

Tailored Rides Equine Assisted Therapy, Inc  
(T.R.E.A.T.)  
384 CR 42520  
Paris TX 75462  
Email: Weybapfarm@yahoo.com

Dear Prospective Riders:

Thank you so much for your interest in our Beginning / Re-entry Rider program. We are excited to have you join us!

To enroll at Tailored Rides Equine Assisted Therapy, Inc (T.R.E.A.T.), please take the following steps:

- Read carefully through the entire packet.
- Complete the Rider Application, Release and Consent Forms,
- Mail, email, or deliver the completed forms to:

Tailored Rides  
384 CR 42520,  
Paris Texas 75462

Session cost is \$200 for each 4 week session, due on the 1<sup>st</sup> of each month. Participants must sign up for an entire 4 week session. Sessions can be joined at any time (as long as there is space available) and the session cost will be pro-rated to reflect the number of lessons left in the session. It is TREAT's philosophy to accept riders into the program regardless of financial means. Financial assistance is available for those who feel they cannot pay the full fee. Please contact us by email or phone to discuss financial assistance.

Please do not hesitate to call if you have any questions or need clarification.

All of us at Tailored Rides are looking so forward to having you as part of our TREAT family.

Taylor Sandoval  
Program Director

903-401-9644





## Eligibility Guidelines

Tailored Rides Equine Assisted Therapy (T.R.E.A.T.) programs are based on an individual's ability to participate safely, provided the necessary resources are available, including: an appropriate horse, volunteers and class availability which meet the individual's needs.

We specialize in lessons for the following types of riders:

**Total Beginner** – Total beginners have little experience (if any) at all with horses in general. They may have been on a "trail ride" at a rental stable once or twice but they do not know general horse handling or the basic commands to make the horse move forward, turn, trot, stop and back unassisted. They cannot saddle or bridle a horse themselves and are not comfortable handling a horse from the ground.

**Advanced/Confident Beginner** - These people have a little experience with horses. They may have grown up around horses or taken a few lessons. Maybe they used to ride a little as a child, but they may not be able to saddle and bridle a horse by themselves. This rider can mount and walk off unassisted. They know how to ask the horse to move forward, turn and stop. They may also be able to even trot or canter on a very smooth, well broke horse. They may or may not be able to post or rise to the trot. They are willing to learn and have no "fear" of horses.

**Novice** - Novice riders have some pretty basic experience with horses. They have possibly had a few lessons, maybe owned a horse as a child (or recently), but have not competed or trained young, green horses. They can catch, halter, groom, saddle and bridle a horse by themselves. They can mount and ride off unassisted. A novice rider may or may not be able to rise (or post) to the trot, but they can trot without bouncing and can stay comfortable with a slow canter on a gentle, well broken horse. They should know how to ask and obtain a slow controlled walk, trot/jog and canter/lope. They can change direction and circle their horse. They are learning what a diagonal is and leads are. They may have even started a little jumping and are comfortable on a well broken horse, but may not be comfortable on a greener, younger or less experienced mount.

**Older riders/re-entry riders** -We also have an adult-learner program structured so individuals can advance at their own pace. Beginners are started on the longe-line to develop a secure seat, before moving on to independent riding. Riders will be solid at the walk before moving on to the trot--and solid at the trot before on to the canter. We have large mounting blocks to accommodate those of us who cannot easily mount a horse.

**Minimum Age:** Beginning Riding – 4 years **There is no maximum age limit. We have a weight maximum of 350 lbs.**

**Scheduling:** Students will be scheduled as appropriate lesson spots become available. Those currently riding at T.R.E.A.T. will be given first priority when scheduling. Others will be scheduled on a first come-first served basis. If we are unable to schedule your rider, he/she will be put on a waiting list. As a suitable spot opens up, you will be contacted.

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**BEGINNING / RE-ENTRY RIDER APPLICATION**

*please print*

Participant's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Employer/School & level \_\_\_\_\_

**If under 18, please complete the following:**

Father \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_Mother\_\_\_\_Father Address if different from the student's:\_\_\_\_\_

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Name, Address & Phone Number of \_\_\_\_Legal Guardian Or \_\_\_\_Caregiver (if not parent)

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GOALS (i.e. Where are you seeking participation in Tailored Rides programs? What would you like to accomplish?)

Previous riding experience:

\_\_\_\_Yes \_\_\_\_No            If yes, how long and what type?\_\_\_\_\_

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Signature of Adult Participant or Parent/Guardian of Minor

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

Date\_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION for (student's name):**

\_\_\_\_\_

**In case of Emergency, NOTIFY:**

Name/Relationship \_\_\_\_\_

PHONE: C \_\_\_\_\_ W \_\_\_\_\_ Home \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy or ID # \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

**In Case of Emergency, I give permission to Tailored Rides Equine Assisted Therapy, Inc (T.R.E.A.T.) to secure medical treatment including x-ray, surgery, hospitalization and medication.**

**Signature of student (or guardian if under age of 18) :**

\_\_\_\_\_ **Date** \_\_\_\_\_

# Tailored Rides Equine Assisted Therapy, Inc

(T.R.E.A.T)

384 CR 42520

Paris TX 75460



## GENERAL RELEASE OF LIABILITY

This General Release of Liability is a release, assumption of risk, and indemnity contract made between the undersigned and the owners of the land located at 384 CR 42520 and 472 CR 42530, Paris, Lamar County, Texas (collectively called the "Premises"), which is operating, or permitting to be operated, **Tailored Rides Equine Assisted Therapy, Inc.**, (aka T.R.E.A.T.) a Texas not for profit corporation (the "Charity"), for good and valuable consideration, including but not limited to the right to visit the Premises.

1. Horseback Riding and Equine Activities. In consideration of the fact that horseback riding and other equine activities are a recreational land non-essential activity, I agree to the following:

I fully understand that horseback riding and equine activities are an active sport requiring basic skill and that both the experienced and occasional rider takes on a risk of accident and injury every time he or she approaches, mounts, rides or interacts with a horse. I know that horse related accidents can result in broken bones, disfigurement, disability and death. I have been advised and understand the nature of the risk is such that I cannot be insured except at excessive cost by anyone other than the rider. **Neither the owners of the Premises nor your hosts for your visit to the Premises carry liability insurance to cover riding accidents.**

### WARNING

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**

I understand and agree that I will assume every risk of injury – including death – and I promise and agree to fully release the owners of the Premises, Weybap Farm and the Charity, and their principals, agents, directors, servants and employees from any other cause.

2. Premises Conditions and Activities as Inherently Dangerous. The undersigned acknowledges that (a) horseback riding, handling horses, being in close proximity to horses, and all related activities are all inherently dangerous; (b) dangerous natural or man-made conditions may exist or occur on the Premises, including, without limitations, presence of snakes, animals or insects that bite, poison ivy/oak/sumac, water bays, ponds, and streams with currents and water that may be deep or flood, hazardous driving and walking conditions, uneven terrain, the presence of wild, domestic, poisonous, or diseased animals, and all related conditions, are all inherently dangerous; and (c) the presence and use of vehicles, whether conventional trucks, jeeps, golf carts, 4-wheelers, mule-type vehicles, motorcycles, trailers, and/or other vehicles which may or may not be registered to travel on public roads, are inherently dangerous. All of the above are referred to collectively as "Premises Conditions and Activities".
3. Assumption of Risk. The undersigned assumes all damages and risks relating to the Premises Conditions and Activities.
4. Indemnity. The undersigned will indemnify, defend, and hold harmless the owners of the Premises and Charity, and their respective principals, directors, servants, agents, employees, contractors, representatives, invitees, licensees, or visitors (collectively, "Owners and Related Parties")

harmless against all claims, damages, and costs (collectively, "Claims") incurred by or alleged against Owners and Related Parties and arising out of or relating to any act or omission of the undersigned or any of the undersigned's agents, representatives, employees, invitees, contractors, licensees, or visitors (collectively, "Visitor and/or Related Parties") while at the Premises, including any Claims based on any (a) injury to or death of any person(s), (b) damage to or loss of property, or(c) failure to comply with any applicable laws.

5. Release. The undersigned waives all Claims against the Owners and Related Parties, and releases the Owners and Related Parties from any liability, based on any (a) injury to or death of the Visitor and/or Related Parties or (b) damage to or loss of any property.
6. NEGLIGENCE OF OWNERS AND RELATED PARTIES. THE ASSUMPTION OF RISKS, INDEMNITIES, WAIVERS, AND RELEASES CONTAINED IN THIS CONTRACT WILL APPLY EVEN IF THE INCIDENT GIVING RISE TO THE CLAIM IS CAUSED IN WHOLE OR IN PART BY THE CONDITION OF THE PREMISES OR BY THE SOLE OR CONCURRENT ORDINARY NEGLIGENCE OR BY THE SOLE OR CONCURRENT GROSS NEGLIGENCE OF THE OWNER AND RELATED PARTIES.
7. Costs of Enforcement. Should the Owner and Related Parties, or anyone acting on its behalf, be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
8. Acknowledgment of Agreement. I have read, understood and am in full agreement with all statements in this contract, and I agree that this contract is a full agreement and complete release of liability that will be binding on me, my heirs, executors, administrators and assigns.

Your Signature (over 18)\_\_\_\_\_ Date \_\_\_\_\_

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

Home Contact Information:

Address:\_\_\_\_\_ Phone #\_\_\_\_\_

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

I am qualified as a parent or guardian of the following minors:

Name(s) of Minor(s):\_\_\_\_\_ Age:\_\_\_\_\_

Name(s) of Minor(s):\_\_\_\_\_ Age:\_\_\_\_\_

I accept all responsibilities and liabilities related to his, her or their visit to the Premises and agree on their behalf to the above terms.

Parent or Guardian Signature\*\_\_\_\_\_ Date \_\_\_\_\_

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

Parent or Guardian Signature\*\_\_\_\_\_ Date \_\_\_\_\_

Your Print Your Name\_\_\_\_\_

*\*If participant is a minor, we require signatures from both custodial and non-custodial parents.*

Fax and Email copies of the above signatures are valid as originals.

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**Photo Release: (please check appropriate line)**

\_\_\_\_\_ **I do consent** to and authorize the use and reproduction by Tailored Rides Equine Assisted Therapy, Inc (T.R.E.A.T.) and Weybap Farm of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

\_\_\_\_\_ **I do not consent** to nor do I authorize the use and reproduction by Tailored Rides Equine Assisted Therapy, Inc (T.R.E.A.T.) and Weybap Farm of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
*(if volunteer/participant is under 18 years of age, both signatures are required)*



**Policy of Confidentiality:**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Tailored Rides Equine Assisted Therapy, Inc (T.R.E.A.T.) and Weybap Farm and not discuss or disclose any sensitive information about any person or their family.

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

Signature of Parent/Guardian \_\_\_\_\_  
*(if volunteer/participant is under 18 years of age, both signatures are required)*



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**Please complete and return the entire application package to:**

**Taylor Sandoval**

**384 CR 42520**

**Paris TX 75462**

**Or email to:**

**[Weybapfarm@yahoo.com](mailto:Weybapfarm@yahoo.com)**

**We will be in touch with you within 48 hours after receiving the completed application.**

