



# Back In The Saddle Equine Therapy Center

334 College Hill Rd. / Hopkinton, NH 03229

(603) 746-5681 fax: (603) 746-3522

[bitsetc2003@aol.com](mailto:bitsetc2003@aol.com)

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

## BALANCED SEAT APPLICATION PACKET

Hello to all BITS ETC Participants,

Thank you for your interest in our programs. We schedule lessons Monday through Saturday. Please fill out this application form completely, and indicate the program you wish to pursue. Once completed, you may reserve your lesson time with the instructor. Payment for the first lesson is due at that time. If you find us to be a good fit, continued lessons will be billed at the end of each month and due upon receipt. We accept cash or check made payable to BITS ETC.

Should you need to cancel your lesson we ask that you contact your instructor directly. You'll find your instructor's contact information in the back of this application, as well as our attendance policy. Missed lessons without notice will be forfeited. Weather above 85 degrees, or below 20 degrees, your instructor will contact you in regards to the lesson. Any snow days in which Hopkinton schools are cancelled BITS will be closed. We will notify you of other times if lessons must be cancelled or rescheduled.

I look forward to seeing you all "back in the saddle!"

Best Regards,

*Pauline Meridien*

Director, BITS ETC



## REGISTRATION FORM

Participant Name \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address [street] \_\_\_\_\_ [city/zip] \_\_\_\_\_

E-Mail [please print clearly] \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

I wish to register for the Balanced Seat Program.

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### PHOTO RELEASE:

I  DO  DO NOT consent and authorize the taking and use / reproduction of any and all photographs, and or other audiovisual materials taken of me by BITS ETC for promotional, (printed, or web-based), exhibitions, educational activities, or for any other use for the benefit of BITS ETC.

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Signature (Parent or Guardian if under 18)

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date



## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant       Staff Member       Volunteer

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address [street] \_\_\_\_\_ [city/zip] \_\_\_\_\_

Phone [home] \_\_\_\_\_ [cell] \_\_\_\_\_ Email \_\_\_\_\_

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

Health Insurance Co . \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to medications? \_\_\_\_\_

Current Medications \_\_\_\_\_

In the event of an emergency, contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

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

**(Parent or Legal Guardian if under 18)**

# RELEASE OF LIABILITY

Although every effort will be made to avoid accident or injury, NO LIABILITY can be accepted by BITS ETC, it's officers, board of directors, agents, employees, and any of its members, associates, or the property owners upon whose land the therapeutic riding sessions are conducted.

According to RSA 508:19:

"...an equine activity sponsor, an equine professional, or any other person engaged in an equine activity, shall not be liable for any injury or the death of a participant resulting from the inherent risks of equine activities and, except as provided in paragraph III of this section, no participant's representative shall made any claim against, maintain an action against, or recover from any other person for injury, loss, damage, or death of a participant resulting from any other inherent risks of equine activities. Each participant in an equine activity expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property which results from participation in an equine activity. Each participant shall have the sole responsibility for knowing the range of his or her ability to manage, care for, and control a particular equine or perform a particular equine activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular equine at all times while participating in an equine activity, to heed all posted warnings, and to refrain from acting in a manner which may cause or contribute to the injury of any person..."

I have read and understand the legal limits of liability of BITS ETC, and request to participate in therapeutic riding activities as a **(please initial)**:

\_\_\_\_\_ Student \_\_\_\_\_ Volunteer \_\_\_\_\_ Visitor/Clinic Participant

I understand the inherent risks and potential for risk of equine activities, and agree to accept them. I hereby, intending to be legally bound for myself, my heirs, and assigns, executors, and administrators, waive and release forever all claims for damages against BITS ETC, its board of directors, instructors, therapists, aides, volunteers, and /or employees for any and all injuries and or losses I (my child, ward) may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he / she has read this Liability Release in its entirety; that he / she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.'

\_\_\_\_\_  
Participant [Please print clearly]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent or Guardian if under 18 years old)

\_\_\_\_\_  
Date



## CONFIDENTIALITY POLICY

It is the policy of Back In The Saddle Equine Therapy Center to hold absolutely confidential all charts, and communications (oral or written) made by and between or about Therapeutic Riding Center staff, board, volunteers, and clients. It is required that all staff, board members, and volunteers sign this confidentiality agreement. All of these persons are accountable for maintaining the confidentiality of therapy which occurs at BITS ETC. BITS ETC shall treat all communications regarding therapy as protected health information, and will be guided by the Federal Health Insurance Portability and Accountability Act (HIPAA) in all dealings with outside agencies, or interested persons.

**Confidential Communication** is any information that is either written or spoken, and shared between client, and / or family-guardian, and staff, volunteers, and board of directors in the course of service delivery of Equine Assisted Therapy and Equine Assisted Learning activities at BITS ETC. The information that is exchanged is considered confidential and is to be kept as such by all involved, and disclosed only to those people who are:

1. Present at the time the information is shared and working to further the interests of the client.
2. Working for BITS ETC, maintaining records of clients for informational purposes (i.e.) to aid in evaluation, and facilitating communications between staff/ volunteers, as well as for medical and psychological documentation.
3. Not associated with BITS ETC, but working on behalf of the client, such as an attorney, counselor, housing worker, or other social service agent.

### **Maintenance of Records:**

1. BITS ETC maintains all records in a strictly confidential manner. Only staff members have access to these records. Clients/guardians may access their records at any time, and copies are available for a nominal copying fee.
2. In cases where information must be disclosed to others, BITS ETC must have a signed release form on file from the client or guardian before said information is disclosed.

## CONFIDENTIALITY POLICY (continued)

### Exceptions for the Release of Information:

1. Where a staff member or volunteer has reason to suspect a person has been either physically or sexually abused, a report must be made to the appropriate authority. If a volunteer suspects abuse, they should notify a staff member who will be responsible for reporting such. If the client is willing to report the abuse themselves, BITS ETC will have complied with the requirements for reporting. If they assist that individual with making the report.
2. In criminal proceedings, when the court has determined, through the procedure explained in RSA 173-c, that the information contained in the record or testimony is admissible under chapter 173-c, where medical emergency exists and the information from the file is required and the client/family/guardian is unable to authorize the release, information limited to the medical emergency will be **disclosed to any emergency personnel, and / or the medical institution treating the client.**

I [please print name] \_\_\_\_\_ have read and agree to abide by the confidentiality policy of BITS ETC.

\_\_\_\_\_  
Volunteer / Staff Member / Client-Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## **BITS ETC General Information**

BITS ETC offers therapeutic riding, vocational education, and equine assisted learning Monday through Saturday, year-round. Please note your instructor's name, and contact information on our contact sheet.

- Lessons are reserved by completing application packet, and scheduled with instructor. Payment for the first lesson is due at the time of the lesson.
- On-going lessons may be maintained with payment of monthly invoices, sent at the end of each month.
- Snow policy: If Hopkinton NH schools are closed, BITS is closed.
- If it is hotter than 85 degrees, or colder than 20 degrees, astride lessons will be replaced with equine centered activities held in the classroom, or unmounted activities in the barn.
- Make up lessons will be offered as needed for excused lessons missed each month.



# Class Attendance Policy

## Thank you for choosing BITS ETC!

We schedule lessons by the month. Many people are involved in providing safe lessons: leaders, side-walkers and your instructor. Your time and our time is valuable. Your lessons begin with completed paperwork, including MD clearance to ride. At this time we will schedule your lessons on a particular day and time that works for all. Invoices will be sent out following the month's lessons. Should you need to reschedule lessons for a different day or time, or schedule time off from lessons, please contact your instructor. Lessons cancelled by BITS, and **excused** absences may be made up.

### Excused Absence:

- Excused absences are those resulting from emergency, illness, or accident of rider or a family member.
- Doctor appointments, vacations or other explained absences (sporting events, school event, etc...) *with advanced notice*. Advanced notice is considered one week notice for vacations, appointments or other explained absence and a minimum of two hours prior to lesson for illness/accident.

### Unexcused Absences:

- Lesson is missed with no communication to instructors (No call/No show).
- Lessons missed for reasons not related to disability, illness or injury.

### Late Policy:

Lessons are scheduled in ½ hour, 1 hour and 2 hour blocks. If you are late for your lesson, you may still participate but it will only be for your regularly scheduled time slot. For example: Lesson time is 1pm-2pm and you arrive at 1:20pm. Your lesson will run from 1:20pm-2pm.

If you are too late to ride during the time remaining, (i.e. less than 20 minutes) you may have a 'ground lesson' of interaction with your horse for the remainder of time reserved for that lesson.

We look forward to getting you 'back in the saddle!' See you soon.



## BITS ETC CONTACT NUMBERS

Office & Barn Number: (603)-746-5681

E mail: [bitsetc2003@aol.com](mailto:bitsetc2003@aol.com)

Office Secure Fax: (603)-746-3522

**Executive Director: Pauline Meridien (603) 491-2889**

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**Melissa LoVetere, Instructor:** (978) 886-0392  
[Maliska317@yahoo.com](mailto:Maliska317@yahoo.com)

*PATH certified instructor offering Therapeutic Riding, Vocational Education, Equine Assisted Learning, Ride UP for Uniformed Professionals.*

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**Kathy Mauzerall, Instructor:** (603) 344-8848  
[Ktymzrl@gmail.com](mailto:Ktymzrl@gmail.com)

*Hippotherapy certified instructor offering Therapeutic Riding and Ride UP for Uniformed Professionals*

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**Glynis Hart, Instructor:** (607-342-0264)  
[Glinishartz@gmail.com](mailto:Glinishartz@gmail.com)

*PATH certified instructor offering Therapeutic Riding, Ride UP for Uniformed Professionals*

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**Elizabeth Lamy, Instructor:** (603-491-4473)  
[Eliharris000@gmail.com](mailto:Eliharris000@gmail.com)

*Centered riding, Equine Assisted Learning, Vocational Education*