



Dear Future Riders,

Thank you for your interest in Ride To Walk. We are a non-profit organization providing therapeutic horseback riding for children and young adults with neurological impairments. Our facility is located in Lincoln, CA at 1630 Highway 193. Our mailing address is 720 Sunrise Avenue, Suite. D110, Roseville, CA. 95661. All of our clinical evaluations are performed by Dr. Corn at Sierra Pediatric Therapy Clinic located at the Sunrise address above.

The Ride To Walk program is in operation from January through the second week of December. Riding is offered four days a week and is designed to coordinate physical, cognitive and emotional therapy into a unique experience. The goals of this program are based on therapeutic intervention to achieve balance and postural control, improve language and socialization skills, enhance self-esteem and provide exercise and enjoyment for the riders.

A certified therapist or riding instructor is present at each session and will design a personal and individualized therapy program for you. Each session is 30 minutes in length for therapeutic riding and 60 minutes for independent riding instruction and is offered at different times during the week. A riding time will be assigned after the evaluation process is completed.

The enclosed application provides additional information on the Ride To Walk program. After you complete the application, please mail or deliver it to Sierra Pediatric Therapy Clinic at the below address. If you have any questions or concerns regarding the application or the program in general, please call Ride To Walk at (916)791-2747. You can also e-mail us at [ridetowalk@sbcglobal.net](mailto:ridetowalk@sbcglobal.net). More information is also available on our web site at [www.ridetowalk.org](http://www.ridetowalk.org). Payment of \$50.00 is due at the time of the evaluation.

In closing we would like you to know that if you want to ride we will try to the best of our ability to make that happen. The sooner the application is received and the evaluation is completed, the sooner you can begin to enjoy all the benefits that Ride to Walk has to offer. Thank you and we look forward to hearing from you.

Sincerely,

Ride To Walk

**Mission Statement**

***Ride To Walk offers an innovative therapeutic horseback riding program that is adapted to the individual needs and disabilities of neurologically handicapped children and adults, serving the counties of Placer and Sacramento by providing a positive support system.***



## PROGRAM FEES, CANCELLATION AND ATTENDANCE POLICIES

Ride To Walk operates year-round with the exception of our winter (late December) break and major holidays. There are occasions when Ride To Walk must cancel a riding session due to circumstances beyond our control. Those circumstances include, but are not limited to, extreme weather and/or an insufficient numbers of volunteers. In those circumstances, the riding session for that day will be cancelled for the safety of the riders and the horses and we will notify you by email. We are often able to keep the indoor arena at a comfortable temperature even when it's pushing 101.

**If you need to cancel your attendance at a riding session, you need to call the rider cancellation number 916-740-5891 or call the administrative office 916-791-2747.** This is extremely important as your horse will be prepared and waiting as well as staff time required.

The monthly fee is \$500.00 however we invoice only for \$250.00 because we wish to scholarship 50% of the fee as long as you or a family member support us with our fundraising efforts. We require 25 volunteer hours per years (or 2 hours per month). Some of the ways riders & families can support our fundraising efforts are:

- Volunteer in our Tack Shack
- Obtain sponsorships and donations of supplies/auction items for any fundraising events
- Volunteer at our fundraising events – the day before for set up, the day of, and day after with clean-up.
- Volunteer at outside events we attend to promote RTW – sharing your story

If you do not wish to be a parent volunteer, we welcome the full \$500.00 monthly fee.

\_\_\_\_\_ **I opt to pay \$500 and not volunteer**

\_\_\_\_\_ **I opt to pay \$250 and volunteer**

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



## **DIRECTIONS TO LINCOLN RIDING FACILITY**

1630 HWY. 193  
LINCOLN, CA 95648  
(916) 434-0693

### **Directions To Ride To Walk-Lincoln Property**

- Take Sierra College to Hwy 193, take left onto Hwy. 193 (Newcastle Hwy).

□

Property is on the Left side (Directly across from the Turkey Creek Golf Club), 1630 Hwy 193, Lincoln.

**OR**

- Take Hwy 80 to Hwy 65 to Lincoln. Take the Lincoln Blvd exit. Turn right at Ferrari Ranch Rd. Turn right at Highway 193

Property is on the Right side (Directly across from the Turkey Creek Golf Club), 1630 Hwy 193, Lincoln, CA 95648.

**ACCESS INFORMATION LINE:  
(916) 740-5891 or (916) 791-2747**

**Please call between 8:00 a.m. and 5:00 p.m.**

If you have any questions about riding because of weather please call the 24-hour access hotline (916)740-5891 at least one hour prior to your ride time or volunteer time to see if program has been cancelled due to inclement weather. We will make every effort to call or email.

**WE CANNOT notify every person so it is your responsibility to call and find out.**

## HELMET/BOOTS INFORMATION:



Participants riding in program **MUST** wear riding boots or hard-soled shoes with heels.

Participants riding in program **MUST** have an Equestrian approved helmet (**NOT** a Bicycle helmet).

Participants riding in program **MUST** wear long pants.

### **FITTING:**

When looking for the correct helmet it is important to consider comfort and safety. Look for the following when choosing the proper fit of the helmet.

1. Helmet needs to fit securely on the rider's head.

When placed on the head, the helmet should not shift forward or back (The helmet should move with the rider's head. You should be able to "wiggle your eyebrows" by moving the helmet). Additional foam pads and/or adjusting straps may be required to achieve this correct fit.

2. There are generally 2 types of strapping systems.
  - a. Leather "U" at either side that a chinstrap is attached to.
  - b. A cloth webbing "V" strap that continues into a chinstrap.  
**Style b is the preferred style for children with very small heads.**
3. The chin strap is tightened correctly when you can fit only 2 fingers snugly between the strap and your chin.
4. The helmet needs to have a detachable visor if the rider has poor head control to increase safety.

We recommend Douglas Feed Supply 5460 Douglas Blvd. Granite Bay, CA 95746 (916)791-3202  
Mention Ride To Walk & receive a discount on your helmet.

# ARENA/FACILITY SAFETY RULES

1. HORSES MAY BITE-PLEASE DO NOT FEED WITHOUT STAFF SUPERVISION
2. ALL CHILDREN ON RTW PROPERTY MUST HAVE ADULT SUPERVISION AT ALL TIMES!
3. STAFF & VOLUNTEERS ONLY PERMITTED BEYOND GATES INSIDE THE ARENA.
4. NO RUNNING OR YELLING IN OR AROUND ARENA.
5. NO PETS ALLOWED AT THE RTW PROPERTY WITHOUT PERMISSION.
6. NO SMOKING!
7. **ALL RIDERS MUST WEAR APPROVED HELMETS DURING THEIR RIDING SESSION.**
8. **ALL RIDERS & VOLUNTEERS MUST HAVE APPROPRIATE ATTIRE.**
9. NO ONE IN ARENA UNLESS PARTICIPATING AS A VOLUNTEER, STAFF OR RIDER.
10. NO CHILD LESS THAN 10 YRS. IS PERMITTED BEYOND RESTRICTED AREA OF LAKE.  
**PLEASE WATCH YOUR CHILDREN AT ALL TIMES.**
11. NO CELL PHONES OR PAGERS ALLOWED INSIDE THE ARENA (*except staff*).
12. PLEASE PICK UP TRASH, KEEP YOUR STABLES BEAUTIFUL.
13. EVERY PERSON WHO ENTERS THIS PROPERTY MUST SIGN A RELEASE OF LIABILITY WAIVER, **NO EXCEPTIONS.**

***IT IS EVERYONES RESPONSIBILITY TO READ THESE RULES AND KNOW THEM. THANK YOU FOR YOUR COOPERATION.***



# Ride To Walk, Inc.

## General Information

### **Mission Statement and Goals**

Ride To Walk's mission is to enhance the lives of individuals with neurological disabilities by providing innovative therapeutic horseback riding activities that are recreational in nature and adapted to the individual's needs and disabilities at a minimum cost.

### **Current Programs and Activities**

#### Therapeutic Riding Program

During each 30-minute riding session, the rider is accompanied in the enclosed arena by four highly trained individuals; a licensed therapist or riding instructor, an experienced volunteer equestrian leader, and two volunteer side-walkers. The horse is led through a series of movements tailored individually for the rider, which help to strengthen the rider's muscles and improve the rider's flexibility, range of motion, balance and coordination.

Each rider's individually created program is supervised and evaluated by therapists that are specially trained using the horse as a therapeutic tool. In addition to the physical gains from horseback therapy, parents and teachers often see improved speech patterns and lengthened attention spans. Our riders gain a sense of joy, freedom and empowerment from the therapy sessions, which enable them to sit tall and proud on the backs of our specially screened and trained horses.



Rider and Volunteers

Ride To Walk serves individuals with disabilities and their families, year round from Placer, Sacramento and Yolo counties. The program serves individuals with disabilities such as autism, cerebral palsy, muscular dystrophy, attention deficit disorder, head trauma, sensory processing challenges, and genetic disorders. Ride To Walk serves families ranging from low to upper incomes and represents a broad spectrum of ethnicities.

#### Independent Riding Program

Ride To Walk has increased its service offerings to include an Independent Riding Program. Riders in this program have the mobility, balance and coordination to sit on the horse independently. Riders in this program are taught basic horsemanship skills, including how to tack and groom the horse and how to handle the reins.

## Ride To Walk's Relationship with Other Organizations

Ride To Walk became a 501(c) 3 nonprofit organization in 1988 and works in partnership with local school districts and the North American Handicapped Riding Association (NAHRA).

A small number of our child riders receive partial assistance through local school districts. If the child has an Individual Education Plan (IEP) that requires adaptive physical education, some school districts will cover a portion of the costs for that rider.

NAHRA is a national non-profit organization that promotes the benefit of the horse for individuals with physical, emotional, and learning disabilities. NAHRA's mission is to foster safe, professional, ethical and therapeutic equine activities through education, communication and research for people with and without disabilities. Ride To Walk is a member of NAHRA, which requires that we comply with certain rules, regulations, training requirements and safety standards. NAHRA demands the complete accountability of Ride To Walk and our responsibility to maintain the utmost level of integrity within our program.



## The Need for Ride To Walk

A variety of community-supported activities are available to individuals without disabilities, from Baseball League and soccer teams to social activities. Neurologically handicapped individuals need opportunities to develop their physical skills and learn to interact with their peers in community-supported activities as well. Ride To Walk is one of the few opportunities they have to participate in a "special activity." It addresses this social need while providing crucial therapy that helps their bodies and minds to develop their fullest potential. While there are a variety of programs that put disabled children and adults on horseback for recreational purposes, Ride To Walk is one of the few programs in this area that also focuses on the therapeutic aspects of this activity.

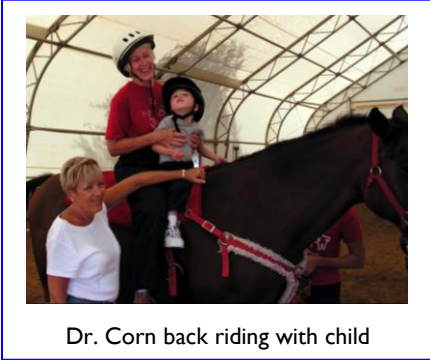


Volunteers & Therapist with Rider

## Ride To Walk Board Members, Staff & Volunteers

The successes of Ride To Walk are the results of many dynamic supporters who contribute tirelessly to the organization. Ride To Walk consists of a volunteer board of directors, part-time employees and many dedicated volunteers who are the backbone of the program. Ride To Walk could not exist without this wonderful support.





Dr. Corn back riding with child

### **History of Ride To Walk**

Ride To Walk began in 1985 when Dr. Kristine Corn, founder, director and primary therapist at the Sierra Pediatric Therapy Clinic, began using a pony at her clinic in Granite Bay, California.

Dr. Corn had one patient, in particular, who was not progressing utilizing traditional therapy practices. Dr. Corn purchased a pony and rode the little girl up and down the driveway at her clinic. The results were profound and unmistakable. Dr. Corn began using her pony with more and more of her patients and found the results equally rewarding. Though there have been many economic challenges facing the Ride To Walk program over the past years, the program continues to grow. Following years of renting facilities, the program expanded to its own riding facility with an enclosed arena with stables and a covered arena caretaker facilities with stables and a covered arena in the town of Lincoln, CA in February 2003.

### **The cost of Ride to Walk and how YOU can help:**

Therapeutic horseback riding involves significant costs. Because this type of program is very expensive, \$125 for each 30 minute session, families pay 50% of the cost and Ride To Walk scholarships the other 50%. For RTW to provide this type of financial support to each family, the families are required to provide 25 service hours mainly focusing on our fundraisers throughout the year. If you have talents or specific skills that are needed you may be able to support the program by giving of your time for specific projects. For specific instructions on fulfilling your service hours please call Kristine Corn or Yolanda Fraser. It is our goal to continue to keep this fee to a minimum as most of the families in our program struggle financially as a result of the many costs incurred with caring for individuals with disabilities.

Ride To Walk was originally funded by bake sales. Today, in addition to seeking funding support from corporate, individual and foundation grant sources, we host various fundraisers such as our Beer & Wine Tasting Festival, our Holiday Hayride, and our Tack Swap to help raise the funds necessary to cover the costs of providing therapeutic horseback riding.





Date \_\_\_\_\_

**NEW RIDER APPLICATION**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**BEST NUMBER TO CALL IF PROGRAM IS CANCELLED** \_\_\_\_\_

DOCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Person or Organization referred by \_\_\_\_\_ PHONE \_\_\_\_\_

IF NOT REFERRED, HOW DID YOU LEARN OF RIDE TO WALK? \_\_\_\_\_

We would appreciate your taking the time to write a short biography of yourself and send it to us with a picture. We may use these for general information and/or publicity purposes.



**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS ALONG WITH THE COMPLETED APPLICATION:**

\_\_\_\_MEDICAL HISTORY FORM \_\_\_\_ PHYSICIAN RELEASE FORM \_\_\_\_ INSURANCE CARD COPY

**Enclosed is my \$50.00 payment for my application, which includes an evaluation of the perspective rider.**

**\* I have read and understand the information, terms & conditions of the program that accompany this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Date



## **Riding Fees and Absence Policy**

Invoices are issued monthly. Payments are to be made within thirty (30) days of the date of our invoice (unless other arrangements have been agreed upon in advance).

Please make checks payable to:

**Ride To Walk  
720 Sunrise Ave., Ste. D110  
Roseville, CA 95661**

- \$250 per month to be paid on or before the beginning of each month.

**\*\*** *We reserve the right to change these payment options in the event we are unable to obtain the necessary funding through our fundraising efforts to cover the costs of our riding sessions.*

**I have read and understand the information and terms of the program that accompanies this application and am willing to accept those terms.**

\_\_\_\_\_  
**Signature**

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



**MEDICAL HISTORY  
PHYSICIAN RELEASE FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP

DIAGNOSIS \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

BRIEF MEDICAL HISTORY \_\_\_\_\_

CONTRAINDICATIONS TO RIDING, IF ANY \_\_\_\_\_

PRECAUTIONS, IF ANY \_\_\_\_\_

\_\_\_\_\_ HAS NO PHYSICAL DISABILITIES THAT WOULD INHIBIT HIM/HER  
Rider Name  
FROM PARTICIPATING IN A THERAPEUTIC HORSEBACK RIDING PROGRAM.

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PHYSICIAN'S NAME PRINTED

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
DATE

**(This application is void unless signed)**



### EMERGENCY AID INFORMATION

RIDER'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

CARETAKER NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

E-MAIL \_\_\_\_\_ COUNTY \_\_\_\_\_

DIRECTIONS TO HOME (FROM ARENA) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMERGENCY FAMILY DOCTOR (1<sup>ST</sup> CHOICE) \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMERGENCY FAMILY DOCTOR (2<sup>ND</sup> CHOICE) \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

DOES THE RIDER HAVE ANY KNOWN CONDITION, WHICH MIGHT REQUIRE EMERGENCY ATTENTION?  
If so, please give the details.

\_\_\_\_\_  
In the event of an emergency or an accident, the riding program has my permission to request the services of, or take me to, any available doctor or hospital. (PLEASE ATTACH A PHOTOCOPY OF MEDICAL INSURANCE CARD)

\_\_\_\_\_  
SIGNATURE OF RIDER      DATE



## VOLUNTEER INFORMATION

**Note: This information is gathered to help Ride To Walk obtain ideas for fundraising and gain contacts in our community. Please keep this in mind as you fill out this portion of the application.**

WHAT SPECIAL TALENTS OR SKILLS DO YOU POSSESS? (I.E. CONTRACTING/BUILDING, CONSTRUCTION, NURSING, COMPUTER KNOWLEDGE, ETC.)

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DO YOU KNOW OF ANY COMPANIES, CORPORATIONS, OR RELATIVES WHO WOULD BE WILLING TO HELP RIDE TO WALK WITH FUNDRAISERS, GRANTS OR FUNDING? DO YOU WORK FOR A COMPANY OR KNOW OF SOMEONE WHO WORKS FOR A COMPANY WHO DOES "MATCHING FUNDS"? PLEASE LIST COMPANIES WITH PERTAINING CONTACT INFORMATION (I.E. PHONE NUMBERS, ADDRESSES, E-MAIL CONTACTS, ETC.)

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**PERMISSION & RELEASE OF LIABILITY FOR RIDING:**

I, \_\_\_\_\_, the rider, agree that I will abide by the rules of Ride To Walk and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with riding and in consideration for Ride To Walk accepting the registrant for its programs and activities, I hereby release, discharge, and/or otherwise indemnify Ride To Walk and its employees, volunteers and directors as well as its affiliated organizations and sponsors, their employees and associated personnel, including owners of the facilities utilized for this program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name \_\_\_\_\_  
Rider (please print)

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

**CONSENT FOR MEDICAL TREATMENT**

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of the above-named registrant.

Signature of rider \_\_\_\_\_

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

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

**Two Alternative Telephone Numbers and Names:**

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

**POLICY STATEMENT FOR RIDE TO WALK ON 911 CALLS:**

It is the policy of Ride To Walk to treat any falls or injuries seriously. We will ask the consent of the rider or guardian to call 911. If the rider or guardian refuses, it becomes the sole responsibility of the rider or guardian to care for the rider. If caretaker is not in attendance, Ride To Walk will always call 911 using the medical consent forms signed by rider.

**\*\* WE MUST HAVE A CURRENT COPY OF YOUR INSURANCE CARD ON FILE AT ALL TIMES!**





**VOLUNTEER INFORMATION FORM**

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

VOLUNTEER PREFERENCES \_\_\_\_\_

START DAY/DATE AVAILABLE \_\_\_\_\_

TACK SHACK DAY(S) AVAILABLE \_\_\_\_\_

TIME(S) AVAILABLE \_\_\_\_\_

- I AM ABLE TO VOLUNTEER ON THE FOLLOWING PROGRAM DAY(S)  
HOURS 1:30-5:00PM                      HOURS 10:00AM-1:00PM

THURSDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_

I HAVE EXPERIENCE WITH (CHECK ALL THAT APPLY)

- HORSE CARE
- CPR
- RIDING (TYPE \_\_\_\_\_)
- HANDICAPPED (TYPE \_\_\_\_\_)

I hereby grant Ride To Walk permission to use photographs, slides, videos, etc. in which I may appear for the express purpose of promoting the Ride To Walk program, and do not expect, nor shall I receive, any monetary reimbursement for this authorization.

I will not hold Ride To Walk liable for any accident or injury incurred while participating in the Ride To Walk sessions or related activities.

I understand that in the performance of my duties as a volunteer of Ride To Walk I must hold medical/social information in confidence.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE VOLUNTEER

By my signature below, I hereby acknowledge that I have read and understand this document in its entirety and that I agree to the terms and conditions set forth herein.

\_\_\_\_\_  
Rider Signature

\_\_\_\_\_  
Print Name of Rider

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

**"Ride To Walk"  
Rider Photo Release  
Consent Form**

I \_\_\_\_\_, the Rider, hereby **give Ride To Walk my permission** to use photographs, slides, videos, etc. which may appear for the express purpose of teaching as well as promoting the Ride To Walk program, and do not expect, nor shall I, any monetary reimbursement for this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Rider

**OR**

**IDO NOT** want to be photographed or videotaped for public use.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Rider