



Lesson Information

Let's Saddle Up Therapeutic Horsemanship is at Solid Rock Stables

1907 Durbin Road, Fountain Inn, SC 29644

Contact Sharron Dillard RN at 864-871-1744

LSU offers several programs. Therapeutic Horsemanship, Silver Stirrups, and LSU Eagles (Veteran's)

LSU Eagles is our Veteran's program. We feel they have given enough for their country so there is no fee for lessons. We use donations, grants, and fundraising to fund this program.

But because we are helping them, it will be a requirement that every Veteran must help us. For every lesson that you ride in a week. You must help with barn chores, assist with therapeutic riding, care for horses, or help fundraise for 1 hour. We will handle this on an Honor system. If you don't fulfill the giving back requirement you will not be allowed to ride. This is simple we give you an hour, and you give us an hour.

Two reasons that we do this. 1. We need help with the farm and horses. 2. We know that working around horses lessens a person's stress level and increases their confidence and skills, which they can use in their lesson. Check with the instructor to see where the needs are.

Attire- All riders are required to wear a Horse Riding helmet. NO bike helmets are allowed. We do have helmets available to use but it is recommended to have your own helmet, because they are shared with many people. Long pants are to be worn. And either boots or a shoe with a heel is required. We do have coupons available for helmets and boots.

Forms need to be filled out completely before lessons can be scheduled.

Forms required for Silver Stirrups Program:

1. Rider Registration form for Eagles program and with instructor's request,
2. Rider's Medical History and Physician's Statement.
3. Copy of you Military Id, VA ID, or DD214
4. Please mail forms to 554 Spring Road, Laurens, SC 29360



Veteran's Program – EAGLES

864-871-1744

Let's Saddle Up- Eagles is a program for Active Duty Military and Honorably Discharged Veteran's. Please attach a copy of your military ID, or VA ID, or DD214.

Rider Registration Form

Name _____ Date of Birth _____
Parent/Guardian Name _____ Phone: Home _____
Address _____ Cell _____
City _____ State ____ Zip ____ E-mail _____

Confidentiality

I understand that all information (written or verbal) about participants is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor. Therefore I hereby authorize "Lets Saddle Up" to release information from the records for the purpose of developing an equine activity program for the above named individual.

Date: _____ Signature: _____

Liability Release

Warning: Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I acknowledge the risks and potential for risk of horseback riding. However, I feel that the possible benefits to myself/my son/ my daughter/ my ward/ are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against "Lets Saddle Up", its Board of Directors, Instructors, Therapist, Aides, Volunteers and/or Employees for any and all injuries and /or losses I/my son/ my daughter/ my ward may sustain while participating in "Lets Saddle UP".

Date: _____ Signature: _____

Photo Release- I hereby consent to and authorize the use and reproduction by Let's Saddle Up of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program. It is our policy, that names will not be attached to the photographs.

Date _____ Signature: _____

Emergency Medical Information

Rider's name: _____

Emergency Contacts

Name: _____ Phone # _____

Name: _____ Phone # _____

General Information

Physician's Name: _____

Health Insurance Co. _____ Policy # _____

Consent for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize "Lets Saddle Up" to secure and retain medical treatment and transportation if needed and to release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospital, medication and any treatment deemed "lifesaving" by the physician.

Date: _____ Signature of parent, guardian, client _____