

forms must be renewed every January with the exception of the required physicals. Physicals are due one-year from the date.

Majestic Equine Connections, Inc.

Innovative Horse Therapy

\$25.00 Non-refundable application fee. (Assessment prior to riding)

New Client

Returning Client



Services: Check which services are participating in.

Adaptive/Therapeutic Horseback Riding

A. Prefer Group Lesson

Able-body Rider (no known disability)

\$40.00 (2 or 3 riders)

Horse Connections (Learn from non-riding classes)

B. Prefer Private Lesson

Associated with a Group:

\$45.00 (1 on 1 with instructor)

4H Majestic Horse Spin Club- 6 weeks **\$160 (6-17 yrs.)**

Name of Participant _____ School (if applies) _____

Participant's Address

_____ Street Apt. City State Zip

County _____

Date of Birth ____/____/____

Height _____ Weight _____

Sex (circle) M F or _____

Cell PH (____) _____

Home Phone (____) _____

Email: _____

IEP Yes or No Circle ISP Yes or No Circle

School Name _____

Other _____

Group Home Name _____

Manager's Name _____

Services Approved: Management fill out form

Parents/Caregiver(s)/Guardian(s) (if applies)	School/Group Home/Or Other Referral (if applies)
Name _____	Name _____
Address _____	Address _____
Home PH _____	Home PH _____
E-Mail Address _____	E-Mail Address _____
Employer _____ / _____	Employer _____
Work PH _____ / _____	Work PH _____
Cell PH _____ / _____	Cell PH _____

I prefer that you contact me by: Phone call, Text, or Email **Circle one**
(classes canceled, rescheduled, or delayed.) Text # _____

PH # _____ Email _____

A **\$25.00 NON-REFUNDABLE** APPLICATION FEE MUST ACCOMPANY THE APPLICATION UPON RETURN TO RESERVE YOUR SPOT. **APPLICATION FEE IS FOR INITIAL ASSESSMENT WITH INDIVIDUAL**

MAIL TO: Majestic Equine Connections, Inc., 7460 Wooster Pike Rd. Seville, Ohio 44273 or email majesticequineconnections@gmail.com

PH (440) 668-8364

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INTERESTED IN SERVICES. THE SESSIONS WILL BE FILLED FIRST-COME, FIRST SERVED BASIS AS APPROPRIATE.

We accept payment with PayPal and Venmo. We also accept cash and checks addressed to Majestic Equine Connections, Inc.



Kids who are **4-6 years** old must led by a volunteer for safety
Please check the session(s) you are registering to attend

Session	✓ Enroll	Session Dates Start 2024	✓ Riding Group \$40	✓ Riding Private \$45	✓ Horse Connections (GROUND ONLY) \$45 Private
1-time Application fee \$25.00	Fee is Separate from Sessions	Check All that applies 1 Make-Up Per Session Write in if outside agency Will pay. ✓	Check Off If applies	Check Off If applies	Check Off If applies
#1 8 weeks	Monday Jan. 8 to Saturday Mar. 2	Winter Session Cancel if 20 degrees or below.	\$320 <input type="checkbox"/>	\$360 <input type="checkbox"/>	\$360 <input type="checkbox"/>
#2 10 weeks	Monday Mar. 11 to Saturday May 27		\$400 <input type="checkbox"/>	\$450 <input type="checkbox"/>	\$450 <input type="checkbox"/>
#3 10 weeks	Monday May 27 to Saturday Aug. 3	Saturdays 6/22 & 6/29 Substitute instructor	\$400 <input type="checkbox"/>	\$450 <input type="checkbox"/>	\$450 <input type="checkbox"/>
#4 12 weeks	Monday Aug. 12 to Saturday Nov. 2		\$480 <input type="checkbox"/>	\$540 <input type="checkbox"/>	\$540 <input type="checkbox"/>
#5 6 weeks	Monday Nov. 4 To Saturday Dec. 12		\$240 <input type="checkbox"/>	\$270 <input type="checkbox"/>	\$270 <input type="checkbox"/>

Does not apply to 4H Spin Club

Ways to pay: Pay cash, check, PayPal or through (Venmo [@majesticequineconnections](https://www.venmo.com/@majesticequineconnections)).

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(Credit Card additional fees apply)

Family Friendly = Payments. Please ask about payment plan options.

Any Outside scholarships or agencies, please indicate which one and provide contact information.

Are you in need of a lower payment plan and/or scholarship monies from our service?

YES or NO

Weather: If our organization canceled due to weather or temperature, alternative makeup classes will be scheduled. Please dress for the weather. During cold months hats do not typically fit properly underneath helmets. A thin headband may be a better fit. In the summer, please wear long pants to prevent any rubbing that may cause a bruise from the saddle.

On-Time/Tardiness: Arriving a little early allows us to make sure your helmet fits well. It also helps us stay on schedule so our volunteers can assist with grooming and preparing for lessons, and our instructors can teach without running over time. Thank you for being on time and working with us to create a great environment for riding.

Lessons Time Frames: 1-hour sessions are for two or more participants which may include tacking up horse, master riding skills, & untacking horse. Not all students are able to withstand 1-hour. Adjustments will be made for rider's who are unable to commit to the entire 1-hour. Private lessons are one-on-one with instructors in which lessons may last 30 to 45 minutes depending on the participant's physical and mental stamina. 1 make-up per a session.

Pre-Paid Lessons or Scholarship Checks: Please contact Jennifer Stankiewicz at 440-668-8364 about scholarships from outside resources..

Additional Information If you choose a group lesson but no other rider is with you, you will NOT be charged the additional \$5.00. The opening has not been filled yet.

Make-ups; Only 1-make up per a session. Make-ups are typically done at the end of the lesson unless under the discretion of the Instructor. If it's 20 degrees or below, the instructor may cancel due to cold temperatures. If it's 90 degrees with high humidity, the instructor may cancel lessons and reschedule for another day.

*No smoking on property *All small children must be supervised by parent/guardian *May park in the front pad area or next to the barns. *Please ensure payment has been made prior to the start of each session or arrangements from an agency. *Forms required to HOLD SLOT!

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PHOTOS|MARKETING RELEASES

Release For: Majestic Equine Connections, Inc. I willingly accept photos/videos releases to be public for publicity purposes for Majestic Equine Connections, Inc. during participation in activities or on property for services. This may include but not limited to: Facebook, website, on news-television, magazine, instagram, display boards, LinkedIn, audio/movie recordings, and/or any publicity purposes associated with Majestic Horse or Majestic Equine Connections, inc.. The purpose is for marketing the program and promotional reasons for grants, funding, enlisting new participants, and volunteers.

YES, I agree.

Participant's Name _____

Guardian Signature| 18 or older _____ DATE _____

NO, I do not agree:

Participant's Name _____

Guardian Signature| 18 or older _____ DATE: _____

Emergency Contacts are required for clients and volunteers in case of an emergency. Two Emergency Contacts are required and the 3rd is helpful if the first two do not answer the phone. Yes, you have my permission to call emergency services if there is an emergency. This will be an option if the caregiver or guardian is not listed above and is not available through a phone call.

Guardian/Self Signature| _____ Date: _____

DIABETES ALERT _____ ADDED INFO. (STUNTS) _____

ALLERGY ALERT _____ Insurance Name|#ID _____

SEIZURE ALERT _____ Preferred Hospital _____

(DOB) _____

PRIMARY DOCTOR & PH# _____

Emergency Contact #1 Example, grandparent	Emergency Contact #2 Example, Aunt/Uncle	Emergency Contact #3 Example, Group Home Manager
NAME _____	NAME _____	NAME _____
PH # _____	PH # _____	PH # _____
PH # _____	PH # _____	PH # _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
_____	_____	_____

Majestic Equine Connections, Inc. has two addresses. Please contact Jennifer for which address the service will be held. *The Westfield Road address is TBA for equestrian activities.*

1. **Current Horse Activities Address:** 7460 Wooster Pike Rd. Seville, Ohio 44273
2. **Chippewa Lake House:** 7859 Westfield Road Medina, Ohio 44256 - **NEW**

A Partner with Medina County Parks District

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Health History is different from physical.

Client/parent/guardian can fill out without a physician.

HEALTH HISTORY

- Diagnosis: Date of Onset:** Please indicate current or past special needs in the following areas: Check box & explain if applies.

Surgeries in the past 5 years.

- Vision _____
- Hearing _____
- Sensation _____
- Communication/Speech _____
- Heart _____
- Breathing _____
- Digestion _____
- Elimination _____
- Circulation _____
- Emotional/Mental Health (**View below**) _____
- Behavioral _____
- Pain _____
- Bone/Joint _____
- Muscular _____
- Thinking/Cognition _____
- Allergies _____

Pertains to **Down Syndrome** Only - Atlantoaxial Instability (Annual X ray Required) Only 10%-20% persons with Down Syndrome have positive cases.

- Negative for neurological symptoms**
- Negative X-ray**

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Mental Health History or Current Symptoms
<input type="checkbox"/> Depression, explain:
<input type="checkbox"/> Anxiety, explain:
<input type="checkbox"/> Bi-polar, explain:
<input type="checkbox"/> Schizophrenia, explain:
<input type="checkbox"/> Schizoaffective, explain:
<input type="checkbox"/> Post-Traumatic Stress Disorder, explain:
<input type="checkbox"/> Past Trauma, explain:
<input type="checkbox"/> Loss of a love one recently or pet, explain:
<input type="checkbox"/> OCD, explain:
<input type="checkbox"/> Other, explain:
<input type="checkbox"/> Identify/List Unhealthy Behaviors:

Therapeutic Horseback/Horse Lessons Main focus: Mastering Horseback Riding Skills

Horse Connections Program focuses: Mastering Horse Skills/Bonding

Other circle All That Applies: * Improve Balance * Enhance Focus *Enhance Mood *Improve Coping Skills *Enhance Speech *Learn horse tools/equipment *Increase social skills *lower anxiety *emotional control * improve risk-management abilities * sense of well being/self-care *Positive interaction with animals & nature * increase range of motion, increase strength *eye-hand coordination *sequencing * patterning *motor plan skills *Greater listening skills *Visual & Spatial perception/differentiation *Building Friendships *Increase self-esteem * Increase confidence *Educational Skills such as Build math, english, history, and Spelling.
* Other _____

Are you on Active Military Duty? _____

Are you a Veteran? If so, which branch/unit? _____

I have answered honestly to all questions above and I understand initial assessments must be completed to determine my acceptance and enrollment in the adaptive program for therapeutic reasons or for persons with disabilities.

Name of Participant _____

Signature of Parent|Legal Guardian _____ **Date:** _____

The following forms Signed: \$25.00 Application with fee| Health History| Equine Waiver| Photo Releases| Emergency Contacts| Physical signed by Physician (if applies)|Information on weather, Lesson Time-Frames, and Pre-paid and/or Scholarships.

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CAUTION: READ CAREFULLY BEFORE SIGNING. ONE SIGNED COPY REQUIRED FOR EACH INDIVIDUAL WHO PARTICIPATES IN AN ACTIVITY.

I agree to the following Waiver, Agreement, and Liability Release with Majestic Equine Connections, Inc. and/or affiliated persons associated with the equine activities (referred to herein as "The Property Owners ("Danny & Jennifer Stankiewicz")), as a condition for its allowing me, and the other persons identified below, to do any of the following: enter any premises or facility where equine activities are conducted, be near horses in connection with any equine activities (handling, grooming, near, or riding horses). Agreement regardless of whether these activities take place under the supervision of "The Property Owner and Lessee" and its affiliates **Majestic Equine Connections, Inc.** at the following addresses: 7460 Wooster Pike Rd. Seville, Ohio 44273 and 7859 Westfield Road Medina, Ohio 44256.

CONTRACTING PERSON(S) PARTICIPANT'S NAME: _____ **DOB** _____

SIGNATURE: _____ **DATE:** _____ **PHONE/CELL:** _____

Address: _____

Parent/Guardian Signature: _____ **DATE:** _____

Additional Participants with same Guardian/Parent adding on: I also make this agreement of behalf of the following, who are my **children** or legal wards:

Name _____ **DOB** _____
Name _____ **DOB** _____
Name _____ **DOB** _____

All parts of the Waiver, Agreement, and Liability Release shall apply to me, and the children/legal wards listed above. (We will collectively call ourselves "I", "me", or "my", throughout this agreement.) This Waiver, Agreement, and Liability Release will be binding at all times, now and in the future, even after my relationship with "The property Owner".

RELEASE STATEMENT I understand that parts of the activities may be physically or emotionally demanding. I affirm that I (or the participant) am in good health and am not under a physician's care for any undisclosed condition that bears upon my (or their) ability to participate in this activity. I understand that "The property Owner" will offer safety equipment such as helmets. I recognize the inherent risk or injury or disability and understand that each participant must assume the risk of physical injury that could result. I release "The property owners" and volunteers from liabilities resulting from participating in these activities. This release is governed by the **State of Ohio**.

WARNING Under the Ohio Equine Activity Liability Act, (Ohio Revised Code Chapter 2305.321) an equine professional is not liable for an injury or the death of a participant in an equine activity resulting from an inherent risk of equine activity. It is *mutually understood* and agreed that the liability release set forth herein shall constitute a waiver of liability beyond the provisions of the Ohio equine activity liability act. By signing this agreement and liability release, I agree not to bring any claim or suit against "The property owner" or volunteers, affiliated persons, and others acting on their behalf on the basis of any exception in that

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law. It is my intention to release and hold harmless “The property owner” or persons affiliated and entities associated with “The property owner” to the fullest extent allowed under the law.

HELMETS/HEADGEAR I agree to be fully responsible for my own safety at all times. “The property owner” has suggested that I buy and wear a properly fitted **ASTM-STANDARD/SEI-CERTIFIED EQUESTRIAN helmet** when riding or near equines. I am not relying on “The property Owner” to provide a certified helmet for me, to check any helmet or strap that I may wear, or to monitor my compliance with this suggestion at any time. **LIABILITY RELEASE:** As consideration for being to enter on property, to be near equines in connection with any “The property owner/lessee” activities (regardless of who owns the equines), and/or engage in any other activity involving horses/equines, whether or not under “The property owner” supervision, I agree to assume full responsibility for any and all bodily injuries or damages which I may sustain when engaging in these and other activities. The term “damages,” means, for example, medical expenses, losses incurred because of bodily injuries or property damages, and/or personal property damages. I, for my heirs, administrators, personal representatives or assigns, release and discharge “The property owner” and its affiliated persons, and others acting on their behalf of and from any and all claims, demands, damages, actions, omissions, suits, or causes and action (present and future), whether the same by known or unknown, anticipated omissions, suits, or causes of action (present or future), whether the same by known or unknown, anticipated or unanticipated, resulting from or arising out of my bodily injury or damage that may be

sustained, or property damage which may occur as a result of being on the property, handling horses, being near horses, and/or engaging in any other activity involving horses, whether or not under “The property owner” supervision. It is my intention to **RELEASE/WAIVER OR HOLD HARMLESS** Danny & Jennifer Stankiewicz (“The property Owner” and Lessee) or persons **AFFILIATED** with equine activities and/or other animals at the following address:

7460 Wooster Pike Rd. Seville, Ohio 44273.
7859 Westfield Road Medina, Ohio 44256

EQUINE-RELATED RISKS: I understand that anyone riding, handling, or even near a horse (referred to as “equine”) can suffer bodily and other injuries. Among other things, equines are unpredictable by nature. For example, frightened, angry, or under stress, the natural instincts of an equine are to jump forward or sideways or run away from danger by trotting or galloping. Equines are also known to kick, buck, rear up, back up quickly, spin around, strike, or bite. I know that equines can do any of these things without warning. I also understand that all equines, even if they have no known history of hurting people or animals, are powerful and can be dangerous to people, and other animals.

I fully read and agree with the above.

PARTICIPANT NAME CLEARLY: _____

SIGNATURE/OR GUARDIAN: _____ **Date** _____

Under Ohio law (Ohio Revised Code Section 2305.321), **horse owners and other parties are protected against liability for injuries that occur as a consequence of an inherent risk of equine activity**

PAGE 2 Equine Liability

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Release of information

Form only required if needed from a medical or therapist professional.



PARTICIPANT'S CONSENT TO RELEASE OF INFORMATION (Only required for specific information)

I Hereby authorize: _____

(Name of facility) To Release Information from the records.

of: _____ (DOB) _____ (Participant's name) The information will be released to **Majestic Equine Connections, Inc. Address: 7460 Wooster Pike Rd. Seville Ohio 44273 PH# 440-668-8364** No Fax Name of Professional (s)

_____ For the purpose of developing a horse activity program for the above name participant. The information that will be released is below.

Check all that applies.

- Medical History
- Physical Therapy Evaluation, assessment and program plan.
- Speech Therapy Evaluation, assessment and program plan.
- Mental Health Diagnosis and treatment plan.
- Individual Habilitation Plan (IHP)
- Classroom Individual Education Plan (IEP)
- Psychosocial evaluation, assessment and program plan.
- Occupational Therapy Evaluation, assessment and program plan.
- Cognitive-behavioral management plan.
- OTHER _____

This release is valid for one year and can be revoked, in writing, at my request.

Signature Required | Self | Guardian: _____

Date: _____

Print Participant's Name _____

Relation to Participant _____ (Self | Guardian):

Activity Address: **Non-Mailing address is:** 7859 Westfield Road Medina, OH 44256

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