

## NEW STUDENT CHECKLIST THE COTTING SCHOOL PROGRAM

Please read and fill out all necessary forms. Completed forms should be sent to:

Attn: Cassie Clarke

Lovelane Special Needs Horseback Riding Program

40 Baker Bridge Road, Lincoln, MA 01773

Tel: (781) 259-1177 x34

Fax: (781) 259-4877

[Cassie@lovelane.org](mailto:Cassie@lovelane.org)

Lovelane must receive all completed paperwork at least **ONE WEEK BEFORE** a student is set to begin in the program. If we do not have the completed paperwork by then the student **WILL NOT BE PERMITTED TO RIDE** in the first session.

- Student Information Form
- "In Your Own Words" Form
- Physician Referral Form
- Physical/Occupational Therapist's Assessment
- Emergency Release Treatment Form
- Photo Release Form
- Lovelane Policy Statement
- Release Form (including Trail Riding Release)

*Information forms that do not require a signature or need to be returned:*

- Lovelane Facility Safety Rules
- Directions to Lovelane

## COTTING SCHOOL PROGRAM STUDENT INFORMATION FORM

### STUDENT INFORMATION

TODAY'S DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last mm dd yy

Home Address: \_\_\_\_\_  
# Street Apt City Zip Code

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Primary Disability: \_\_\_\_\_

Can sit independently:  YES  NO

Able to walk independently:  YES  NO

Uses a wheelchair:  YES  NO

Understands verbal directions:  YES  NO

Has ridden a horse before:  YES  NO

Communicates with sign language:  YES  NO

If YES please specify: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

#### PARENT/GUARDIAN # 1

#### PARENT/GUARDIAN # 2

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

#### BUSINESS INFORMATION:

#### BUSINESS INFORMATION:

Occupation/Title: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

### SIBLING INFORMATION

Name: \_\_\_\_\_  F  M Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_  F  M Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_  F  M Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

NOTES: (Any additional information that would be helpful for us to know)

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**"IN YOUR OWN WORDS"**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. What is your child's special need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are your/your child's goals?

Short Term Goal(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Long Term Goal(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your child's past experiences with horses, if any? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is there anything special we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PHYSICIAN REFERRAL

Lovelane is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. Safety equipment and specially trained horses, instructors, therapists, and volunteers are used. In order to assure the fullest possible protection and greatest personal benefit from the program, the rider is required to furnish the following medical information before being accepted as a riding student.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

Medical History: \_\_\_\_\_

Surgical Procedures: \_\_\_\_\_

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

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

Allergies (please list): \_\_\_\_\_

Epi- Pen on hand?  Yes  No

**DISABILITIES (check all that apply):**

Sight  Hearing  Speech  Neuro-sensation  Mobility:  
 Muscle tone  Balance  Coordination  Other: \_\_\_\_\_

Ambulatory:  Yes  No Are braces or other assistive devices used?  Yes  No

Comment (if applicable): \_\_\_\_\_ Seizures: \_\_\_\_\_

Incontinence: \_\_\_\_\_

General Comments: \_\_\_\_\_

IN MY OPINION, THIS CHILD MAY RECEIVE RIDING INSTRUCTION UNDER APPROPRIATE SUPERVISION.

Physician Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**FOR CHILDREN DIAGNOSED WITH DOWN SYNDROME ONLY:**

**NOTE:** Because of the nature of the activity of horseback riding, no individual diagnosed **down syndrome** can be accepted for riding instruction without proof of a negative diagnostic x-ray for atlantoaxial dislocation condition.

\_\_\_\_\_ My initials here certify that the individual listed on this form has had a negative diagnostic x-ray within the past 3 years, and under examination does not reveal signs of atlantoaxial dislocation or focal neurological disorder.

## PHYSICAL/OCCUPATIONAL THERAPIST ASSESSMENT

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Does the student have any physical weakness? (Please describe the muscle group(s) involved) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any gross or fine motor coordination problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any limitation on the student's range of motion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any restrictions or precautions the riding instructors should know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Many exercises can be adapted for use on the horse. Can you suggest any that will benefit this student? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Suggested Mounting Procedure: \_\_\_\_\_

Any time limitation for this student's exercises? \_\_\_\_\_

Any other special instructions or exercises for this student? \_\_\_\_\_

Therapist Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

## EMERGENCY RELEASE TREATMENT FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

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

PHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's Disability: \_\_\_\_\_ Date of Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Health Care Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### PERSON WHO IS AUTHORIZED TO GIVE TEMPORARY ASSISTANCE OR CARE IN ABSENCE OF PARENT/GUARDIAN:

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

Preferred Medical Facility: \_\_\_\_\_

Describe any medical condition requiring special precautions or treatment and any medications and dosage:

\_\_\_\_\_

In case of medical emergency, the undersigned authorizes Lovelane Staff to make provisions for such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the student, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

No student can be accepted for riding instruction until this form has been completed by the parent/parents or guardian. If the student is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision and, although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations concerned, including Lovelane Special Needs Riding Program, Inc.

Yes, I would like \_\_\_\_\_ to have riding instruction, and I have discussed this with the student's doctor. I understand that **NO LIABILITY** can be accepted by any organization concerned with this instruction, including Lovelane Special Needs Horseback Riding Program, Inc., in the event of any accident which may occur.

### IF STUDENT IS UNDER 18:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### IF STUDENT IS OVER 18:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## RELEASE FOR USE OF PHOTOS AND LIKENESS

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I hereby knowingly and voluntarily consent to the use and publication, without prior notice or compensation, of my name, likeness, voice, and/or participation, whether or not edited, retouched, or otherwise modified, by Lovelane Special Needs Horseback Riding Program, Inc. ("Lovelane"), its employees, officers, directors, agents, and any other person or entity acting on Lovelane's behalf, for any and all purposes including, but not limited to, educational, promotional, advertising, informational, fundraising and commercial purposes, through any medium or format, including, but not limited to, photograph, videotape, audiotape, film, television, radio, internet, digital, printed material or presentation, at any time from this date forward. I further waive any claims against Lovelane, its employees, officers, directors, agents, and any other person or entity acting on Lovelane's behalf, based upon or related to the use or publication of my name, likeness, voice, and/or participation.

I have read and understood the terms of this release and hereby acknowledge that I am providing this release knowingly and voluntarily. I further acknowledge that I have been given sufficient consideration for this release. I understand that I may only revoke this release by giving written notice to the individual listed below.

### IF PARTICIPANT IS UNDER 18:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

### IF PARTICIPANT IS OVER 18:

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

No, I do not give permission as stated above.

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

## LOVELANE POLICY STATEMENT THE COTTING SCHOOL PROGRAM (Effective 8/1/2014)

### Cancellation Policy:

- ♥ Due to the special nature of this program, any session you cancel is forfeited.
- ♥ If Lovelane is closed due to inclement weather, i.e. when Lincoln schools are closed for snow, or if Lovelane is forced to cancel your lesson due to unsafe riding conditions such as thunder and lightning we will work with The Cotting School to provide a makeup opportunity.

### Weight Limit

- ♥ In order to ensure the safety of Lovelane's lessons, any child with a PASSIVE WEIGHT over 170lb will NOT be permitted to ride.\*
- ♥ Any rider requiring a full transfer assist and/or requires major support to trunk to sit independently on the horse must weigh less than 120 pounds and/or be approved for safety by Lovelane staff.\*

*\*Any child unable to ride due to weight may still be able to participate in our un-mounted Barn Buddies program if he or she is appropriate for the program and there is an opening. Please contact Cassie for more information: [Cassie@lovelane.org](mailto:Cassie@lovelane.org).*

### Safety:

- ♥ Safety is Lovelane's number 1 priority- the staff reserve the right to exclude participation in our program if a rider is deemed unsafe for any reason.
- ♥ Instructors may end a lesson prior to completion if they feel the circumstances have become unsafe.

Student Name: \_\_\_\_\_

I have read and understand this policy.

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

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



***Lovelane Special Needs Horseback Riding Program, Inc.***

**RELEASE AND INDEMNIFICATION**

This release and indemnification is made by and between the undersigned participant (the "Participant" including but not limited to students, compensated and non-compensated employees), the undersigned Participant's parents (the "Participant's Parents") and any and all persons and parties now or hereafter having any interest in the charitable organization known as Lovelane Special Needs Horseback Riding Program, Inc., a Massachusetts corporation, together with any and all employees, agents and servants of Lovelane Special Needs Horseback Riding Program, Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Lovelane Special Needs Horseback Riding Program, Inc. (collectively, "Lovelane"). Lovelane provides horseback riding lessons, outdoor activities and volunteer opportunities related to horsemanship and the care and upkeep of horses, other animals and farms to individuals, including but not limited to children with physical, emotional and mental challenges (the "Program"). Lovelane owns, leases, and/or utilizes stable, pasture, indoor and outdoor arenas and related spaces at the properties known as and located at 40 Baker Bridge Road in Lincoln Massachusetts, 9 Cambridge Turnpike in Lincoln Massachusetts and 21 Plain Road in Weston Massachusetts (collectively, the "Farm"; the owners, from time to time, of the properties comprising the Farm are referred to herein collectively as the "Landlord"). Lovelane owns, leases, cares for and/or maintains certain horses used or to be used in connection with the Program (the "Horses"). As used herein, the word "horse" shall include horses and ponies of every kind. The Participant wishes to participate in the Program and ride and work with the Horses at the Farm and/or at such other places as Lovelane conducts its activities, including but not limited to horse shows, clinics, fairs, expositions, schooling sessions and the like conducted away from the Farm. The Participant and the Participant's Parents desire that the Participant have the opportunity to participate in the Program and ride and work with the Horses at the Farm and/or at such other locations as Lovelane conducts its activities. **Lovelane will not permit the Participant to participate in the Program or work with or ride the Horses without the execution of this release and indemnification which is of material significance to Lovelane** The Participant and the Participant's Parents hereby acknowledge and agree that the activities contemplated hereby are "equine activities," that Lovelane and the Landlord are each an "equine professional" and/or an "equine activity sponsor," and the Participant is a "participant" all as defined by Massachusetts General Laws Chapter 128, Section 2D.

**NOW THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Participant and Participant's Parents agree as follows:

1. **Inherent Risks**. The Participant and Participant's Parents acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities. Despite these inherent risks, the Participant has chosen, and Participant's Parents have chosen to allow the Participant, to ride and/or work with and around the Horses (the "Activities").

2. **Participant's Representations**. The Participant and the Participant's Parents have been provided with medical and informational intake forms by Lovelane. The Participant and the Participant's Parents hereby certify that the information contained therein is true and accurate in all respects. Participant and Participant's Parents hereby acknowledge that Lovelane will and may rely on the information disclosed thereby without further inquiry or investigation. If, at any time, the medical, physical, emotional or mental condition of the Participant shall change in any material respect or if any of the information required to be disclosed by such forms shall change in any respect, Participant and Participant's Parents shall immediately notify Lovelane in writing. In no event shall Lovelane be responsible for inquiring into the condition of the Participant's physical, medical, emotional or mental condition or any change in such condition. The Participant represents, warrants, covenants and agrees that he or she will not ride or otherwise use any horse, whether owned by Lovelane, the Participant or another, in any activity or for any purpose if the Participant is unable to safely manage, control and ride such Horse. If, at any time, the Participant or Participant's Parents believe that the Participant is unable to safely manage the Horse, he or she shall immediately dismount the Horse and notify Lovelane.

3. **Equipment**. The Participant and Participant's Parents acknowledge and understand that the equipment used in connection with the Activities, including but not limited to saddles, bridles, bits, brushes, pitchforks, shovels, brushes, combs and hoof picks are each given to wear and tear. The Participant and Participant's Parents agree to use the utmost care at all times while at the Property and to inspect all equipment carefully for evidence of defects or breakage. In the event that the Participant or Participant's Parents locate any defects or breakage in any equipment owned or utilized by Lovelane, he or she shall immediately notify Lovelane. In no event shall Lovelane be held liable for any injury to or death of the Participant caused by any defect in any equipment, whether or not such equipment is owned, utilized and/or provided by Lovelane.

4. **Helmets**. The Participant and Participant's Parents hereby acknowledge that they have been warned of the dangers involved in failing to wear protective headgear and that Lovelane **REQUIRES** that all individuals who are able to do so wear ASTM-SEI approved protective headgear, with chin strap securely fastened, at all times while working with or riding any Horse on the Property. Certain children may not be able to wear an ASTM-SEI approved helmet due to physical limitations. In such cases, pursuant to the guidelines of the North American Riding for the Handicapped Association, Inc., the child may wear an alternative helmet. The Participant and the Participant's Parents acknowledge that there are additional risks posed by riding a horse without a helmet approved for horseback riding and specifically agree to indemnify, defend with counsel acceptable to Lovelane and hold Lovelane harmless for any injury or damage resulting, directly or indirectly, from the failure of Participant to wear an approved helmet.

5. **Release**. The Participant and Participant's Parents agree that they shall not hold Lovelane or Landlord liable for any injury to or the death of the Participant or Participant's Parents resulting from or related to his or her involvement in equine activities and/or the Activities. The Participant and Participant's Parents hereby remise, release and forever discharge Lovelane and Landlord for him or herself and his or her heirs,

executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of the Participant or the Participant's Parents caused by or in any manner related to equine activities and/or the Activities.

6. **Indemnification**. The Participant and Participant's Parents further indemnify, agree to defend with counsel acceptable to Lovelane and hold Lovelane and Landlord harmless for any injury or damage caused, directly or indirectly, by the Participant or Participant's Parents to any person or the property of any person (including, without limitation, damage to Lovelane, Lovelane's property, the Property and/or any of the Horses), which injury or damage is caused, directly or indirectly, in whole or in part, by the Participant or Participant's Parents. The Participant's Parents hereby acknowledge and agree if the Participant does not have sufficient funds to fully indemnify Lovelane an Landlord, they shall be personally and jointly and severally liable to Lovelane for any such injury or damage.

7. **Consent to Emergency Medical Care**. In the case of any injury or apparent injury to the Participant while at the Property and/or riding the Horses, the Participant and Participant's Parents hereby authorize Lovelane and any agent or employee of Lovelane, to seek medical care and attention for the Participant, including but not limited to arranging for an ambulance to take the Participant to any medical care facility, transporting the Participant to any medical care facility and consenting to treatment, medication and/or surgery for the Participant. The Participant and Participant's Parents acknowledge that they shall be solely responsible for the payment of any medical costs and expenses incurred on behalf of the Participant and hereby indemnify and agree to hold harmless Lovelane for any costs incurred by Lovelane on behalf of the Participant.

8. **Parental Consent and Waiver of Consortium Claims**. The Participant's Parents hereby warrant and represent that they are the parents and lawful guardians of the Participant. The Participant's Parents, by their execution hereof, hereby agree and assent to the terms of this Agreement and execute this contract on behalf of their minor child, the Participant, intending it to be legally binding and fully enforceable against the Participant and themselves. The Participant's Parents, by the execution hereof, further remise, release and forever discharge for themselves and their heirs, executors and administrators, Lovelane and Landlord of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that they now have or hereafter can or may have or which their heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or the death of the Participant, including but not limited to actions for loss of consortium.

9. **Massachusetts Contract**. This Agreement is a Massachusetts contract and shall be interpreted and construed in accordance with the laws of The Commonwealth of Massachusetts, without regard to conflicts of laws principles.

The Participant and Participant's Parents hereby state under the pains and penalties of perjury that they have read this Release and Indemnification in complete detail, that they understand the consequences of executing this Release and Indemnification and that they execute this Release and Indemnification as an instrument under seal, as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. This Release and Indemnification shall be binding upon the Participant and Participant's Parents each and every time the Participant rides or works with the Horses, without the need for re-execution, unless and until revoked in writing by the Participant and the Participant's Parents.

**IF PARTICIPANT IS OVER 18:**

Participant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**IF PARTICIPANT IS UNDER 18:**

Participant's Name: \_\_\_\_\_

Participant's Parents Signatures: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

**WARNING**

**UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.**

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**TRAIL RIDING RELEASE**

In addition to riding lessons conducted within the indoor and outdoor arenas, and horsemanship lessons taught at various locations, Lovelane periodically takes students for mounted trail rides on the properties located near the Property (the "Trails"). The Trails are not maintained by Lovelane and Lovelane does not have control over their condition. Lovelane has not undertaken to inspect the Trails for hazards which may exist on the Trails. In addition, the Horses may behave differently when being ridden on the Trails, such as being more prone to tripping or spooking. The Participant's Parents may elect to allow the Participant to ride on the Trails or may withhold such consent. The granting or withholding of consent will not otherwise affect the Participant's participation in the program and is completely voluntary. If the Participant's Parents elect to permit the Participant to ride on the trails, the Participant and the Participant's Parents specifically agree to hold Lovelane and Landlord harmless from any injury or death arising from the conditions of the Trails.

We DO -OR-  DO NOT authorize Lovelane to take the Participant horseback riding on the Trails.

**IF PARTICIPANT IS OVER 18:**

Participant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**IF PARTICIPANT IS UNDER 18:**

Participant's Name: \_\_\_\_\_

Participant's Parents Signatures: \_\_\_\_\_ Print Name: \_\_\_\_\_

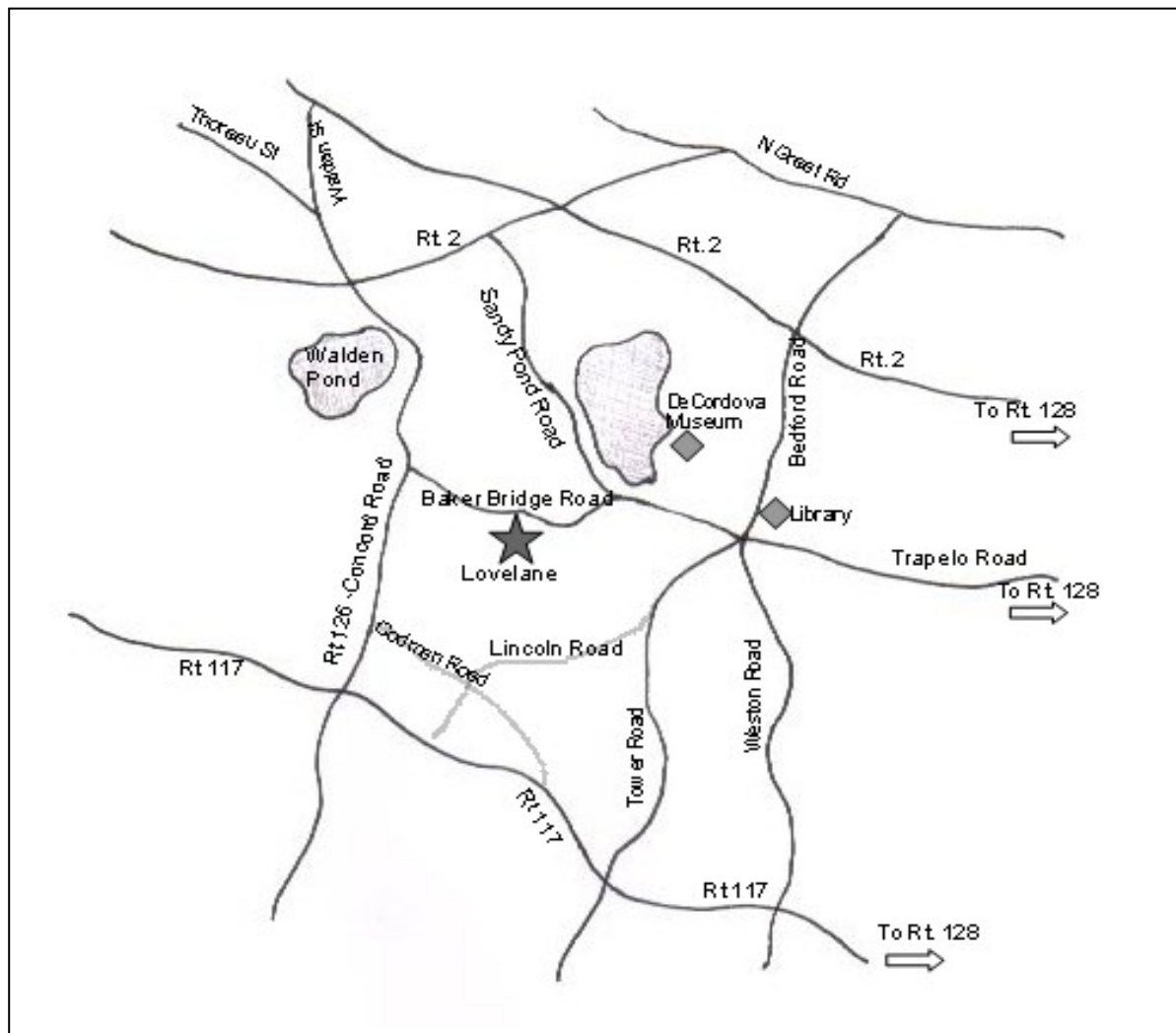
\_\_\_\_\_ Print Name: \_\_\_\_\_

## Lovelane's Facility Safety Rules

These rules have been established for the **protection and safety of everyone**, including staff, horses, riders, family & friends. Please follow them and use common sense when around horses. If you ever have a question about anything, please ASK.

- ♥ Please wait in the Family Viewing Room (not in the ring or on the ramp) for your instructor before and during your child's lesson.
- ♥ The riding arenas are for riders only, unless invited by a Lovelane instructor.
- ♥ Children must be supervised at ALL times.
- ♥ Do not walk around the outside of the indoor arena to access the trail or outdoor ring. Please ask a Lovelane Staff member to escort you.
- ♥ Do not enter the barn unless accompanied by a Lovelane staff member.
- ♥ No entering horse stalls unless accompanied by a Lovelane instructor.
- ♥ No feeding horses unless accompanied by a Lovelane instructor. Horses are to be fed in their buckets only.
- ♥ Helmets are required for all mounted riders.
- ♥ Riders should wear appropriate riding attire and barn appropriate footwear:
  - ♥ long pants (no shorts) and proper clothes for the weather
  - ♥ flat soled boots with a heel are best, sneakers are also fine. (NO open toed shoes, sandals or crocks)
- ♥ No dogs permitted at Lovelane without express prior permission.
- ♥ Anyone working near horses or mounting a horse must sign a Lovelane release and have it on file in our office.
- ♥ Please do not use car alarms in our parking lot.
- ♥ No smoking on the property.
- ♥ No drugs or alcohol on the property.
- ♥ You are welcome in the upstairs offices. However, the hayloft is off limits.

## DIRECTIONS TO Lovelane Special Needs Horseback Riding Program, Inc.



Lovelane  
40 Baker Bridge Road  
Lincoln, MA 01773  
(tel) 781/259-1177 (fax) 781/259-4877

From the North/South: Route 128 take Trapelo Road exit towards Lincoln. Got to the end (5-way intersection), go straight across to Lincoln Road to Sandy Pond (follow signs to DeCordova Museum). Pass museum on right. The next left is Baker Bridge Road. We are 40 Baker Bridge Road about ¼ mile on the left.

**OR**

From route 126, turn onto Baker Bridge Road in Lincoln (between Walden Pond and Codman Road). We are at number 40 Baker Bridge, about ½ mile from route 126.