

TEC Rider & Participant Program Packet

Welcome ...

Thank you for your interest in the riding and participant program at the Therapeutic Equestrian Center (TEC), where our mission is to enhance the lives of people with special needs through horse-related activities. As a participant of TEC's program, the participant will engage in a variety of horse-related activities; such as, grooming the horse, riding the horse, horse and stall care, and much more. Through these interactions the participant will experience a positive impact on their physical and emotional well-being. Research has shown that interactions with horses can improve physical, cognitive, and mental health for those with special needs. In addition, the participant has the potential to improve their balance, strength, and self-confidence. They'll also enjoy a sense of accomplishment and experience many "I did it!" moments that would otherwise not be possible.

At TEC, we follow a Code of Conduct for both the participant and TEC staff/volunteers which includes the following:

Participant agrees to ...

- Meet TEC requirements, complete **ALL** paperwork, and read the Rider/Participant Handbook
- Commit to and attend all appointments and sessions. If a conflict arises the participant/parent(s)/legal guardian(s)/caregiver, must contact TEC as soon as possible;
- Support TEC's vision and mission;
- Follow the policies, philosophy, and procedures as defined by TEC staff and volunteers;
- Be supportive of the TEC program and its activities at all levels;
- Supply TEC staff/volunteers with any changes in participant's status as they occur; such as, medical condition, medication, insurance, guardianship, etc.;
- Affirm that TEC's program actively seeks members from every race, ethnic, religious, and socioeconomic group; and
- Abide by the TEC Code of Conduct.

TEC staff/volunteer(s) agrees to ...

- Provide the participant with appropriate policies and procedures;
- Provide orientation about the organization, riding/participant program, and participant roles;
- Offer PATH-certified instructors to teach the riding sessions and to oversee the participant's experience;
- Offer assistance, program support, and encouragement; and
- Track participant's hours of participation in TEC-related sessions and/or activities.

*Your participation in the TEC Rider & Participant Program requires that you read the TEC Rider & Participant Program Packet in its entirety and complete **ALL** forms included in the packet.*



PLEASE READ CAREFULLY

Participant Evaluation: **ALL NEW THERAPEUTIC RIDING PARTICIPANTS** are encouraged to attend a 20 – 30-minute evaluation with one of our PATH-certified instructors, which will include an introduction to the horses and horse care. Once **ALL** participant paperwork has been properly submitted, TEC will contact you to schedule a participant evaluation appointment. *PLEASE NOTE: The completion of the participant's evaluation does not guarantee acceptance into the program as participant placement, class availability, safety, and lesson structure must be determined in order to provide a safe and positive experience for all involved.*

Payment: Fees to participate in the TEC program are as follows:

- \$25 per weekly session for group lessons (up to 4 riders). Class duration is 1.25 hours.
 - A \$25 non-refundable deposit is required for all **NEW** participants and must be submitted with application. *Payment of full balance is preferred at first lesson, but payment arrangements are available.*
- \$15 per weekly session for grooming and ground lessons. Class duration is 30 minutes.
 - A \$15 non-refundable deposit is required for all **NEW** participants and must be submitted with application. *Payment of full balance is preferred at first lesson, but payment arrangements are available.*
- \$35 per weekly session for semi-private lessons (2 riders). Class duration is 45 minutes.
 - A \$35 non-refundable deposit is required for all **NEW** participants and must be submitted with application. *Payment of full balance is preferred at first lesson, but payment arrangements are available.*

Scholarship/Financial Aid: Partial scholarships are available on a case by case basis through the TEC Tuition Assistance Program (TAP). Complete details about TAP are included in this Rider & Participant Program Packet.

PLEASE NOTE: You are required to provide documentation of financial need and submit it with your participant application. This includes verification of your current household income (1040/pay stubs, Social Security/SSI benefits, etc.), any out of pocket medical bills from the past 12 months, any utility bills for the past six months, and any other documentation you feel may support your need for TAP. All information you provide is kept confidential by TEC. A fee and a minimum of volunteer time will be based upon financial need and family circumstances.

Scheduling: Space is limited in TEC programs and activities. TEC staff/instructors/volunteers will schedule participants in the most appropriate and beneficial manner. If TEC is unable to schedule all participants, some participants will be required to be placed on a waiting list.

Attendance, Cancellation, No-Show & Refund Policy: It is the responsibility of the participant or parent(s)/legal guardian(s)/caregiver to inform TEC of any schedule changes as soon as possible prior to the lesson/activity. Since each participant spot is reserved exclusively for that individual, the participant will not receive a refund for the lesson(s) missed.

However, if a situation arises where TEC needs to cancel a lesson or activity, TEC will contact the participant or parent(s)/legal guardian(s)/caregiver as soon as possible. When TEC cancels a lesson, a credit for the missed lesson will be applied to the participant's account.

Equipment: TEC provides all therapeutic riding equipment, including safety helmets. However, participants may purchase their own helmet if they desire. A TEC staff member/instructor can provide more information about where to obtain a helmet.

Your participation in the TEC Rider & Participant Program requires that you read the TEC Rider & Participant Program Packet in its entirety and complete **ALL** forms included in the packet.



As you complete the participant forms and prepare to submit your application to participate in the TEC Rider & Participant Program, please use the checklist below to make sure **ALL** necessary documentation is returned to TEC in a timely manner to ensure your participation in the program.

RETURNING PARTICIPANTS MUST provide:

- Schedule Request & Participant Registration Form
- Participant Medical History & Physician's Statement
- Renewing TAP Application (*If applicable, must be completed yearly.*)
- TAP Documentation of Financial Need (*If applicable, must be completed yearly.*)
- Verify on a yearly/annual basis that participant information is up to date. This will be done by simply reviewing the paperwork on file. If everything is still the same, the participant/parent(s)/legal guardian(s) will initial and date each necessary form. If changes need to be made, the participant/parent(s)/legal guardian(s) will make those updates to necessary forms and initial/date each form.

ALL forms are to be returned to:

**Lisa Mearing
TEC Riding Coordinator
51244 County Road 665
Paw Paw, MI 49079**

Any questions regarding the TEC Rider & Participant Program can be directed to the TEC Rider Coordinator, Lisa Mearing (269-806-6892), or TEC President, Autumn Zick (269-429-0671).

*Your participation in the TEC Rider & Participant Program requires that you read the TEC Rider & Participant Program Packet in its entirety and complete **ALL** forms included in the packet.*



About TEC

TEC is a 501(c)3 nonprofit organization dedicated to enhancing the lives of people with special needs through horse-related activities. TEC is a place for people of all ages with special needs can participate in therapeutic horseback riding and other equine-related activities. TEC serves individuals in Berrien, Cass, and Van Buren counties.

The TEC barn is located at:

Stockbridge Equestrian Center
615 N. M-140
Watervliet, MI 49098

TEC Mailing Address:

PO Box 1250
Niles, MI 49120

Rider Coordinator:

Lisa Mearing
Phone: (269) 806-6892
E-mail: meariment@aol.com

Volunteer Coordinator:

Beth Drollinger
Phone: (269) 932-5005
E-mail: beth.drollinger@gmail.com

PATH-Certified Riding Instructors:

Samie Ledyard: (269) 449-4353
Autumn Zick: (269) 921-4610
Colleen McNamara: (954) 461-5444

General TEC Info & Board Contact:

Autumn Zick, TEC Board President & PATH Riding Instructor
Phone: (269) 429-0671
E-mail: info@tecfarm.org



This form **MUST** be returned to TEC in order to participate in the TEC Riding Program.

Schedule Request & Participant Registration Form

Requested Session: Winter Spring Summer Fall Holiday
(check all that apply)

Participant Name: _____

Date of Birth: _____ **Age:** _____ **Height:** _____ **Weight:** _____ **Gender:** M or F

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____ **Veteran:** Yes No

Parent(s)/Legal Guardian(s):

(If participant is a minor child or a dependent adult.)

Address: _____
(If different from the participant.)

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

Best way to reach you: Phone Text Message E-mail Snail Mail
(If by phone, which do you prefer: Home or Cell?)

Is there a Caregiver? Yes No **If yes, name & phone number:** _____

Caregiver's E-mail: _____

Please note (*) if any information above has changed from your previous registration form. Thank You!

Diagnosis: _____

Preferred Riding Time: Lesson schedules are subject to change with each session depending on the availability of instructors and volunteers. TEC does its best to place participants according to their ability and most appropriate horse available. *Please check the appropriate box(s) and your **FIRST (1st)** and **SECOND (2nd)** preference for which session the participant would like to participate in.*

Monday Tuesday Wednesday Thursday Saturday Sunday By
Afternoon/Evening Afternoon/Evening Afternoon/Evening Afternoon/Evening Morning Appointment

Are you registering for: Group Lessons Grooming Lessons Semi-Private Lessons

If a group lesson does not fill and has only two or three riders, the rider will be charged the group rate because TEC could fill the class if more riders register. A TEC instructor determines how a participant's needs are best met based upon attention span, age, fatigue, and behavior needs of the rider, and makes a recommendation on the type of lesson awarded.

Participant WILL NOT be able to participate in: Winter Spring Summer Fall Holiday

Participant's next session will be: Winter Spring Summer Fall Holiday



This form **MUST** be returned to TEC in order to participate in the TEC Riding & Participant Program.

Participant Health History

Participant Name: _____

Parent(s)/Legal Guardian(s)/Caregiver:
(If participant is a minor child or a dependent adult.) _____

Health History of Participant:

Diagnosis: _____ Date of Onset: _____

Participant is: Ambulatory Non-Ambulatory Verbal Non-Verbal

Participant uses: Wheelchair Crutches Walker Cane Hearing Aid
 SMO's AFO's Sign Language Communication Device

Is there a medical condition, allergy, etc. that may require special precaution and/or treatment? Yes No

If yes, please describe:

Medications (Please include all prescriptions, over-the-counter, and include name of medicine, dose, and frequency.)

Describe participant's abilities/difficulties in the following areas, and include any assistance and/or equipment that may be needed. **Please use backside of paper, if more room is needed.**

1. Physical Function (For example, mobility skills such as transfers, walking, wheelchair use, driving/riding a bus, etc.)

2. Psycho/Social Function (For example, work/school including grade completed, leisure interests, relationships, family structure, support systems, animal companion(s), fears/concerns, etc.)

3. Goals (For example, why does the rider/participant want to be in the program? What accomplishment is the rider/participant striving for?)

Additional Comments (Please use the backside if you need more space.):

Participant Signature: _____ Date: _____

Parent(s)/Legal Guardian(s) Signature:
(If participant is a minor child or a dependent adult.) _____ Date: _____

For TEC Use Only:

	Annual Review by Participant or Parent(s)/Legal Guardian			
Year:	2017	2018	2019	2020
Initials:				



This form **MUST** be returned to TEC in order to participate in the TEC Riding & Participant Program.

Participant Authorization for Emergency Treatment

No individual can participate in any activity of the Therapeutic Equestrian Center (TEC) until this form has been completed by the participant OR their parent(s)/legal guardian(s), if the participant is a minor child or a dependent adult. You are being asked to complete this form to give an appropriate medical facility permission to treat the participant named below for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Participant (full name required): _____

Date of Birth: _____ **Age:** _____ **Height:** _____ **Weight:** _____ **Gender:** M or F

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Parent(s)/Legal Guardian (s) (full name):

(If participant is minor child or a dependent adult.) _____

Relationship to Participant: _____

Address (If different from the participant.): _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Diagnosis: _____ **Date of Onset:** _____

Is there a medical condition, allergy, etc. that may require special precaution and/or treatment? Yes No

If yes, please describe:

Medications *(Please include all prescriptions, over-the-counter, and include name of medicine, dose, and frequency.)*

Name of PHYSICIAN: _____ **Phone Number:** _____

Address: _____

Preferred Medical Care Facility: _____

HEALTH INSURANCE PROVIDER (this includes MEDICAID coverage)

Name of Policyholder: _____ **Relationship to Participant:** _____

Policyholder's Address: _____

Name & Address of Insurance Company

(this includes MEDICAID coverage): _____

Insurance Company or MEDICAID Phone Number: _____ **Policy or MEDICAID Number:** _____

Persons who should be notified in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Participant Signature: _____ **Date:** _____

Parent(s)/Legal Guardian (s) Signature: _____ **Date:** _____

(If participant is a minor child or a dependent adult.)

For TEC Use Only:

Annual Review by Rider/Participant or Parent(s)/Legal Guardian

Year:	2017	2018	2019	2020
Initials:				



This form **MUST** be completed by the **Participant's Physician** and **MUST** be returned in order to participate in the TEC Riding & Participant Program.

Participant Medical History & Physician's Statement (This form **MUST** be completed by participant's Physician.)

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled: Yes No Date of Last Seizure: _____
 Shunt Present: Yes No Date Of Last Revision: _____
 Special Precautions/Needs: _____

Mobility: Independent Ambulation Yes No Assisted Ambulation Yes No Wheelchair Yes No
 Braces/Assistive Devices Used: _____

*** FOR THOSE WITH DOWN SYNDROME:** An annual medical clearance is required from a licensed physician that includes a Neurological Exam, which specifically denies any symptoms consistent with Atlantoaxial Instability (AAI).

Physician's Signature: _____ Date of Exam: _____ Yes, they can ride!
 No, they cannot ride!

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			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Harrington Rod			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participating in equine assisted activities. I understand that the Therapeutic Equestrian Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the Therapeutic Equestrian Center for ongoing evaluation to determine eligibility for participation, and for ongoing participation.

Name/Title: _____ MD DO NP PA Other: _____
 Signature: _____ Date: _____
 Address: _____
 Phone: _____ License/UPIN Number: _____



This form **MAY** be completed by the Participant's Therapist or Teacher **OR** by the participant's parent(s)/legal guardian(s).

Participant Profile

Participant Name: _____

Name of Evaluator: _____ Date: _____

Relationship to Participant
(OT/PT/SLP/Teacher, Other): _____

Diagnosis/Disability: _____

Communication/Social Skills:

- Verbal Sign Language Eye Gaze Communication Board/Device Hearing Aid Other

Comment: _____

Behavior/Attitude Description: _____

Behavior Plan: _____

Ambulatory:

- Independent SMO's AFO's Crutches Walker Wheelchair

Physical Evaluation:

Tone: _____ Strength: _____

Posture: _____ Motor Skills: _____

Coordination: _____ Balance: _____

Spatial Awareness: _____ Symmetry: _____

Suggested Activities (exercises to reinforce present therapy or achieve I.E.P. goals):

Future Goals: _____

Additional Information/Comments (use backside if needed):



This form **MUST** be returned to TEC in order to participate in the TEC Riding & Participant Program.

Participant Release Form & Liability Waiver

Please initial each section to confirm you have read the stated release and liability waiver. You must also sign this document as well in order for the participant to participate in the TEC Riding & Participant Program.

PARTICIPANT CONSENT, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____ the participant or I/We, the parent(s)/legal guardian(s) of minor child or dependent adult of _____ (participant's name), do hereby consent to and assume the unavoidable risks inherent in all horse-related activities of said participant's partaking in the therapeutic horsemanship program sponsored by Therapeutic Equestrian Center, Inc., at 615N. M 140, Watervliet, Michigan, and/or other locations of TEC-related activities. I acknowledge and I understand that despite reasonable safety precautions, horsemanship experiences can result in injury and possibly death. I also acknowledge my understanding that there are no assurances that said participant will receive physical or psychological benefits from participation in said program and I understand that the ordinary risks associated with horseback riding are increased by virtue of said participant's disability.

I understand that *UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.* I also understand that, in the event of any accident that might occur NO LIABILITY can be accepted by any organization concerned, including the Therapeutic Equestrian Center, its agents or assigns. In consideration, therefore, for the privilege of riding and/or working around horses at the Therapeutic Equestrian Center, the Undersigned does hereby agree to hold harmless and indemnify Therapeutic Equestrian Center, and further release it from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

For and in consideration of the agreement of Therapeutic Equestrian Center, Inc. to provide equine activities to the aforesaid participant, I do hereby forever release, acquit, discharge, and hold harmless the Therapeutic Equestrian Center, its officers, directors, agents, employees, instructors, representatives, and any therapists, volunteers, and other persons associated with said program and the successors and assigns of each of them from all manner of claims, demands, and damages of every kind and nature whatsoever which I or the aforesaid participant may now or in the future have against the Therapeutic Equestrian Center, its officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program, and the successors and assigns of each of them on account of any personal injuries, physical or mental condition, known or unknown, to the person of the aforesaid participant, and the treatment thereof, as a result of, or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

_____ ***Initial(s) of participant or parent(s)/legal guardian(s) of minor child or dependent adult***

CONSENT FOR RELEASE OF MEDICAL INFORMATION

I, _____ the participant or I/We, the parent(s)/legal guardian(s) of minor child or dependent adult of _____ (participant's name), hereby authorize _____ (facility, individual, physician, etc.) to release information from the records of the above named participant to the Therapeutic Equestrian Center for the purpose of developing a Therapeutic Riding & Participant Program or Hippotherapy Program for the above-named participant. The information to be released is marked below. *(Please make as many copies of this form as necessary for any additional releases needed.)*

- Medical History
- Classroom Individual Education Plan (I. E. P.)
- Speech Therapy evaluation, assessment and program plan
- Other: _____
- Physical Therapy evaluation, assessment and program plan
- Occupational Therapy evaluation, assessment, and program plan

_____ ***Initial(s) of participant or parent(s)/legal guardian(s) of minor child or dependent adult***



This form **MUST** be returned to TEC in order to participate in the TEC Riding & Participant Program.

(continue) Participant Release Form & Liability Waiver

PHOTO/IMAGE RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the Therapeutic Equestrian Center permission to take or have taken, still and moving photographs and films including television pictures of myself/son/daughter/ward and/or pictures of parents/guardians/siblings. I consent and authorize the Therapeutic Equestrian Center, its advertising agencies, news media, and any other persons interested in the Therapeutic Equestrian Center and its work, to use and reproduce the photographs, films, and pictures to circulate and publicize the same by all means including without limitation the generality of the foregoing: newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical material. I understand that the Therapeutic Equestrian Center is the owner of such photographs or films.

With regards to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of the Therapeutic Equestrian Center to use or be used such photographs, films, and pictures for the primary purpose of promoting and aiding the Therapeutic Equestrian Center and its work.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Photo Release	Initials	<input type="checkbox"/> Yes <input type="checkbox"/> No	Video Release	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No	Media/Marketing Release	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Media Release	_____

Your signature below indicates that you have read, understand, and given consent to all segments of this document.

Participant Signature: _____ **Date:** _____

Parent(s)/Legal Guardian(s) Signature: _____ **Date:** _____
(If participant is a minor child or a dependent adult.)

For TEC Use Only:

	Annual Review by Rider/Participant or Parent(s)/Legal Guardian			
Year:	2017	2018	2019	2020
Initials:				



TEC's Tuition Assistance Program (TAP)

Through the generosity of those who value the benefits of equine-assisted activities, the Therapeutic Equestrian Center (TEC) is able to offer the Tuition Assistance Program (TAP) to its participants. TAP allows TEC to offer scholarships (full and partial) to participants who may not otherwise be able to afford the cost of participating in TEC's Riding & Participant Program.

TAP is awarded based on financial need, need for service, and staff recommendations. Eligibility and TAP award amounts are determined on a case by case basis by the TAP Committee. This committee is made up of at least three people: two TEC Board Members (one must be the Board Treasurer) and a current TEC Staff Member. ***A minimum payment is required and full payment is preferred at first lesson, but payment arrangements are also available.***

TAP participants follow the same cancellation policy as the other TEC participants. Since each participant spot is reserved exclusively for that individual, the participant will not receive a refund for the lesson(s) missed. However, if a situation arises where TEC needs to cancel a lesson or activity, TEC will contact the participant or parent(s)/legal guardian(s)/caregiver as soon as possible. When TEC cancels a lesson, a credit for the missed lesson will be applied to the participant's account.

TEC has two types of riding lessons, group and semi-private; as well as, grooming lessons. Group lessons have up to four riders and the lesson is 1.25 hours long. Semi-private lessons have two riders and is 45 minutes long. A grooming and ground lesson is also available and typically held during a group lesson, and lasts about 30 minutes. A semi-private lesson is shorter as each participant has more of the instructor's time.

It is recommended that the recipient of any tuition assistance (or their parent(s)/legal guardian(s)/family member(s)/designated individual) participate in at least one volunteer activity at TEC within six months of tuition assistance award. Volunteer opportunities include, but are not limited to: helping with lessons, barn chores, special projects, fundraisers, and serving on committees.

If you would like to apply for TAP, please complete the TAP Application and return it to TEC, along with verification of you current household income (1040/pay stubs, Social Security/SSI benefits, etc.), any out of pocket medical bills from the past 12 months, any utility bills for the past six months, and any other documentation you feel TEC may need. Your application cannot be considered until all required documentation has been received. All information submitted is kept confidential.

Tuition Assistance is awarded on a yearly basis. Applicants must reapply each year and verification of income and expenses are required once every 12 months, unless income/expenses change significantly within those 12 months.

If you have questions about TAP, please contact TEC at (269) 429-0671 or e-mail info@tecfarm.org.

Return TAP Application and **ALL** required documentation to:

**Lisa Mearing
TEC Riding Coordinator
51244 County Road 665
Paw Paw, MI 49079**



TEC's Tuition Assistance Program (TAP) Application

All information provided is kept confidential.

Participant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parent(s)/Legal Guardian:

(If participant is a minor child or a dependent adult.)

Address *(If different from participant.):* _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Best way to reach you: Phone *(If by phone, which do you prefer: Home or Cell?)* Text Message E-mail Snail Mail

School Attending & Grade or Place of Employment: _____

I am applying for \$ _____ from TAP for the session of:

Winter Spring Summer 1 Summer 2 Fall 1 Fall 2

Please describe the interest this rider/participant has with horses and why he/she wishes to participate in the TEC Riding Program. *(If capable, please have the rider/participant write this response.)*

Please describe the financial need ***(copies of supporting documentation is required)***:

Please describe how this rider/participant can benefit from the TEC Riding Program:

Please list unusual circumstances (debts, illness, etc.) that contribute to the need for financial assistance:

Include any additional comments:

By signing below, I certify that the information provided in this application is correct to the best of my knowledge, and I agree to the TAP guidelines.

Participant Signature: _____ **Date:** _____

Parent(s)/Legal Guardian(s) Signature:

(If participant is a minor child or a dependent adult.)

Date: _____

