



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 the lessons. We use donations, grants, and fundraising to fund this program.

This is a horsemanship program. Sometimes it may be a ground lesson(unmounted). We have a weight limit of 180lbs. If you meet this guideline you may ride in a lesson. These lessons are scheduled as we have space available. This will not be a trail ride until you show riding ability in the arena and then only with supervision.

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.

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
- 2- Rider's Medical History and Physician's Statement
- 3- Copy of your 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 "life saving" by the physician.

Date: _____ Signature of parent, guardian, client _____