



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 Therapeutic Horsemanship is a 6 week long program. Cost for this program is \$180 per session. Each lesson is 1 hour. Sessions fees must be paid at the beginning of the session. Make up lessons will only be allowed for those who give a 12 hour notice. No shows or cancelling on the day of lessons you forfeit the money for that lesson. There is no refund of Money. Make up lessons will be added on at the end of the 6 week session.

If you have an outside organization paying for your lessons, the money for that session must be in our hands before lessons can begin. If LSU has not received the money, then it is the responsibility of the parent or guardian to pay for the session, \$180 or wait until the organization pays for lessons.

If a rider does not finish out a session, they have one month from last ride to make up lesson. After 1 month the lessons are forfeited. No refund of money.

Make checks out to Let's Saddle Up.

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 Therapeutic riding

- 1- Rider Registration form
- 2- Rider's Medical History and Physician's Statement
- 3- Please mail forms to 554 Spring Road, Laurens, SC 29360



Therapeutic Horsemanship

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 _____