



Majestic Equine Connections, Inc.

Innovative Horse Therapy

PH: 440-668-8364 (celltext) Jennifer

Program Location: 7460 Wooster Pike Rd. Seville OH 44273

majesticequineconnections@gmail.com

<https://majesticequineconnectionsinc.org>

Jennifer Stankiewicz, Executive Director|PATH CTRI Instructor

Horse Participation Informational Page

Therapeutic Horseback Riding 10-week commitment/per session

This is also known as adaptive horseback riding for persons with disabilities. This program provides fun interactive lessons, teaches participants how to ride by utilizing their reins and a balanced seat. Some restrictions apply, for example, weight limit.

Physicals are required for Therapeutic Horseback Riding

Ages	Length/duration	Participants	Costs
4 years old & older	45 min to 1 hour	Up to 3 max	\$25.00 initial application fee. Zoom meeting/other.
Must be on lead, 4 to 6 years of age prior to riding more independently.	Stamina & attention span is taken into consideration & untacking horse.	We believe in smaller classes so our clients can get the most out of their goals and riding time.	\$35.00 - group \$40.00 - private, if available.

Typical Beginner & Intermediate Horseback Riding 10-week commitment/per session

This is also known as adaptive horseback riding for persons interested in beginning and intermediate riding skills. This program provides fun interactive lessons and teaches participants how-to ride by utilizing balanced seat. **All forms required - no physical is required if no known disabilities.**

Ages	Length/duration	Participants	Costs
4 years old & older	45 min To 1 hour	Up to 3 max	\$25.00 initial application fee. Zoom meeting/other.
Must be on lead, from 4 to 6 years of age prior to riding more independently.	Stamina & attention span is taken into consideration & untacking horse.	We believe in smaller classes so our clients can get the most out of their goals and riding time.	\$35.00 - group \$40.00 - private, if available.

Majestic Horse 4H Spin Club - The Ohio State University Extension 6-week Commitment/per session

Must be at least 5 participants from 3 different families. A 6-week program. Costs are \$150.00. Must be between 6 and 18 years of age. Must be willing to fill out forms from 4H as well as for the equine program. A great way to step into horse life by learning about horses hands-on, as well as what therapeutic riding truly means.

We also offer the following:

Camp visits, Community Group Home visits, Horse Connections Programs - interactive time learning about horses and rabbits (non-riding programming), and Veterans Community Service Program.



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CLIENT INFORMATION FORM

\$25.00 Annual Application fee non-refundable| Hold Slot

First Name _____ **Last Name** _____

Filling out form: Self Mother|Father-Circle/Name _____

Group Home Representative & Phone # _____

Grandparents|Name _____

Cell Phone _____ Home Phone _____

Email _____

Client Address _____ County _____

Gender _____ DOB: _____

Marital Status _____ AGE: _____

Weight _____ Program limitations: (Weight limit is 205 pounds|variable) There are other program options. .

For Grant Specification: Ethnicity Status: Choose one Asian African American|Black
 Caucasian Hispanic|Latino Hawaiian or Pacific Islander Native American or Indian
 I choose not to answer

Guardian(s) Name & Address| Phone # if different above or leave blank

Address _____ PH _____

Program Information: Check one that applies| Some rates vary depending on clubs

Medina Rec - Camp 4H Spin Club (Must attend for 6-weeks) **Age 6 to 18**

Group Home School-Related|Gym activity

Individual|Other

Check one that applies: Ages 4-6 years old| Horse must be led by a volunteer.

Adaptive Horseback Riding also known as *Therapeutic Horseback Riding* (physical required)

Horse Connections Program|Non-Riding Activities

Typical Riding|No Known Disability Beginner Intermediate (no physical needed)

10-week commitment for each session for adaptive & typical lessons.

Check ALL that applies:

\$35.00 Small Group \$40 Individual (no group) Group Homes & Clubs - call for pricing

Waiver|DD County _____ NEON funding from Cuyahoga County

Self-Pay OTHER _____



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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, 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 _____ _____

GUARDIAN ONLY No, parent|Guardian will be with participant(s) at all times. The Guardian will only make that decision. Guardian Sign _____ Participant _____ Date: _____



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Equine Liability Release form for Majestic Equine Connections, Inc. and its affiliates.

PAGE 1 (REQUIRED FORM)

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, VOLUNTEERS, AND WHOEVER IS affiliated persons associated with the equine activities 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).

Majestic Equine Connections, Inc..

CONTRACTING PERSON(S): PARTICIPANTS|VOLUNTEERS |AND/OR AFFILIATES

NAME (CLEARLY): _____ PH #: _____

ADDRESS: _____ (DOB) _____

SIGNATURE|SELF|GUARDIAN: _____

(If more than one child attending or volunteering in program)

I also make this agreement of behalf of the following, who are my children or legal wards: **Print Clearly**

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 Majestic Equine Connections, Inc., volunteers, or property owners, or affiliates, 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 Majestic Equine Connections, Inc. or its affiliates.

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 *Majestic Equine Connections, Inc.* and its affiliates 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 Majestic Equine Connections, Inc., volunteers, and its affiliates 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 Majestic Equine Connections Inc., its volunteers, property owners, and/or affiliated persons, and others acting on their behalf on the basis of any exception in that law. It is my intention to release and hold harmless.



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PAGE 2 (REQUIRED FORM)

EQUINE LIABILITY RELEASE FORM - MAJESTIC EQUINE CONNECTIONS, INC. & its affiliates

HELMETS/HEADGEAR I agree to be fully responsible for my own safety at all times. Majestic Equine Connections, Inc. 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 Majestic Equine Connections, Inc. 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 Majestic Equine Connections, Inc. and its affiliates (regardless of who owns the equines), and/or engage in any other activity involving horses/equines, whether or not under Majestic Equine Connections, Inc.'s 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 Majestic Equine Connections, Inc, volunteers, property owners 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 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 Majestic Equine Connections, inc.'s supervision. It is my intention to **RELEASE/WAIVER OR HOLD HARMLESS** Majestic Equine Connections, Inc., THE PROPERTY OWNERS, or persons AFFILIATED with equine activities at 7460 WOOSTER PIKE RD. SEVILLE, OHIO 44273.

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** _____



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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 Name _____

Relation to Participant (Self|Guardian): _____