

Acknowledgement of Danger and Assumption of Risk

I acknowledge that riding horses, being near horses, and being at equestrian facilities and on trails, is **inherently dangerous**, and that no amount of care, caution, instruction, or supervision can eliminate such **dangers**.

I acknowledge such dangers include, but are not limited to the following:

1. A horse that may, among other things, buck, stumble, fall, rear, bite, kick, run, stomp, make unpredictable movements, spook, jump obstacles, step on a person's feet, and push or shove a person; saddles, bridles or other equipment that may loosen, break, or otherwise malfunction; other riders who may not control their animals or ride within their ability, and cause a collision or other unpredictable consequence.
2. The negligent or intentional act or omission of RELEASED PARTIES or a third party.
3. Equestrian activities that may be conducted in areas that are subject to change in condition according to weather, temperature, and natural and man-made changes in landscape.
4. An apparent or hidden defect or dangerous condition of the equestrian facilities and trails.

Any of these and other known or unknown **dangers** may cause me to fall or be jolted or injured in another manner, resulting in the possibility of **serious physical and emotional injury, and death**. In addition, I acknowledge that such **injury and death** could result from **self-inflicted injury and death**.

Despite such dangers, I voluntarily assume the risk and danger of serious injury and death inherent in all equestrian activities organized by NTRC.



Helmet Requirement

I acknowledge that NTRC has required me to wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM STANDARD F 1163 equestrian helmet may prevent or reduce the severity of some head injuries.

Release of Liability

I agree to **hold harmless, release and discharge** RELEASED PARTIES **from all claims, demands, causes of action, and legal liability** that I may hereafter have for **injuries, damages, and death** related to NTRC equestrian activities including but not limited to **injury, damages, and death** caused by the negligent or intentional acts or omissions of RELEASED PARTIES or third parties.

I shall **not bring any claims, demands, legal actions, and causes of action** against RELEASED PARTIES for **injury, damage, death, or other losses** sustained by me in relation to NTRC equestrian activities.

Indemnification

I agree to **indemnify and hold harmless** RELEASED PARTIES as to all **claims, actions, damages, costs and expenses, including attorney’s fees sustained**, as a result of my participation in NTRC equestrian activities.

Missouri Law

This agreement is governed by the Laws of the State of Missouri. In the event that any portion of this agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforcement of the balance of the agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

Under Missouri law, an equine activity sponsor, an equine professional, a livestock activity sponsor, a livestock owner, a livestock facility, a livestock auction market, or any employee thereof is not liable for an injury to or the death of a participant in equine or livestock activities resulting from the inherent risks of equine or livestock activities pursuant to the Revised Statutes of Missouri.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT; I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY AGREEING TO IT.

Dated _____

Rider’s Full Name _____
(please print) (sign if 18 or older and legally independent)

Parent/Legal Guardian _____
(please print) (signature)



NTRC COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

BEGINNING MAY 1ST, 2020

I am aware of the risks of contracting or spreading Covid-19 while working, volunteering, or visiting at Northland Therapeutic Riding Center, attending an event; and/or receiving face-to-face services from Northland Therapeutic Riding Center during the time of a pandemic outbreak, and/or Missouri's or Clay County's declaration of a "stay-at-home" order(s).

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Northland Therapeutic Riding Center and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization. I am aware of the options that may be available for remote services including telephonic and video telehealth, as allowed by insurances and State Licensing Board recommendations, during the Pandemic outbreak.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Northland Therapeutic Riding Center as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the building/arena; maintaining social distance, washing my hands prior to and following each session or activity, use of hand

sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective mask and/or gloves.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion, or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic.

Northland Therapeutic Riding Center will engage in regular cleaning and sanitizing of the facility, horse tack, grooming supplies and office, doors, bathrooms, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers, visitors and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Northland Therapeutic Riding Center. BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS DOCUMENT. *In the event that the undersigned is under the age of 18, the signature of a parent of guardian is required.

PRINT NAME: _____

SIGNATURE: _____ DATE _____

IF SIGNING ON BEHALF OF YOUTH UNDER AGE 18, PLEASE PROVIDE NAMES OF ALL YOUTH THIS APPLIES FOR:



**NTRC Policy of Eligibility for Program Participants
March 14th, 2022 to November 12th, 2022**

The following criteria will be considered for any riders being accepted into the program:

- Those wishing to ride may participate in NTRC lessons only if their medical, physical, and/or psychosocial diagnosis is within the precautions and contraindications guidelines as defined by the PATH Medical Committee.
- Students are accepted into NTRC only if there is an adequate number of staff and volunteers to safely serve them, an available time slot, a horse deemed acceptable by NTRC staff, and appropriate tack.
- Students must have all required forms completed and turned into the office at least 2 weeks prior to participation in NTRC lessons or activities.
- All students weight will be reviewed at the beginning of each riding session prior to classes and periodically if warranted. This is to ensure they are properly and safely paired with a horse that is within the rider's weight range. Students will be served by NTRC as long as there is a horse/pony that is suitable for them to be partnered with. If there is not one available, the student will be put on the current wait list and can return to riding when there is a suitable horse available, can be referred to another possible center, or put in a ground work class, if suitable. See Discharge Guidelines for limits.
- Students may be served by NTRC if their attitude and behavior is of sufficient control to ensure safety for the student, staff, horse and volunteers. (See Discharge Guidelines for what are unacceptable behaviors)
- Students must be current in their payments owed to NTRC prior to each session starting in order to participate in lessons. Participants must have paid their invoice at least 2 weeks before their 1st class. *See page 15 for due dates.
- The rider is age 4 years and up.
- The rider is willing to wear required safety equipment (closed toed shoes, helmet, weather appropriate clothing, long pants).

By signing below, I agree to and understand these terms.

Parent or rider if above 18

Date

Printed name of rider(s)



**Guidelines for Discharge of Participants from Program Activities
March 14, 2022 to November 12, 2022**

At Northland Therapeutic Riding Center, safety is our primary concern. We must ensure the health and wellness of our participants, volunteers, staff, and horses as mandated by PATH Intl. This is why there are guidelines for possible dismissal if not followed. The guidelines are as follows:

- NTRC currently has a maximum weight limit of 235lbs for balanced and/or unsupported riders and 170lbs for unbalanced and/or supported riders for our MOUNTED program. An unbalanced and/or supported rider is an individual who may demonstrate one or more of these: chronic leaning to one side, unable to consistently sit astride a horse without support, needs help supporting the upper body, needs physical assistance during the mount/dismount, needs physical assistance during an emergency dismount (or is unable to consent to the risks of being unassisted during an emergency), is easily left behind the horse's movement, etc. **THESE NUMBERS CAN CHANGE IF OUR HERD CHANGES. YOU WILL BE NOTIFIED IF THIS AFFECTS YOUR RIDER.** Horses are selected for participants based on a rider's skill set, stability on the horse, equipment available, appropriateness of volunteers available, horse conformation and movement, and rider's weight.
- When a rider is unable to control behaviors that could harm themselves, their horse or their volunteers such as intense bouncing or rocking, pulling hair, spitting on others, biting, kicking, self-harm, hitting, and inability/refusal to remain mounted during class.
- When a rider or parent becomes threatening, uses disrespectful language, or violates safety protocols.
- Consistently misses class or doesn't communicate absences

A private conversation will be had with the client/parent/caregiver, instructor, and Executive Director to help all parties understand the situation before any rider is removed from the program. Any disputes about the decision made can be taken to the Board of Directors for possible resolution. Before being dismissed NTRC will refer the rider to alternate local programs, or if appropriate, our groundwork class (if eligible). NTRC may consider placing the rider back on the waitlist if circumstances as to why they were dismissed have changed, but must first be approved by management.

I understand that by signing this policy that I agree to these terms

Name of parent or rider if above 18

Date



Rider Absence Policy

March 14, 2022 to November 12, 2022

Attendance is CRITICAL. In order to receive funding, we must show your rider being a regular participant in their classes. **If part or all of your session fees are paid by the county, we do not receive those funds when you are absent!** We know that there are times you will need to be gone or something comes up and you can't attend class, however, It is very important that we know as far ahead of time as possible so that we don't have volunteers or staff show up that aren't needed.

Riders and their families/caretakers are expected to adhere to the following:

- Arrive on time! If you arrive more than 15 minutes after your scheduled time you will not participate in class.
- We will allow 3 absences per session. If you have more than 3, a discussion will be had with the family and the Program Manager or Executive Director to discuss alternatives or dismissal from the program. **If you "no call/no show", that will count as 2 absences automatically.** Refunds are not provided in this situation.
- Scheduled absences need to be reported at least 1 week before the class or classes you will be missing (i.e. doctor appointment, out of town, school function, etc.) You would report this to our Business Manager at ntrcoffice@gmail.com.
- If you find you are unable to attend on the day of your scheduled class, the NTRC office must be notified by noon the day of the absence. If you ride on Saturday mornings, the NTRC office must be notified by noon on Friday! You may do so by texting 816-808-1209 AND emailing ntrcoffice@gmail.com. Do not report your absences to instructors, barn assistants, or volunteers! **IF YOU FIND THAT YOU WILL BE UNABLE TO ATTEND AND IT IS PAST NOON THE DAY OF YOUR SCHEDULED CLASS, YOU MUST CALL 816-808-1209 AND LET SOMEONE KNOW. DO NOT JUST NO CALL NO SHOW!**

Parent or rider if above 18

Date

Printed name of rider(s)



Other Policies and Procedures

Safety Protocols

- No open toe shoes, sandals or clog type shoes, NTRC prefers boots or tennis shoes. Riders must wear pants instead of shorts as the saddle can get very uncomfortable with direct skin contact.
- Dogs and other animals are not permitted at the barn. The exception to this rule is certified service animals. Please discuss this with the Program Director prior to starting class so accommodations may be made.
- Many families or guardians have others in their care. Please take care to make sure that these non-riders, as well as riders who are waiting for or have just been released from a class stay clear of the horses unless staff accompanies them. At this time of issues of COVID, we ask that the rider only bring 1 person with them. Others are welcome to wait in their car or outside of the arena socially distanced.
- You may **NOT** drop off your rider for class. A responsible party must be on property at all times while your rider is present.
- NTRC is a smoke free campus, this includes vaping.
- The speed limit while on property is 15mph maximum.
- No entering the arena without permission from staff (before, during, or after class)
- You may not be on NTRC's property if you are under the influence of drugs or alcohol.

Deadlines

The 2022 Riding season paperwork and payment deadlines are as follows:

February 28, 2022-All paperwork and payments due for session I

April 25, 2022- All paperwork and payments due for session II

July 11, 2022- All paperwork and payments due for session III

September 2, 2022-All paperwork and payments due for session IV

These deadlines are FIRM. Please make your rider's doctor appointments accordingly. NTRC must have all payments and paperwork turned in ON TIME. Failure to do so, may result in your rider being moved back to the waitlist and their spot filled by a new rider.

Billing/Payments/Refunds

You will receive your invoice by email no later than 2 weeks before it is due. Please add ntrcoffice@gmail.com to your contacts to avoid our emails going to spam. Payment due dates are listed above and may be made the following ways:

Online: go to <https://www.ntrcmo.org/what-we-do/make-a-payment.html>

By Mail: PO Box 1267

Kearney, MO 64060

In Person: Monday-Friday 8-6 and Saturday 8-12. There is a black drop box located just to the right of the office door.

Refunds will only be given if NTRC cancels a class or if a rider withdraws from the program during the first 2 weeks of a session.

NO PAYMENTS OR PAPERWORK WILL BE ACCEPTED AT THE BARN-NO EXCEPTIONS.



Communication & Inclement weather

Should Inclement weather arise and/or class needs to be cancelled for any reason, it will be communicated through **EMAIL AND FACEBOOK ONLY!** NTRC is unable to call each person individually. We encourage you to check Facebook and email before each class.

Our Heat Policy is as follows:

Under 90 degrees-Mounted or unmounted, indoor by special permission only

Over 90 degrees-Unmounted outdoor classes recommended

Over 95 degrees-No mounted classes, may be outdoor or indoor

Over 100 degrees-Indoor classes only

Our cold weather Policy is as follows:

Below 32 degrees-Indoor or classes canceled

If there are dangerous conditions on our road or driveway

****Unless your rider has a documented medical condition that prevents them from participating during inclement weather, you are expected to be in class.**

I have read and understand the policies and procedures set forth by NTRC.

Parent Signature (or rider if above 18)

Date

Printed



Helmet Loan Contract

NTRC requires all participants, whether mounted or unmounted, to wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM STANDARD F 1163 equestrian helmet. Helmets may prevent or reduce the severity of some head injuries. Participants may purchase their own helmet, or one will be provided by NTRC.

If the rider brings their own helmet, the fit and condition MUST BE APPROVED by their instructor.

If the rider chooses to borrow a helmet from NTRC:

- The rider is responsible for bringing the helmet to every class.
- The rider is responsible for keeping the helmet in good working order.
- All borrowed helmets must be returned to NTRC within two weeks of the end of the riding season OR within two weeks of when the rider exits the program. If the rider exits the program midseason arrangements for helmet drop-off can be made with the program director.
- The rider will be charged a replacement fee of \$60 for the loss, damage, or failure to return their helmet. Any outstanding credits can be applied to this fee.

By signing below, I agree to and understand these terms.

Parent or rider if above 18

Date

Printed name of rider(s)



IMPORTANT CONTACT INFORMATION

Billing or general NTRC questions:

Contact Michelle Vasquez 816-808-1209 or ntrcoffice@gmail.com

Same day Absence from class-Must be done BEFORE noon the day of class and for Saturday classes, done before NOON on Friday. If a last-minute emergency should arise, PLEASE still notify us! DO NOT JUST NOT SHOW UP!

Text 816-808-1209 **AND** email ntrcoffice@gmail.com

Advance Notice Absence from class:

Email ntrcoffice@gmail.com

Schedule Changes (NOT REALTED TO ABSENCES), general questions concerning your rider or classes:

Contact Karalyn Pines via **text** 816-898-1744 **OR** email pdntrc@gmail.com

Interested in Volunteering or you are a volunteer who cannot make their scheduled shift:

Contact Cindy Sahl 816-808-1106 **OR** volunteertrc@gmail.com

Our mailing address is:

NTRC

PO Box 1267

Kearney, MO 64060

Contacting your instructor:

Karalyn Pines: pdntrc@gmail.com or text 816-898-1744

Svet Hruda: text 785-550-0207 or email Svetlana.hruda@abilitykc.org

Ashley Pooker: pookera@hotmail.com

Kaitie Sanders: call or text 913-904-2316 or email kaitiemarolf@gmail.com

Julia Kovac: cometothestable@yahoo.com

Amy O'Neal: xsvbmom@gmail.com



IMPORTANT DATES TO REMEMBER

Session Dates:

- Session 1- March 14th-May 7th
- Session 2-May 9th-July 2nd (No classes on May 30th)
- SUMMER BREAK-July 3rd-July 24th -NO CLASSES
- Session 3- July 25th-September 17th (No classes 9/5 or 9/10)
- Session 4- September 19th- November 12th

Event Dates:

Back to the Barn- March 5, 2022, 12pm-2pm, 13608 Henson Rd., Holt, MO 64048

Invite your friends and family to kick off the riding season with us down at the barn! During this time instructors will be there to welcome you back and answer any questions you might have about upcoming classes. Old volunteers will be waiting for their high fives, and new volunteers will be eager to say hello! There will be NTRC swag available for purchase, snacks, drinks, horses, photo ops and lots of fun! Drop in anytime between 12-2, admission is free!

Mayfair- May 14, 2022, 10am-4pm, 13608 Henson Rd., Holt, MO 64048

Bring the whole family out for some springtime fun! Vendor booths will pepper the property with one of a kind hand-crafted items and local small businesses will have their goods on hand. Food and snacks will be available for purchase. Bring your camp chairs, blankets or have a seat at one of our picnic tables! Photo-ops with some of our barnyard friends, face painting, raffles and more! Golf cart shuttles will be available to help guide you around the property if walking long distances or on uneven terrain is a concern. Admission is free! This event is held rain or shine.

Aim For Abilities Trap Shoot- June 25, 2022, 9am-1pm, KCTA 6420 NE 176th St., Smithville, MO 64089

Are you competitive? Do you love to shoot? Come out to our 5th annual Trap Shoot! Registration begins May 16. Gather your team or come as an individual! Prizes are given for top team and top individuals! Youth teams available as well! Lunch and tee shirt provided if you register before 6/10/2022. If you'd like to bring your family and wish to purchase lunch for them, they must be reserved by 6/17/22 to guarantee availability! Bring your own gun and ammo. Don't shoot but want to join in on the fun? Check out our silent auction available online or in person! Admission to attend is free, fees apply to shooters only.

NTRC Horse Show and Tack Sale- September 10th, 2022, 9:30am-3:00pm, 13608 Henson Rd., Holt, MO 64048

It's the event that everyone has been waiting for! Bring your family, friends, neighbors, and anyone else you know, out to support our awesome riders and see all of the hard work they've put in throughout the year! Riders will sign up to show off their skills in front of a qualified judge and all of their supporters! Prizes awarded for participation. Food, snacks, drinks, and face painting will be available for purchase (Free for riders and immediate family members). After you're finished watching the horse show, check out our tack sale and take home some homemade goods from local vendors as well as some great tack! Admission is free, the public is welcome and the event is rain or shine!

Evening of Hope- October 21st, 2022, TIME TBD, LOCATION TBD

Our final and most inspiring fundraising event of the year! Join us for a night of celebrating all that NTRC stands for. Hear stories of how NTRC continues to change the lives of our riders one ride at a time! Have dinner, drinks, silent and live auction! Tickets must be purchased in advance and will sell out quick! Be a part of this amazing event!

Sponsorships are available for all of our events. If you or someone you know is interested in sponsoring, please contact Shaney Othic at edntrc@gmail.com

For more information about our events and all of the fun on the farm, make sure you "like" our Facebook page facebook.com/TeamNTRC