



SPECIAL EQUESTRIANS of the TREASURE COAST

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Our Mission

Special Equestrians of the Treasure Coast fosters personal achievement through equine assisted activities for individuals with special needs in a safe and stimulating environment.

2026-27 Parent & Participant Information Handbook

Welcome! Special Equestrians of the Treasure Coast (SETC) is a registered 501(c)(3) non-profit organization based in Vero Beach, Florida since 1992. We are dedicated to providing Equine Assisted Services (EAS) to children and adults with disabilities. Our adaptive riding programs focus on fostering confidence and physical strength while supporting participants through partnerships with our trained horses. For individuals living with physical, developmental, or emotional disabilities, adaptive riding offers opportunities for personal growth and enhanced well-being. We also offer a Horsemanship/Equine Assisted Learning (EAL) program.

Thanks to the ongoing support of our donors, no prospective student will be denied access to our services due to financial constraints. Please see eligibility requirements on *Scholarship Application*.

The purpose of this handbook is to outline the policies and procedures established by SETC. We follow PATH Intl. Standards, to ensure the delivery of effective Equine Assisted Services and to enhance your experience with our programs. Reviewing this handbook and engaging in lessons will help you get the most out of our programs. We appreciate the opportunity to support each participants' progress and look forward to working with you.

Handbook includes the following:

- **Participant Program Information**
- **Physician Forms:**
 1. **Participant Condition Form**
 2. **Participant's Medical History & Physician's Statement**
 - Height and weight **must** be completed or the form will be returned to you.
 - Students cannot receive their evaluation or participate in any activity without this form.
 - This form **must** be updated annually for the student to participate in lessons.
 - All forms **must** be signed and dated by physician.
- **Participant Application**
- **Health History**
- **Emergency Information**
- **Confidentiality & Liability Release/Photo Release**
- **Participant's Consent for Release of Information**
- **Billing & Payment Policy**
- **Scholarship Application** (*If applicable*)

The participant forms must be completed annually. Please understand that this paperwork is necessary for SETC to remain in compliance with our accreditation standards and insurance requirements.

Participant Program Information

Participant Registration

Please complete all paperwork included in this packet.

- **Mail** completed paperwork to: (Originals **must** be submitted to SETC)
Special Equestrians of the Treasure Coast PO Box 651312, Vero Beach, FL 32965
- **Fees:** See **Billing & Payment Policy** attached.

For current participants, application forms **must** be completed yearly. You will be notified of your lesson time for the Fall session.

For new participants, once paperwork has been received and processed, you will be contacted to set up a time for an evaluation with one of our instructors. At the time of the participant evaluation, an instructor will discuss each of SETC's programs. Instructors will assess the new applicant, make a recommendation as to which program is most appropriate for participation and determine what current openings in the SETC schedule could suit the participant's needs.

Beginning Fall 2026, each participant MUST have a yearly physical submitted on SETC forms.

Programs

SETC offers Adaptive Riding and other Equine Assisted Learning (EAL) programs. All mounted riding sessions and horsemanship sessions are conducted or directly supervised by a certified PATH Intl. Certified Therapeutic Riding Instructor (CTRI).

Scheduling: After an evaluation, SETC assigns participants to classes based on skill and age. While we consider scheduling preferences, specific days or times cannot be guaranteed.

Riding time: All riding sessions will be 30 minutes; this allows time for mounting and dismounting. It is up to the instructors' discretion to decrease the length of a session for any reason including the following: Participant fatigue, medical concerns, discomfort, balance problems, behavioral issues, or horse-related difficulties (including horse fatigue), we will try to complete your session on another horse if available. Instructors assess each participant's needs and continue the session when possible.

- **Make-up lessons are not offered.**

Continued Participation in our Programs: Ongoing assessments are done on the progress of riders.

If there are not enough volunteers or horses available to conduct a safe riding lesson, a horsemanship lesson will be offered in place of the riding session.

- Adaptive Riding Program: Participants are scheduled to ride once a week for 30 minutes. The minimum age for this program is 4 years old. A typical group session includes one instructor teaching 2 to 3 participants, often utilizing 3-9 volunteers. Riders engage in tasks and games designed to support physical and cognitive development while acquiring basic riding skills. Instruction is adapted for each rider's specific needs to address strength, balance, mobility, and confidence during the riding process. This program focuses on skill development in an environment that prioritizes safety and combines therapeutic elements with enjoyable activities. Goals are set for each rider at the start of a session with input from the rider's parent/guardian and physician forms.
- Horsemanship/Equine Assisted Learning (EAL): Participants are scheduled one time per week for 30 minutes working with horses from the ground. Participants will learn to groom and lead horses in addition to other horse care activities. These are typically group sessions led by a CTRI, with assistance from volunteers. EAL sessions offer opportunities for socialization, teamwork, personal growth, independence, and community impact.

Policy and Procedure

Participant Dismissal & Discharge Policy

SETC staff may determine whether a participant is accepted into or removed from its programs based on the outcome of a risk/benefit analysis. Participants who do not follow established rules, procedures, or eligibility guidelines may be dismissed or discharged from the program.

Possible grounds for dismissal may include, but are not limited to:

- Conduct endangering him/herself, another participant, staff, or a horse
- Consistent failure to follow safety procedures with respect to the horses and facility
- Weight gain above the SETC maximum
- Frequent cancellations or no-shows
- The development of contraindicated condition or deterioration of a condition to the point that adaptive riding is no longer beneficial or could be harmful to the participant or where safety for participant or others has become a concern
- Participants at SETC are required to have **no** prior incidents involving fire, abuse, or violence towards individuals or animals. SETC may deny services to any person if there are concerns regarding the safety of participants, horses, staff, volunteers, the facility, or for other reasons that align with PATH, Int'l. operating center guidelines.

No participant will be dismissed without first having an opportunity to discuss the reasons with supervisory staff. Participants may choose to end their relationship with SETC at any time and for any reason.

Notification of this decision should be given as soon as possible.

Ongoing assessments are conducted to monitor the progress of participants. If it is determined that a rider is not benefiting from adaptive riding, they may be reassigned or graduated from the program to accommodate another student who may benefit more from adaptive riding.

Weight Limitations for Adaptive Riding Participants

Decisions regarding participation will be based on the availability of a suitable horse related to the height, weight, cognition and balance of the participant. At this time the maximum weight for participants cannot exceed 160 pounds. The weight limit may be lower as determined by available horses and the ability of staff and volunteers to safely support the participant at the time services are requested. SETC staff will evaluate each participant's physical abilities and weight to determine if mounting, riding, and dismounting is a safe and appropriate activity based on available horses, staff and volunteers.

- Each horse has individual weight limitations based upon the horse's height, weight, age, conformation, and physical and medical condition.
- Not all horses can manage the maximum weights listed above.
- Participant weights are checked once every session using SETC scales with participants wearing the appropriate riding gear.
- Participants must be able to mount and dismount with minimal assistance from staff and volunteers.

- ♦ **For Safety Reasons: Mounting and Dismounting - Students that need more than minimal assistance during the mounting and dismounting of horse will be graduated to our Horsemanship/EAL Program.**

Adaptive Riding Attire

Participants should wear closed-toe shoes or boots with short heels, long pants (avoid slick jogging style pants), supportive undergarments, and close-fitting clothing for safety. No dangling jewelry is allowed. ASTM-SEI certified helmets are required for all horse activities; SETC offers certified helmets at our cost. Please ensure your student is properly equipped for their program.

Safety for Participants and Visitors

SETC is committed to adhering to all State and PATH Intl. Standards and Guidelines to ensure the safety of our facility for participants, visitors, staff, volunteers, and horses. We kindly request that these guidelines be reviewed with minors before your arrival at the barn.

- Children under the age of 12 must be under direct supervision of an adult while on the property.
- All visitors, including siblings, family and guests, must be kept under your supervision.
- No climbing, running, sitting, or standing on the fence, ramp or mounting blocks. No shouting or loud voices, no running around the arena, barn, or parking lot, etc..
- Visitors who create safety concerns through loud noises or by startling the horses will be required to leave the property.
- Parent/Guardian must remain on property during scheduled lesson.
- Only service animals are allowed on the property and you must notify your instructor in advance.
- All participants, parents, and visitors must be accompanied by an instructor or designated volunteer prior to entering the barn or arena and have on closed-toe shoes.
- Participants must notify SETC immediately and in writing, of any changes in health status, and/or conditions and medications. This includes, but is not limited to, changes in weight, medications and dosages, revised diagnoses, medical interventions, surgeries, seizure activities, etc.. This information is integral for providing safe and effective services to our participants.
- At Special Equestrians, we DO NOT hand feed our horses.
- All phones and other electronic devices on the premises must be on *SILENT*. This is a distraction to our lessons and could potentially frighten our horses.
- ABSOLUTELY NO SMOKING, CHEWING TOBACCO, OR VAPING ALLOWED AT SETC.
- Our instructors are available to assist with any questions you may have about our programs. Please note that addressing inquiries immediately before or after a lesson may not be ideal; however, you are welcome to schedule a convenient time to discuss your concerns.

Under Chapter 773, Florida Statutes, an equine or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

**Thank you for following our basic safety guidelines,
and for helping us to provide a safe and stimulating environment for all.**

Weather: Please **do not** assume that classes will be cancelled due to bad weather. Remember, this is Florida; It may be raining where you are but be clear at the SETC barn. When there is lightning detected within 10 miles of the center, or the heat index reaches 100, SETC reserves the right to conduct unmounted Horsemanship/EAL skills in the barn. Cancellation of lessons due to inclement weather will be the sole decision of the Executive Director and all participants will be contacted in a timely manner.

Participant Condition Form

Date: _____

Dear Health Care Provider:

Your patient, _____ is interested in participating in supervised equine activities.
(participant's name)

In order to safely provide this service, our organization 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 - i.e. 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 (i.e. RA, MS)
- ☐ Fire Settings
- ☐ Hemophilia
- ☐ Medical Instability
- ☐ Migraines
- ☐ Peripheral Vascular Disease (PVD)
- ☐ Respiratory Compromise
- ☐ Recent Surgeries
- ☐ Substance Abuse
- ☐ Thought Control Disorders
- ☐ Weight Control Disorder

☐ None of these conditions are present

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 Special Equestrians at (772) 562-7603 or PO Box 651312, Vero Beach, Florida 32965.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Physician Form 2 of 2

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ 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: _____ Tetanus Shot: Y N Date: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheel Chair: Y N Walker: Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: ☐ Negative cervical x-ray for atlantoaxial instability X-ray date: _____

☐ Negative for clinical symptoms of atlantoaxial instability

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Emotional/Mental Health			
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 participating in equine assisted activities. I understand that the PATH Intl. center will weigh the medical information given against existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. center for evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

Participant Application

Date: _____

Participant Information:

Name: _____ DOB: _____ Height: _____ Weight: _____

Gender: M F Ethnicity: _____ Program Interest: _____

Address: _____

Cell Phone: _____ Other Phone: _____

E-mail: _____

Employer/School: _____ Phone: _____

Address: _____

Referral Source (How did you hear about us?) _____

Parent / Legal Guardian / Caregiver #1 Information (for minor or dependent adult):

Name: _____ Email: _____

Address (if different from above): _____

Cell Phone: _____ Other Phone: _____

Place of Employment: _____ Occupation: _____

Preferred method of communication (circle one): Email Text Message Cell Phone Other Phone

Parent / Legal Guardian / Caregiver #2 Information (for minor or dependent adult):

Name: _____ Email: _____

Address (if different from above): _____

Cell Phone: _____ Other Phone: _____

Place of Employment: _____ Occupation: _____

Preferred method of communication (circle one): Email Text Message Cell Phone Other Phone

Individual Responsible for Payment:

Name: _____ Email: _____

Address (if different from above): _____

Cell Phone: _____ Other Phone: _____

Relationship to Participant: _____

Signature: _____ Date: _____

Participant or Legal Guardian

Health History

Diagnosis: _____ Date of Onset: _____

Significant Medical History (i.e. surgeries, TBI, medical ports, etc.)

Allergies (include medications, foods, insects, seasonal, etc.)

Medications (include prescription, over the counter, name, dose and frequency)

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

Physical Function (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

Psycho/Social Function (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

Goals (i.e. why are you applying for participation? What would you like to accomplish?)

Participant's Signature: _____ Date: _____

Parent / Legal Guardian / Caregiver Signature: _____

Emergency Information

Participant Name: _____ Date: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Medical Consent Plan - sign ***EITHER*** consent or non-consent plan

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 SETC to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the treatment. 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) above is unable to be reached.

Date: _____ Consent Signature: _____

Participant, Parent or Legal Guardian (circle one)

Medical Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in case of illness or injury while being on SETC property.

- ☐ If under 18, parent or legal guardian will remain on site at all times during equine assisted activities.
- ☐ In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Participant, Parent or Legal Guardian (circle one)

NOTICE TO THE DEPENDANT'S PARENT(S) OR GUARDIAN(S)

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR DEPENDENT (INCLUDING A MINOR CHILD, WARD OR INCAPACITATED INDIVIDUAL) ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF SPECIAL EQUESTRIANS OF THE TREASURE COAST, INC. (SETC) AND/OR ITS RELATED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR DEPENDANT MAY BE SERIOUSLY AND/OR FATALLY INJURED IN PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP YOUR DEPENDANT'S RIGHT AND YOUR RIGHT TO RECOVER FROM SETC FOR ANY PERSONAL INJURY, INCLUDING DEATH TO YOUR DEPENDANT OR ANY PROPERTY DAMAGES THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SETC HAS THE RIGHT TO REFUSE TO LET YOUR DEPENDANT PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND CONFIDENTIALITY AGREEMENT

We, _____ and _____, on behalf of ourselves and on behalf of our dependant, _____ ("Dependant"), as legal and lawful parent(s), guardian(s) or other legal representative(s) (individually and collectively "Guardians") of said Dependant, have read and understand, and voluntarily of our own free will, enter into this Agreement with Special Equestrians of the Treasure Coast, Inc. ("SETC"), understanding that this Agreement is a waiver of any and all liability/liabilities.

1. INHERENT RISKS AND ASSUMPTION OF RISK:

We understand and knowingly, willingly and voluntarily acknowledge the inherent risks and potential dangers that Dependant could incur with respect to equine activities, such activities including but not limited to tacking, grooming, walking, riding, mounting, dismounting, rinsing, feeding, using farm property, handling, training and other interactions with respect to or involving equines ("Equine Activities").

We acknowledge that the inherent risks and potential dangers include, but are not limited to, the propensity of equines to behave in ways that may result in property damage as well as injury, harm or death to persons on or around equines. Such equine behavior includes, but is not limited to, running, bucking, bolting, biting, kicking, shying, stumbling, rearing, falling or stepping; the unpredictability of an equine's reaction to such things as sounds, adverse weather, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other equines, animals or objects; the limited availability of emergency medical care; the potential that a person may fail to maintain control over an equine; and other risks and dangers due to the unpredictable nature of equines.

Understanding those risks, we knowingly, willingly and voluntarily assume full responsibility for such risks on behalf of the Dependant and for the safety of the Dependant with respect to such Equine Activities.

2. WAIVER, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY:

We, knowingly, freely, and voluntarily, for ourselves and for the Dependant as the Dependant's legal Guardians, and on behalf of each of our family members, heirs, and next of kin, and any successors, executors, administrators and personal representatives, hereby agree to:

- covenant not to sue and waive any right to bring a lawsuit or other claim for money or compensation against SETC, the owner of any equine used in Equine Activities, and/or its and/or their officers, directors, trustees, agents, employees, representatives, successors and assigns (collectively "SETC Parties") for any injury, loss or damage of any kind whatsoever with respect to the Equine Activities; and
- agree to release, hold harmless, indemnify and defend all SETC Parties from any and all liability, claims, causes of action, demands, injury, damages, losses, costs and expenses (including court costs and attorney's fees) of any kind whatsoever with respect to the Equine Activities.

3. CONFIDENTIALITY:

We agree that any information regarding participants in SETC Equine Activities must and will be held in strict confidentiality. "Confidentiality" is defined for purposes of this Agreement as "told in secret or private relations; trusted." Our signature below confirms that we will abide by this requirement.

4. PHOTO RELEASE:

We hereby grant permission to SETC to take or have taken still and moving photographs and films, including television pictures of each of us and/or of our Dependant. We consent and authorize SETC to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means, including without limitation media, brochures, pamphlets, instructional material, books, clinical material, newspapers, magazines and electronic media, including the internet.

☐	Consent	☐	No Consent
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We represent that no inducements or promises have been made to us to secure our agreement to the foregoing other than the intention of SETC to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding SETC and its work.

5. AGREEMENT PROVISIONS

We agree that this Agreement shall be construed in accordance with the laws of Florida. Any portion of this Agreement deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

We represent and warrant that we are the legal and lawful Guardians of the aforesaid Dependant and that we have the full legal authority to sign this Agreement on behalf of such Dependant.

If the Dependent has a single Guardian, the plural terms "Guardians", "we", "us" and "our" under this Agreement shall be replaced with the singular terms "Guardian", "I", "me" and "my" respectively, so that any reference to multiple Guardians shall mean the Guardian acting on a sole and individual basis.

- **Note: If there are multiple Guardians, each Guardian must execute this Agreement.**

WARNING: Under Florida law (F.S. 773.02), an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.

By _____ (first Guardian), as lawful Guardian of and on behalf of Dependant
(Printed Name)

Signature: _____ Date: _____

By _____ (second Guardian), as lawful Guardian of and on behalf of Dependant
(Printed Name)

Signature: _____ Date: _____

Accepted By: Special Equestrians of the Treasure Coast, Inc.

By: _____ Title: _____
(Printed Name)

Signature: _____ Date: _____

Participant's Consent for Release of Information

I hereby authorize SETC to release information from the records of: _____
(Participant's name)

The information is to be released to Special Equestrians of the Treasure Coast for the purpose of developing an equine activity program for the above-named participant. The information to be released is indicated below:

- ☐ Medical history
- ☐ Physical therapy evaluation, assessment and program plan
- ☐ Speech therapy evaluation, assessment and program plan
- ☐ Mental health diagnosis and treatment plan
- ☐ Individual Habilitation Plan (I.H.P.)
- ☐ Classroom Individual Education Plan (I.E.P.)
- ☐ Psychosocial evaluation, assessment and program plan
- ☐ Cognitive-behavioral management plan
- ☐ Other: _____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____

Print Name: _____ Relation to Participant: _____

Please send materials to: _____

Please send materials to: _____

Please send materials to: _____

Please send materials to: _____

Billing and Payment Policy

SETC takes great care in setting participant fees. The cost of Adaptive Riding/EAL lessons are subsidized by our generous donors and fundraising throughout each year. The information below sets forth the payment and billing policy of SETC.

Rider Fees

\$50 one-time yearly fee covers rider evaluation/registration/ongoing progress assessments.

Adaptive Riding & Horsemanship/EAL - \$50 per lesson = \$500 for one 10-week session

SETC offers three sessions: Fall, Winter, Spring - Beginning in September, and ending in May.

Session Payment Options

- Monthly or Paid in full

Payment is due and **must** be made prior to first lesson. Non-payment of fees will result in suspension from the program until the account is current.

Payment is still expected for any absences; excused or not.

Paying for lessons guarantees a space in our programs.

Payment can be made online, which would include a transaction fee of 3-4%. Check or money order may be mailed or submitted at the facility.

- SETC reserves the right to offer a Horsemanship/EAL lesson as an alternative to riding, due to potential heat/rain, horse, or instructor related issues. These lessons, taught by a CTRI, are built around the participants' current goals to help build skills and equine knowledge base.

Paid Participants

Attendance:

- Participants are allowed **two** absences per 10-week session, except in cases of medical emergencies.
- Fees are due regardless of attendance, paying for your lesson secures your place in our programs.
- If SETC closes the facility for any reason, that credit can be applied towards the next 10-week session.
- We do not offer make-up lessons, due to scheduling difficulties.

Tardiness:

- If a participant is **10** minutes late for a lesson, they will *not* be allowed to ride. We will do our best to provide EAL activities.

Scholarships

With the help of our generous donors, SETC is able to offer limited scholarships; both full and partial.

Scholarships are based on your annual income, with consideration made to family situation, and must be applied for every 10-week session.

Please see the enclosed Scholarship Application, if needed. Complete the application, mail or email to the facility.

Scholarship Participants

Attendance:

- Participants may have **two** absence per 10-week session, except in cases of medical emergencies.

Tardiness:

- If a participant is **10** minutes late for a lesson, they will *not* be allowed ride. We will do our best to provide EAL activities.

Scholarship Application

- ◆ Scholarship Eligibility Requirements - Application must be completed and submitted prior to the first scheduled riding session.

Please print information

Participant Name _____ Date of Birth _____

Father/Guardian _____ Mother/Guardian _____

Address _____ Address (If different) _____

Cell Phone Number _____ Cell Phone Number _____

Email Address _____ Email Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Family Size _____ Number of children _____ Number of Children with Special Needs _____

Approximate Household Income Per Month _____ Per Year _____

If participant is in school, does he/she qualify for school's free meal program? YES NO (circle one)

Name of school _____ Grade _____

Are there any special circumstances that need to be taken into consideration?

How do you feel your rider will benefit from adaptive riding?

I hereby qualify that the above information is true and accurate to the best of my knowledge. If granted a scholarship, I agree to abide by all SETC Scholarship policies. Limited scholarships may be available on a first-come first serve basis and are good for one 10-week session. There are no makeups for missed lessons. A new Scholarship Application must be returned for each session (Fall/Winter/Spring). Scholarship awards will range from \$10-50 per lesson. SETC reserves the right to make exceptions based on extreme need.

Signature _____ Date _____

FOR OFFICE USE ONLY

SCHOLARSHIP AWARD: FULL PARTIAL NONE
NUMBER OF LESSONS _____