



*Marc Burkhardt's*  
**Special Riders**  
**Fall 2023**

*Program Sponsored by: Kiwanis Club of Zanesville*

- WHAT: Therapeutic Horseback Riding Program
- WHO: Physically Disabled persons age five and over whom are Muskingum County Residents
- WHERE: Muskingum County Fairgrounds
- WHEN: 5 Weeks – August 21, 28, September 11, 18, 25
- SESSIONS: Limit **FOUR** riders per session (first come, first serve basis, others will be placed on a waiting list)
- 6:00 p.m. – 6:40 p.m.  
6:40p.m. – 7:20p.m.  
7:20 p.m. – 8:00p.m.
- COST: Free (courtesy of a generous donor of the Carr Center)

For More Information contact:

The Carr Center  
Staci Allen  
Becky Weir  
1035 Beverly Ave.  
Zanesville, Ohio 43701  
(740) 453-5417  
www.carrcenter.org  
[stacia@carrcenter.org](mailto:stacia@carrcenter.org)

# The Carr Center Special Riders Program – Horseback Riding Registration Form

A rider cannot be accepted for riding until the form has been completed.

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DIAGNOIS \_\_\_\_\_ BACK RIDER REQUIRED? Y/N \_\_\_\_\_

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

INFORMATION WE SHOULD KNOW ABOUT THE PARTICIPANT (seizures, coordination or balance impairments) \_\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_

PERSON TO CONTACT IN CASE OF AN EMERGENCY

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATTIONSHIP TO RIDER \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Please choose 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice. The sessions will be filled on a first come, first serve basis

\_\_\_\_\_ 1<sup>st</sup> session 6:00 – 6:40

\_\_\_\_\_ 2<sup>nd</sup> session 6:40 – 7:20

\_\_\_\_\_ 3<sup>rd</sup> session 7:20 – 8:00

If under age 21, this form must be signed by a Parent and/or Guardian. If the rider is 21 or older, he/she must complete and sign this form if he/she is legally competent to do so. Riding instructions will be made to avoid an accident; NO LIABILITY can be accepted by an organizations involved including The Carr Center and Muskingum County Fairgrounds or employees and volunteers of The Carr Center and Muskingum County Fairgrounds.

\_\_\_\_\_  
Signature of Parent/Guardian or Rider if over 21 and competent

\_\_\_\_\_  
Date

**Consent to use still and Video Images and Testimonials**

I \_\_\_\_\_ give my permission for still and video images of me  
(Parent/Guardian)  
and/or may child \_\_\_\_\_ to be used for the purposes of education, marketing  
and other promotional purposes by The Carr Center and it's agents. I further give my consent for my  
testimonial to be used in whole or in part.

\_\_\_\_\_  
Signature of Parent/Guardian or rider if over 21 and competent

\_\_\_\_\_  
Date

**Emergency Transportation Authorization - Complete either Part I or Part II. Do not complete both**

**PART I – PERMISSION TO TRANSPORT RIDER**

I give The Carr Center my permission to transport \_\_\_\_\_  
(Name)  
to \_\_\_\_\_ for emergency medical care or to \_\_\_\_\_  
(Hospital of choice) (Dentist)  
for emergency dental care, or to the nearest available source of assistance.

\_\_\_\_\_  
Signature of Parent/Guardian or rider if over 21 and competent

\_\_\_\_\_  
Date

**PART II – REFUSAL TO GRANT PERMISSION**

I do not give permission to The Carr Center to transport \_\_\_\_\_ for emergency  
(Name)  
medical or dental care. In the event of an illness or injury which requires emergency medical or dental  
treatment. I wish The Carr Center to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent /Guardian or rider if over 21 and competent

\_\_\_\_\_  
Date

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**PARTICIPANT MEDICAL STATEMENT (please have your physician sign).**

I have evaluated this individual and feel they are appropriate for the Carr Center Special Riders  
Horseback Riding program

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## THE CARR CENTER HORSEBACK RIDING PROGRAM

Formal horseback riding programs for the disabled have been organized since 1953 in England and since 1969 in the United States with the establishment of the North American Riding for the Handicapped Association, Inc.

The "Special Riders" program is organized under the auspices of The Carr Center, Inc.

Riding is an excellent form of therapeutic recreation. Riding helps to develop self-awareness, self-confidence and self-discipline. It also strengthens and relaxes muscles, improves posture, balance and coordination, while increasing joint mobility.

The Carr Center is the coordinator of the local horseback riding program. Persons who participate need to obtain a medical referral from their physician indicating diagnosis, medications, precautions and associated disorders. Persons with dislocated hips or paralysis above the level of T-5 of the spinal cords are not recommended to ride horses for safety reasons.

Horseback riding sessions run for six consecutive weeks. Sessions are conducted by the coordinator aided by three volunteers for each rider and horse. Adaptive equipment is utilized when necessary and all riders must wear protective headgear (provided by The Carr Center). Leg braces are optional during riding sessions. LONG PANTS AND SHOES WHICH SUPPORT THE ANKLES MUST BE WORN BY ALL RIDERS. Shoes with buckles are discouraged.

The benefits a disabled person receives from learning to ride a horse are tremendous. We are extremely proud of our therapeutic riding program as it rewards everyone involved, including riders, volunteers, and staff.

# HORSEBACK RIDING PROGRAM

## Disabilities Accepted for Riding

The following is a list of the disabilities that are accepted for the horseback riding and that derive benefits in one form or another from this activity.

### ORTHOPEDIC CONDITIONS

1. Amputees (Various types)
2. Scoliosis
3. Arthritis (Osteo and rheumatoid)

### NEUROLOGICAL CONDITIONS

1. Polio Myelitis (Varying involvement)
2. Spinal Bifida
3. Multiple (Disseminated) Sclerosis
4. Cerebral Palsy (Various types)
5. Traumatic Paraplegia (Spinal cord injuries)
6. Cerebral Vascular Accidents (Strokes)
7. Spinal Meningitis
8. Traumatic Brain Damage

### OTHER CLASSIFICATIONS

1. Muscular Dystrophy
2. Autism
3. Blindness
4. Hearing and Speech Impairments
5. Mental Retardation
6. Epilepsy

## RULES FOR HORSEBACK RIDING SESSIONS

1. Protective headgear and safety equipment (provided by The Carr Center) must be worn by all riders.
2. Long pants/jeans must be worn by all riders.
3. Shoes or boots which support the ankle must be worn by all riders. Sneakers or shoes with buckles are discouraged.
4. No one is allowed in the arena except instructors, riders and volunteers, while sessions are in progress.
5. All visitors and spectators are asked to remain reasonable quiet during the entire riding session.
6. All participants and spectators must stay out of restricted areas.
7. If a rider or volunteer is unable to attend a riding session, Please call Staci or Becky Weir at The Carr Center 453-5417 before noon on the day of the session
8. All forms must be in proper order before a rider can begin riding sessions.
9. Rider must be at least five years of age.
10. All fees must be paid in advanced. Please make checks payable to The Carr Center.

## THE CARR CENTER SPECIAL RIDERS EMERGENCY PLAN

The Carr Center will make every effort to assure the safety of all volunteers and participants during the Special Riders Program. However, due to the nature of the program, some risks of injury are possible. In the event of an emergency, the following plan will be observed during the program.

1. Participants and volunteers "emergency" information will be in box on the card table during each session of the program.
2. The first aid kit will be in box on the table.
3. A cellular phone will be available for emergency use with the following telephone numbers available.
  - A. Zanesville Police/Fire Dept. and Emergency Squad 911
  - B. Poison Control Center 1-800-222-1222
  - C. Muskingum County Children Services 455-6710
4. In the event a participant need to be transported by emergency squad, appropriate medical information will accompany the participant and in the absence of a parent or legal guardian, a volunteer or staff member will also accompany the participant to the hospital. Efforts to contact the parent/guardian will be mad as soon as possible.
5. Volunteers will be advised of process and area to dismount participants during an emergency. Participants will be appropriately supervised horses properly handled.

## THE CARR CENTER MEDICAL AND DENTAL EMERGENCY

1. The Center's Medical and Dental Emergency Plan shall be posted on the arena fence next to the card table.
2. In the event of an accident, injury, of illness efforts will be made to contact the parent or guardian.
3. This Center's Plan will include:
  - A. The location of the rider's medical and other required records. If it is necessary to transport the rider to the source of emergency assistance the rider's records shall be transported with participant\_
  - B. The location of volunteer's emergency information.
  - C. The location of first aid box.
  - D. The emergency telephone numbers.
  - E. General instructions to the volunteers in case of an emergency, including supervision of riders during the emergency.
  - F. General instructions to the volunteers in case of illness or dental emergency.
4. The Center shall obtain written, emergency transportation authorization from the parent/guardian before or on the first day of attendance for each rider.
5. When an instructor or volunteer accompanies a rider to a source of emergency care, that person shall remain with the rider until the rider's parent/guardian assumes responsibility for his/her care.



