EquiCenter

Name: _____

Address: _____

Telephone: _____ Email: _____

Are you 18 years older ____ Height: *: _____ Weight: * _____

Current or Associated Riding Center(s): _____

_____

Have you ever been part of a Therapeutic Riding Facility? Yes _____No _____

If yes, which one? _____

What are your intentions of becoming a CTRI? _____

_____

_____

Do you have experience working with people with disabilities? Yes _____ No_____

In what capacity? _____

_____

Do you hold any certifications in education or related fields?

_____

* Each horse has a set weight limit based on size, age, and health. To ensure their well-being, we require a pre-session weigh-in for all participants.

EquiCenter

Riding History Questionnaire

Check all riding seats where you feel most comfortable, secure, and effective.

Hunt Seat ☐ Dressage ☐ Western ☐ Other: _____

Do you know posting diagonals? Yes ☐ No ☐

Do you know canter leads? Yes ☐ No ☐

In what disciplines have you taken formal riding lessons, and for how long?

_____

_____

How many years have you taught formal riding lessons, and in which disciplines?

_____

Do you hold any equine-related certifications, degrees, and/or titles?

_____

_____

Do you have any other specialized equine knowledge and/or training? (carriage driving, vaulting, etc.)

_____

_____

Briefly explain your riding and training philosophy.

_____

_____

_____

_____

EquiCenter

You have been asked to screen a horse prospect for a lesson program. What would you do to determine that they are sound and in good health? What other attributes would you look at, and how would you "test" such factors?

The instructors, officers, directors, and volunteers of EquiCenter, Inc. are hereby released, acquitted, and discharged from any claim for damage or suit by reason of any injury, illness, or damage to persons or property during the course of EquiCenter, Inc. riding sessions or activities, including transportation to and from sessions and activities. In that regard, I hereby covenant on my behalf not to file a claim or bring a suit with respect to any such injury, illness, or death.

Liability Waiver Acceptance

_____Yes, I accept

_____No, I do not accept

Signature _____

Date _____