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## ***2019 SUMMER THERAPEUTIC RIDING CAMP***

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The Lethbridge Therapeutic Riding Association is offering summer riding camps for individuals with disabilities.

Each day you will get one hour of riding and learning about our equine friends and how to take care of them.

### Dates & Times

- The camp includes six Mondays: July 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>rd</sup>, 29<sup>th</sup> and August 12<sup>th</sup>, 19<sup>th</sup>
- With your choice of : 10 am - 11 am; 11 am - 12 pm; 1 pm - 2 pm; or 2 pm - 3 pm

### Cost

- Therapeutic Riding Camp (six Mondays): \$120
- 2019 Membership: \$30 for individuals or \$65 for family (required once a year)

### Class Information

Physician Referral and Waiver forms must be filled out and handed in one week prior to camp starting. There is a weight restriction of 175 lbs (79 kg). An assistant, friend or family member over 16 years old must accompany the rider and participate in the day's activities. Wear long pants for riding. We provide helmets and boots. Camps are designed to facilitate riders of all abilities. No Sandals or Cell Phones.

**Register online or with this form (please use a separate form for each rider). If you use this form it can be mailed, faxed or emailed. Please no telephone registrations.**

<https://ltra.ca/registration>

Rider's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail \_\_\_\_\_

Have you ridden at the LTRA before? Yes \_\_\_ No \_\_\_ Name of Horse: \_\_\_\_\_

What are your goals for this riding camp? \_\_\_\_\_

**Select riding time:**

first choice

second choice

10 am to 11 am:

11 am to 12 pm:

1 pm to 2 pm:

2 pm to 3 pm

**Riding Fee** .....\$ 120.00

**2019 Membership Fee** (once a year).....\$ \_\_\_\_\_

\$30 per year for individuals, or \$65 per year for family

**Total Amount Enclosed** .....\$ \_\_\_\_\_

**\*Please make cheques payable to Lethbridge Therapeutic Riding Association or LTRA\***



# Therapeutic Riding Medical Clearance

**Please fill out this form if a current medical clearance is not on file at the LTRA office.**

- Physicians must sign release after each surgery in order for rider to participate in therapeutic riding
- Please complete this form legibly – ineligible forms must be refused

Date: \_\_\_\_\_ (yyyy/mm/dd)

Rider Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (yyyy/mm/dd)

## Medical History

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Frequency of Seizures: \_\_\_\_\_

Medications: \_\_\_\_\_

For: \_\_\_\_\_

*Please use separate page to detail surgery if needed.*

## Surgery

*(Please use a separate page to detail surgery if needed.)*

Surgery: \_\_\_\_\_ Dates: (yyyy/mm/dd)

_____	_____
_____	_____
_____	_____

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (yyyy/mm/dd)

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Waiver Form For Lethbridge Therapeutic Riding Association**  
**RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK WARNING**

The Lethbridge Therapeutic Riding Association will be referred to as "LTRA".

The undersigned acknowledges that equine activities undertaken at the facility and grounds of Rainbow Riding Center (the facility at LTRA) have inherent risks.

The LTRA will endeavour to provide reasonable services and to act reasonably, although the LTRA is not able to assure you that the services they, or anyone else at the LTRA facility provides or the horses and animals at the LTRA, will meet your needs or provide a trouble free or risk free experience.

The undersigned releases the LTRA, its agents and employees from all liability and waives, as against the LTRA its agents and employees all recourses, causes of action or claims of any kind for loss or damages, including any consequential loss or damage, and voluntarily accepts the legal risk, thereby expressly giving up any right of action from the physical risk arising from any actions initiated by the undersigned or, by anyone who is not affiliated with the LTRA, who is acting on the undersigned's behalf.

The undersigned further acknowledges and agrees that:

Equestrian activities can be very dangerous and expose all participants to many risks and hazards, some of which are inherent in the very nature of the sport.

As a result of the aforementioned risks and hazards, I may suffer personal injury, property loss or even death as a result of my presence and actions of the facility of the LTRA and any activities I engage in with the LTRA, or in or around the LTRA facility.

Some of the risks and hazards are a foreseeable, but many others are not.

I nevertheless, freely and voluntarily assume all possible risks, and hazards and acknowledge that my use of the facilities at LTRA, while participating in any activities, shall be entirely at my own risk, or at the risk of those for whom I am a guardian or caregiver.

I understand that LTRA its agents and employees do not assume any responsibility or liability whatsoever for my actions while I am engaged in any of the activities or using any of the facilities in any way.

I have carefully read this Release, Waiver of Claim and Assumption of Risk, and declare that I understand it and that I am freely and voluntarily executing it.

By signing this Release, Waiver of Claim and Assumption of Risk Warning, I will be FOREVER PRECLUDED FROM SUING OR OTHERWISE CLAIMING AGAINST LTRA its agents and employees for any loss or damage or injury or death I may sustain as a result of my own actions.

I understand that the LTRA will not permit me to use the facilities now or in the future at the Rainbow Riding Center unless I sign this Release, Waiver of Claim and Assumption of Risk Warning.

This Release, Waiver of Claim and Assumption of Risk are binding upon myself, my heirs, my executors, administrators, personal representatives, assigns.

**Dated:** \_\_\_\_\_ (yyyy/mm/dd)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of Arena user or Legal Guardian)

\_\_\_\_\_  
(Printed Name of Witness)

\_\_\_\_\_  
(Printed name of Student/Rider)