

# B.O.K. Ranch

Therapeutic Horseback Riding Center

## Enrollment Instructions

1. Print the enrollment forms.
2. Complete and sign the forms. Please print legibility.
3. Have the rider's primary physician fill out and sign the "Participant's Medical History and Physician Statement" form. This form does not require a physical or doctor's appointment. You may email the form to your doctor or drop it off at his/her office to have it filled out and signed.
4. Scan the completed forms then email them to [director@bokranch.org](mailto:director@bokranch.org). Electronic versions of the completed forms are preferred, but you may mail the forms to:

B.O.K. Ranch  
PO Box 620702  
Woodside, CA 94062

5. When the forms are received, someone from B.O.K. Ranch will call you to set up an initial intake assessment. This is a one-time visit lasting about 30 minutes. This assessment will determine the most appropriate class or service for the potential rider. There will be a fee charged for the initial intake assessment.
6. Start attending riding lessons once a week at the B.O.K. Ranch located at The Horse Park at Woodside. Display the B.O.K. Ranch parking pass on your vehicle's dashboard each time you come to The Horse Park at Woodside.

**Directions:** B.O.K. Ranch is located at The Horse Park at Woodside, 3674 Sand Hill Road, Woodside, CA 94062. From HWY 280 take the Sand Hill Road exit WEST for approximately ½ mile. Turn right into the Horse Park driveway and approach the gate slowly; it will open automatically. Follow the road past a large barn with green roofs; just past this barn the road becomes a parking lot where you may park. Walk through the gate to the left, next to the Mini Mobile storage unit. The B.O.K. Ranch barns and arenas are located at end of the driveway. The speed limit is 10 MILES AN HOUR and is strictly enforced.

# B.O.K. Ranch

Therapeutic Horseback Riding Center

## Dear Prospective Parents and Riders,

Thank you for your interest in B.O.K. Ranch! Enclosed are the enrollment forms necessary to participate in our adaptive horseback riding program. Please take some time to read and fill out all the forms completely. It is very important that you are familiar with the policies and procedures and the guidelines of this program. All forms must be completed and returned to B.O.K. Ranch before the rider will be scheduled for lessons or other services. Once we have received your completed forms, we will contact you to schedule an initial intake assessment.

Here is a brief description of the contents of the B.O.K. Ranch enrollment packet:

1. *Policies and Procedures*: Please read and keep for your records.
2. *Dress Guidelines*: Please read and keep for your records.
3. *Medical History and Physician's Statement*: Please submit to the rider's primary physician to complete and sign. Return the completed form with the rest of the forms.
4. *Application and Health History*: This form includes more detailed information about the rider. It is to be filled out and signed by the parent/legal guardian for riders under the age of 18, or by the independent adult rider.
5. *Authorization for Emergency Medical Treatment*: Please complete and sign.
6. *B.O.K. Ranch Release*: Please read and sign.
7. *The Horse Park at Woodside Release Form*: Since the Horse Park manages the property at which our program operates; this release needs to be signed as well.
8. *Confidentiality Agreement*: Please read and sign.
9. *Photo Release*: Please read and sign.
10. *Speed Limit/Parking/Parking Pass Agreement*: Please read, initial and sign.
11. *Parent/Rider Policies & Procedures Agreement*: Please read, initial and sign.

I look forward to meeting you soon!

Tish Dipman  
Executive Director

## Policies & Procedures

1. **B.O.K. Ranch is a Therapeutic Horseback Riding Program.** What does this mean? B.O.K. holds classes year-round. "Lessons" include both riding and non-riding activities. Lessons are held in all weather conditions including rain, wind, and heat. When it is not appropriate or safe to be riding, participants will learn about horses and barn management. This may include, but will not be limited to, identifying different breeds' characteristics and colors, grooming, tacking, and equine first aid. The curriculum is based on the United States Pony Club Horsemanship curriculum; which is equally valuable and as important as the mounted activities.

The classroom and the barn are used for all non-riding activities. Non-riding lessons are adapted to the needs and skills of the participants. Volunteer support is on hand to help guide the lessons and add additional help when and where it is needed.

The instructors reserve the right to make both pre-planned and last minute decisions regarding the lesson policy. If at any time the safety and wellbeing of the riders is questioned by the Professional Association of Therapeutic Horsemanship International (PATH, Intl.) Certified Instructor, she will quickly and efficiently switch from her riding lesson plan to her non-riding lesson plan. This many happen with little or no notice.

You have the right to be absent from your lesson. If you are going to be absent, please contact the B.O.K. Ranch office or your instructor with as much notice in advance as possible. Keep track of the fees paid for your missed lessons and consider the cost of the missed lesson as a donation to B.O.K. Ranch. You may take the amount paid as a tax deduction at the end of the year as allowed by law. Contact the B.O.K. Ranch office before the end of the year with the amount you paid for missed lessons, and we will provide a letter acknowledging your donation for tax purposes.

**Health and Behavioral Considerations.** Children who are absent from school due to illness are not to attend riding lessons. All current illnesses including conditions that are highly contagious or transmittable, such as lice, pink eye, etc. should be reported to the staff immediately upon arriving for a scheduled lesson. All illnesses that might affect the student's balance (e.g. ear infection) should be reported to staff immediately. Any change or introduction of new medications should be reported to staff immediately upon arriving for a scheduled lesson.

### **Information on Seizure Disorders/Epilepsy**

If seizure disorder or epilepsy is present, the rider is not eligible to participate in the B.O.K Ranch horseback riding program. Seizure disorders are a disruption of brain function manifested as impairment by loss of consciousness, abnormal motor activity or sensory disturbances. Seizures may arise as a primary disorder (e.g. epilepsy), or seizures may be secondary to brain insults (e.g., brain injury, stroke, cerebral palsy, disease, tumor). The severity of seizures ranges from extremely mild and barely noticeable, to moderate or severe with complete loss of control. Seizures may have specific triggers such as sounds, light or smells that precipitate the seizure activity. Frequency of seizures varies widely and cannot always be predicted.

The physician's form must state that the riding candidate has been seizure free for a minimum of 12 months. Decisions against riding are based on the welfare of riders and horse as well as staff and volunteers.

**Visitors.** Siblings or minors accompanying the student **must** be supervised at all times by either a parent or guardian. No pets are allowed on the premises.

**Payments.** The cost for a B.O.K. Ranch riding lesson is currently \$65 (cost per lesson is subject to change with notice). Lessons are scheduled/offered on a weekly or bi-weekly basis and are held “rain or shine”. No credit or refunds are given if you or your rider misses a lesson. We do not track attendance, but if you keep track of payments made for missed lessons, you may take the amount paid as a tax deduction at the end of the year. Contact B.O.K. Ranch office before the end of the year with the amount you paid for missed lessons, and we will provide a letter acknowledging your donation for tax purposes. Monthly lesson payments are charged to your authorized credit/debit card on the first business day of each month. In addition to the cost of the riding lessons offered during the month, there is a \$5.00 (five dollars and zero cents) charge to cover credit card processing.

2. **Instructor/Parent/Rider Conferences.** You will be notified, in advance, the week B.O.K. Ranch will be closed for lessons. The instructors will use this time for brief individual conferences with parents and/or riders. You may make an appointment to come to the barn for a conference or you may schedule a phone conference. During the conference, you and the instructor will identify goals, review progress notes, and determine rider eligibility status. At that time, you will have the opportunity to sign and update any required paperwork.
3. **Lesson Term Length, Eligibility, and Dismissal.** Rider’s enrollment will be month to month. You may withdraw your rider from the program at any time. We request that you contact the BOK office before the end of the month if you plan to withdraw your rider, otherwise you will be charged for the following month.

**Eligibility.** At the conference your instructor will discuss whether a therapeutic environment is still appropriate for you or your rider. The instructor may recommend that it is time to transition to a conventional riding program. Your instructor will also take new measurements of the rider’s height and weight, if applicable. Riders will be weighed on the barn scale (for consistency); anyone enrolled in the therapeutic riding program must weigh less than 180 lbs.

**Dismissal.** It is the mission of B.O.K. Ranch to provide adaptive horseback riding lessons to individuals with special needs. Please be advised that transition out of the program may occur for any of the following reasons:

1. Rider has reached all of his or her goals and is ready to graduate into a conventional horseback riding program.
  2. Inability to follow directions is interfering with progress toward goals.
  3. Uncontrolled or inappropriate behavior that constitutes a safety risk to rider, horses, volunteers and/or staff. Uncontrolled or inappropriate behavior by parents or other guests also are grounds for dismissal.
  4. Any changes in a rider’s medical, physical, cognitive or emotional condition or medication that makes adaptive riding inappropriate or unsafe.
  5. Three (3) lessons missed without notification. Dismissal will be at the discretion of the Executive Director.
  6. Health conditions/considerations change.
4. **Tardiness.** Every rider is expected to arrive five (5) minutes before the start of their scheduled lesson. This is to allow sufficient time to put on a helmet, use the bathroom, check the white board to see which horse is to be ridden, etc. If a rider has not checked in with the instructor within the first 15 minutes of the lesson start time, the horse will be untacked and returned to its stall. The rider will be charged the full amount for the missed lesson.
  5. **Lesson Times.** There is generally a 15-minute gap between lessons to allow the instructors to make necessary changes to horses, equipment and to allow riders a safe mounting process. Instructors may temporarily change lesson times based on daylight saving time or other conditions.

6. **Rider Apparel.** Riders should come prepared for horseback riding. Long pants –even in hot weather- and appropriate footwear with stiff soles such as riding boots, hiking boots or tennis shoes are required. Shorts, skirts or dresses, of any length, are not appropriate horseback riding clothing. Sandals, flip flops, or open toe shoes of any kind are not suitable or safe to wear around horses.
7. **Parent Pick Up and Drop Off.** Parents and caregivers are required to walk down to the barn to pick up their rider(s). Riders are not permitted to walk up to the parking lot unaccompanied.
8. **Handicap Parking.** The parking spaces designated as handicap parking are reserved for riders who are non-ambulatory or are fragile ambulators. If the rider can walk, please park in the upper parking lot and walk down to the barn. If the rider is physically disabled and requires parking in the handicap spaces close to the barn, please drive 2 mph or less through the narrow driveway past the stalls and Three Bay Farms.
9. **Horse Park Speed Limits.** Once you enter The Horse Park at Woodside you are required to drive **10 mph or less.** See attached *Speed Limit/Parking/Parking Pass Agreement.*
10. **Private and Semi-Private Lessons.** A minimum number of private lessons are available for riders who require one-on-one instruction. Private lessons will not be available for any rider who requests it due to scheduling conflicts. Enrollment in private lessons will be at the discretion of the instructor or the Executive Director.
11. **Photo Release.** B.O.K. Ranch has increased its use of Facebook, Instagram and other social media to communicate with riders, parents and volunteers. Be sure to “Like” our Facebook page at [www.facebook.com/bokranch](http://www.facebook.com/bokranch). Follow us on Instagram at #bokranch. Please check Facebook or Instagram frequently to stay up to date on activities, events and news about B.O.K. Ranch. Please review and sign the attached Photo Release form.
12. **Year-end Donations.** B.O.K. Ranch is entirely funded through private donations. Your financial assistance through a tax-deductible contribution will not only help to make our programs available to more young people, it will help us attract large, sustaining grants from charitable foundations and corporations. These foundations and corporations make their funding decisions based on how B.O.K.’s constituents (riders, parents, board members, instructors and staff) are supporting the organization. The closer we get to 100% participation from our constituents, the more likely we are to receive funding. We request that you place B.O.K. Ranch among the top charitable causes you support with a tax-deductible gift.

**Matching Gift Programs.** Many employers in the Bay Area sponsor matching gifts programs. Your donation can go twice as far with a corporate match. Please check with your Human Resource office to find out if your employer offers matching gifts.

We welcome your feedback and any questions or concerns. Please feel free to call 650-366-2265 or email [director@bokranch.org](mailto:director@bokranch.org).

## Policies & Procedures Agreement

### Initial

\_\_\_\_\_ I have read and understand the B.O.K. Ranch Policies & Procedures.

\_\_\_\_\_ I agree to comply with the policies and procedures set forth in the attached document.

\_\_\_\_\_ I acknowledge that if I use a credit or debit card to pay for monthly lessons that a monthly credit card processing fee of \$5 (five dollars and zero cents) will be charged to my credit card.

\_\_\_\_\_ I acknowledge that signing this agreement does not guarantee enrollment in the B.O.K. Ranch Therapeutic Horsemanship Lesson Program.

\_\_\_\_\_ I agree to notify the B.O.K. office by the end of the month if I and/or my child(ren) choose to withdraw from the program.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

*(Rider/Participant)*

Signed \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/guardian if rider/participant under 18 years old)*

## **Dress Guidelines**

Please make sure that you and/or your child come appropriately prepared for his or her lesson by following the dress guidelines outlined below:

1. Dress in layers.
2. Dress in clothing that does not restrict any movement.
3. Wear long pants at all times to prevent chafing or rubbing on legs.
4. Wear lace-up shoes with a heel. Light-weight hiking boots or riding boots are ideal, though sneakers can be worn.
5. Riding gloves may be worn if desired. In cold weather other types of gloves are acceptable. Mittens may not be worn.
6. Riding helmets will be provided. To ensure a safe and proper fit, it is important to remove any dangling earrings or hair accessories that would be uncomfortable under a helmet. High pony tails should be avoided as it interferes with proper adjustment of the helmet.
7. Remove any sharp or rigid objects from all pockets. This includes pencils, wallets and cell phones.
8. For safety reasons, open-toed shoes are not to be worn at any time while at B.O.K.

Check with your instructor regarding the contents of the donation “grab bag”. Donated riding clothes, boots, half chaps, etc. are available free of charge to our riders. After your rider out grows the donated item, please place it back in the “grab bag” for the next rider. Thank you!

# B.O.K. Ranch

## Therapeutic Horseback Riding Center

Date: \_\_\_\_\_

Dear Health Care Provider:

Your patient \_\_\_\_\_  
(Rider/Participant's name)

is interested in participating in supervised equine activities. To safely provide this service, B.O.K. Ranch requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic  
Atlantoaxial Instability – include neurologic symptoms  
Coxarthrosis  
Cranial Defects  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/abnormalities

Neurologic  
Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia

Other  
Age – under 4 years  
Indwelling Catheters/Medical Equipment  
Medications – e.g., Photosensitivity  
Poor Endurance  
Skin Breakdown

Medical/Psychological  
Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions (e.g., RA, MS)  
Fire Settings  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact B.O.K. Ranch at the address/phone indicated below.

**Telephone: 650-366-2265**

PO Box 620702

Woodside, California 94062

650-366-2265

[www.BOKRanch.org](http://www.BOKRanch.org)

## B.O.K. Ranch Participants Medical History & Physician's Statement

Participant name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

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

Seizure Type: \_\_\_\_\_ Controlled:  Y  N Date of Last Seizure: \_\_\_\_\_

Shunt Present:  Y  N Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation:  Y  N Assisted Ambulation:  Y  N Wheelchair:  Y  N

Braces/Assistive Devices: \_\_\_\_\_

For those with Down syndrome: Neurologic Symptoms of Atlanto Axial Instability: \_\_  Present \_\_  Absent

**Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.**

	Y	N	Comments
Auditory			
Vision			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and or/ or therapies. I understand that the B.O.K. Ranch will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the B.O.K. Ranch for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO PA Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

# B.O.K. Ranch Participants Application and Health History

## GENERAL INFORMATION

Participant name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate #: \_\_\_\_\_

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

Caregivers: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate #: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

## HEALTH HISTORY

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
Seizure			

**MEDICATIONS** (Include prescription and over-the-counter medication; name, dose, and frequency)

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Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):  
**PHYSICAL FUNCTION** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHOSOCIAL FUNCTION** (e.g., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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**GOALS** (i.e., why are you applying for participation? what would you like to accomplish?)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Rider/Participant, Parent or Legal Guardian)*

# Authorization for Emergency Medical Treatment

(Please check the one that best describes you)  **Rider**  **Staff**  **Volunteer**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home/work) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home/work) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home/work) \_\_\_\_\_ Cell phone: \_\_\_\_\_

**If emergency medical aid/treatment is required during lessons, I authorize B.O.K. Ranch to:**

1. Secure and retain medical treatment and transportation if needed.
2. Release injured person's records upon request to the authorized individual or agency involved in the emergency medical treatment.

## Consent Plan:

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) listed above is unable to be reached in a timely manner.

Consent signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Rider/Participant, Parent or Legal Guardian if under 18)*

## B.O.K. Ranch Release Agreement

I, the undersigned, \_\_\_\_\_, do forever release, acquit, discharge and hold harmless B.O.K. Ranch, its agents, employees, representatives, successors, and assigns, for all manner of claims, demands, and damages of every kind and nature, where to which the undersigned or said minor may now, or in the future, have against B.O.K. Ranch, its agents, employees, representatives, successors, or assigns on account of personal injuries, physical or mental condition, known or unknown, to the person of said minor and the treatment thereof, as a result of, or in any way growing out of the acts of B.O.K. Ranch, its agents, employees, representatives, successors, or assigns including but not limited to negligence or gross negligence, in executing the services above described and/or incidental thereto.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian if under 18)

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18)



The Horse Park at Woodside

## General Agreement & Release of Liability

I, \_\_\_\_\_ (Must be a Parent or Guardian if person named above is under the age of 18), hereby acknowledge that I have requested permission to participate in equestrian or other activities on the premises of **The Horse Park at Woodside**. I have read and agree to abide by the Horse Park Facility Use Rules. I am aware that combined training and eventing, jumping, trail riding, conditioning, polo and all other forms of equestrian activities, including the teaching, training or coaching thereof can be hazardous. I am voluntarily participating in equestrian or other activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.

In consideration for being permitted to use the facilities at the *Horse Park at Woodside*, I hereby agree that I, my heirs, my distributees, guardians, legal representatives and assignees will not make a claim against, sue, attach the property of, or prosecute the *Horse Park at Woodside*, its landlord, directors, officers, members, employees or assignees, for any claim I now have or may hereafter have for death, injury or property damage resulting from my use of the facilities at the *Horse Park at Woodside*, whether caused by my acts of omission or negligence or any else's. In addition, it is understood that any and all insurance that I have shall be primary. To the fullest extent permitted by law, **I shall defend, indemnify & hold harmless** the *Horse Park at Woodside*, its landlord, directors, officers, agents and employees for and against any and all claims, damages, losses, expenses and liabilities of every kind, including but not limited to attorney's fees, in any way arising out of or in connection with my activities under this Agreement. This indemnify shall apply regardless of any active and/or passive negligent act or omission of the *Horse Park at Woodside*, its landlord, directors, officers, agents and employees.

I have carefully read this agreement and release and fully understand its contents. I am aware that this is a Release of Liability, a waiver of legal rights and contracts between me and The Horse Park at Woodside. I sign this agreement and liability at my own free will. I further acknowledge that there are no warranties either express or implied, concerning the facilities, events or activities at The Horse Park at Woodside.

Signature: \_\_\_\_\_  
(Must be signed by a Parent or Guardian if Member is under the age of 18)

Please Print Name: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_

Emergency Contact #(s): \_\_\_\_\_

## Confidentiality Agreement

Every Professional Association of Therapeutic Horsemanship International (PATH Intl.) accredited adaptive riding program must have a policy for its staff and volunteers to maintain confidentiality of its students.

By signing this form, you are agreeing to abide by the confidentiality policy. This policy is in place to protect the confidentiality of the B.O.K. Ranch students, volunteers (participants) and his or her time at B.O.K. Ranch.

Use discretion when talking about program participants and make sure that if you are writing an article, doing a school project or exposing participants in any way to the public that you have permission from the participant and his or her parents (if the participant is a minor).

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
*(Rider/Volunteer)*

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/guardian if rider/volunteer under 18 years old)*

## Photo Release

I **DO** consent to and authorize the use and reproduction by B.O.K. Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions, and social media or for any other use for the benefit of the program.

I **DO NOT** consent to and authorize the use and reproduction by B.O.K. Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions, and social media or for any other use for the benefit of the program.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
*(Rider/Participant)*

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/guardian if rider/participant under 18 years old)*

# Speed Limit/Parking/Parking Pass Agreement

## Initial

- \_\_\_\_\_ I understand and agree to drive **10 miles per hour OR LESS** once I enter the Horse Park at Woodside.
- \_\_\_\_\_ I understand and agree that any person, mounted on a horse or handling a horse(s) from the ground, automatically has the right of way.
- \_\_\_\_\_ I understand and agree that I shall **slow to 3 miles an hour while passing any horse(s) on the Horse Park roads**, and I will come to a complete stop and wait if a horse or rider appears to be in distress or losing control.
- \_\_\_\_\_ B.O.K. Riders, volunteers, and visitors shall park in the designated parking area at the end of the road.
- \_\_\_\_\_ Riders who are non-ambulatory, or considered fragile ambulators, and have DMV handicapped plates and/or placards, may park in the handicap spaces close to the barn.
- \_\_\_\_\_ I understand and agree that if I am parking close to the barn in a designated handicap parking space that I will drive UNDER 5 miles an hour through the gate at Three Bay Farms (the barn located next to B.O.K. Ranch).
- \_\_\_\_\_ I agree to display a yellow B.O.K. Ranch parking pass in my car when entering the Horse Park at Woodside. I also understand that failure to have a parking pass during show season or during a Horse Park event, may lead to parking fees at the front gate, and no access to the B.O.K. Ranch parking area.
- \_\_\_\_\_ I understand that there are cameras located throughout the Horse Park and speeders may be asked to leave the premises and may not be allowed to return.
- \_\_\_\_\_ I understand that horses, by nature are flight animals and are easily frightened by speeding cars and loud car stereos. Horses' natural reactive nature may cause danger for their handler/rider.
- \_\_\_\_\_ I understand that it is very expensive to maintain the Horse Park roads, and that excessive speed increases the deterioration of the roads.
- \_\_\_\_\_ I understand that if I exceed the speed limit on Horse Park property, I waive my right to confidentiality, and my name will be reported to the Horse Park's main office.
- \_\_\_\_\_ I understand and agree that a rider may be dismissed from the B.O.K. Ranch program for unwritten traffic, speeding, parking, and/or other noted or unnoted interactions with other staff, visitors, and equestrians at the Horse Park at Woodside.
- \_\_\_\_\_ I understand and agree that a violation of any of the above mentioned, in full or in part, by any visiting family member, caregiver, friend or associate of any kind may result in a rider's expulsion from the B.O.K. Ranch program and the Horse Park at large.
- I understand that by reading and signing this agreement, I take responsibility for any person associated with my lessons and/or volunteer work (i.e. spouses, caregivers, parents, visitors, carpools, minivans/transporters, etc.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_