



December, 2021

To All of the Families and Participants of Partners For Progress and Pediatrics In Motion,

To say that the last 20 months have been unpredictable would be an understatement. We are incredibly grateful for your understanding and patience as we have navigated through everything that has happened to keep you, your families, our staff, and our volunteers safe. Although we continue to hope for an end to this COVID stuff soon, we must be forthcoming about how we will keep everyone safe and comply with codes going forward.

Partners For Progress continues to follow the COVID guidelines as enacted for the State of Illinois. If you feel comfortable waiting inside of our facility, we invite you to do so. If you choose to do so, we ask that you please respect others that might be inside with you. If you do not wish to wait inside, please let us know and we will continue to meet you and/or your rider outside at your vehicle.

Please note that the “toys” that are currently located in the hallway are therapy toys only and are to be used for clients only. We respectfully request that you do NOT allow your children to wander and touch and/or play with these items - or the helmets that are also located in this area - as they are sterilized to maintain protocol integrity after they are used by each client. If we note that children are being allowed to wander, we will have to ask you and your children to wait in your vehicle. As these restrictions change, we will certainly make you aware of it.

**Attached** is your client paperwork for 2022. It is *imperative* that you **complete all** of the attached forms and return them to your therapist or riding instructor by January 1<sup>st</sup>. We know that some of you have moved, changed phone numbers, changed email addresses, gotten new credit cards, etc., and we need to ensure that we have correct information on file.

New/updated paperwork is imperative to the PFP/PIM staff. The amount of time that is spent each year chasing down updated information can be extremely consuming, so we truly appreciate your cooperation in submitting this information – even if you have not had any information changes - by January 1<sup>st</sup>. This cooperation will allow us to update our files quickly and efficiently.

If you have any questions, please do not hesitate to ask. Thank you again for your understanding and thank you for allowing us to continue helping you and/or your child. Stay well.





## **2022 Partners For Progress Registration Information**

**Organization Info:** Partners For Progress NFP Therapeutic Riding Center  
23525 W. Milton Road, Wauconda, IL 60084  
FON: 847-438-5400 FAX: 847-438-5401  
Email: [partnersforprogressnfp.org](mailto:partnersforprogressnfp.org)  
Web: [www.partnersforprogressnfp.org](http://www.partnersforprogressnfp.org)

**Fees:**

- 1) \$75 evaluation fee is payable at time of the initial ride and assessment by a therapist/instructor
- 2) \$50 annual registration fee is required for each rider at time of first ride and annually on January 1<sup>st</sup>
- 3) \$75 an hour riding fees (\$60 an hour riding fees if parent contributes to fundraising)

**Financial Aid:** Limited opportunities exist for financial aid. Applications can be requested at the PFP office and can be submitted to the PFP office once it is completed.

**Invoicing Fees:** There are 5 riding sessions during the year with each session having approximately 10 weeks. Invoices are emailed (email address must be on file) prior to each session.

Payments for the entire session are due prior to the session start.

2022 Session Start Dates: January 3<sup>rd</sup>, March 14<sup>th</sup>, May 23<sup>rd</sup>, August 1<sup>st</sup>, and October 17<sup>th</sup>

**Payments:** Partners For Progress accepts cash, check or credit card for payments. **A credit card processing fee of 3% (i.e., this would equal \$18.00 for a \$600 invoice) will be added to any invoice paid by credit/debit card.**

If payment is not received by the first week of the session, a \$50 late charge will be assessed. Unpaid balances will be charged to credit/debit card on file if account is not paid by 14 days after session start.

Payments may be mailed to the facility, 23525 W. Milton Road, Wauconda, IL 60084 or dropped off at the PFP office. (Checks made out to Partners for Progress)

**Fundraising:** PFP has two major fundraisers to help with the annual costs of the program. The session fees charged for our programs are considerably less than the costs Partners For Progress NFP incurs to provide these services. The generosity and hard work of many volunteers and others for donations and fundraising are what keep rider costs low. **Participation in fundraising is required of all families riding with reduced rate and scholarships.**

Our first raffle fundraiser, Plop O'Gold, is scheduled for March 13, 2022. The second fundraiser of the year is the Hoe Down Barn Dance which is scheduled for September 10, 2022. Of course, we hope you will still participate in all our fundraising endeavors throughout the year.

**Missed Lessons:** It is very difficult to schedule make-up classes for riders because volunteers have other time commitments and instructors have other classes and duties. If we receive notice at least 24 hours in advance, we will work with you to schedule a make-up time. If Partners



For Progress NFP or Pediatrics in Motion cancels a ride, make-up times will be available. **Credit for services is not available as riders already ride at a reduced price.** Please speak with your instructor or contact Amanda at 262-206-1567 to schedule a make-up lesson. No show rides are not eligible for make-ups.

**Paperwork:**

The following paperwork must be completed prior to the client starting:

- 1) Client Information form
- 2) Participants Release form
- 3) Medical History form (Physician statement must be completed within 30 days of starting)
- 4) Fundraising / Billing form
- 5) Covid-19 Acknowledgement form

**2022 Facility Rules and Regulations**

For your information and safety, below are our facility guidelines and rules. Thank you for your cooperation.

1. Observation of Therapy: We are happy to have family and friends of clients observe riders as long as it does not distract the rider. In order to keep the integrity of the session, we ask that you do not interrupt. Viewing areas are provided; please remain in these areas during each session.
2. Supervision of Children: Children are welcome to come to the therapy sessions, but please keep them with you at all times. Due to safety factors they must be with an adult and remain reasonably quiet at all times. **No access will be allowed to the office areas, the therapy room, or any therapy “toys”.**
3. Pets: Due to our commitment to the safety of our clients and horses, no pets are allowed on the premises.
4. Parking: Park in areas designated only for parking. Drop off by the barn is reserved for non-ambulatory clients.
5. Alcohol/Smoking: Absolutely NO smoking or drinking is allowed on the grounds, or within this facility during sessions.
6. Entering and leaving from barn: For the safety of all, we ask that you enter and leave keeping your speed limit at 5 mph
7. All riders should wear:
  - Long pants with comfortable fit to cover legs (weather permitting)
  - Shoes or boots
  - No loose or hanging clothing, rings, necklaces or dangle earrings
  - Independent riders must have their own riding shoes with heels (see your instructor for more information)



## 2022 Client Information Sheet – Page 1

### Client Name/Address:

Client First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

County: \_\_\_\_\_ Year Born: \_\_\_\_\_

Ethnicity:     Caucasian                       Middle Eastern  
                   African American / Black     Pacific Islander  
                   Hispanic / Latino                 Native American / Alaskan  
                   Asian                                     Other: \_\_\_\_\_

### Parent / Guardian Contact Information:

If Client is under 18 or has a guardian enter information below

Address is only needed if different from client address

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer City/Zip: \_\_\_\_\_



## 2022 Client Information Sheet – Page 2

### **Second Parent / Guardian Contact Information:**

If Client is under 18 or has a guardian enter information below

Address is only needed if different from client address

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer City/Zip: \_\_\_\_\_

### **Emergency Contact Information:**

Emergency Contact Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Secondary Emergency Contact Phone: \_\_\_\_\_

### **Photo Release:**

I authorize the use and reproduction by Partners for Progress NFP and/or Pediatrics in Motion of any photographs and any other audio-visual materials taken of me for promotional materials, education activities, exhibits or for any other use for the benefit of the program.

\_\_\_\_\_ I consent

\_\_\_\_\_ I do NOT consent

Signature \_\_\_\_\_



## 2022 Billing and Fundraising Information

### 2022 Billing Information:

Invoices are emailed two weeks prior to each session.  
Please provide the billing contact information below:

Name of Contact for Billing: \_\_\_\_\_

eMail Address: \_\_\_\_\_

If you would like your credit card charged automatically when session fees are due. Provide your credit card information below. An additional charge of 2.5% will be added to each charge to cover credit card processing fees. (i.e. charge of \$12.00 for a \$480 invoice)

I would like my credit card charged automatically when session invoices are due

Credit card information:

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

eMail to notify of charge: \_\_\_\_\_

### 2022 Fundraising Information:

You MUST choose an option below. If an option is not chosen it will be assumed that the \$75 per ride should be charged.

I agree to participate in fundraising by selling raffle tickets for the Plop to raise \$400 and contributing to the Hoe Down fundraiser. Session fees will be \$60 a ride.

I choose not to participate in the fundraising events and will be charged \$75 a ride.



## **2022 Participants Release and Hold Harmless Agreement**

Client Name: (Print) \_\_\_\_\_

### **THIS RELEASE LIMITS OUR LIABILITY. READ IT!**

By signing this form, I acknowledge that therapeutic and pleasure horse riding is a dangerous activity, which may result in injury to my horse, or me or result in damage to my equipment. With this knowledge, in consideration for the services of Partners For Progress NFP and Pediatrics In Motion and as inducement for the services of Partners For Progress NFP and Pediatrics In Motion to provide therapeutic pleasure horse riding and/or physical therapy on horseback to me, I hereby waive, release, discharge and hold harmless Partners For Progress NFP and Pediatrics In Motion, its officers, directors, employees and volunteer assistants, their heirs, executives, administrators, successors or assigns, from any and all liability for damages sustained by me, any animal owned or controlled by me, or for any item or personally under my dominion and control. Without limiting the generality of the above, I hereby waive and release Partners For Progress NFP and Pediatrics in Motion, its officers and directors and all volunteer assistants for liability based on the active or passive negligence of said persons and entities.

I hereby agree to indemnify and hold harmless Partners For Progress NFP and Pediatrics In Motion, its officers, directors, and all volunteer assistants associated therewith for any claims which may be made against them, including attorney's fees and cost of suit in any action based upon or arising from my acts or omissions, or the actions of any animal with my control.

**WARNING:** Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

I acknowledge that I have read the foregoing and understand that contents thereof.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **If client is a Minor:**

Minors must have the following signed by their parents or legal guardian:

I, the undersigned parent or guardian \_\_\_\_\_ of \_\_\_\_\_ for  
and in consideration of our child's participation at Partners For Progress NFP and Pediatrics In Motion state that I have read the waiver, release and hold harmless written above and I expressly agree that warrant I have health and accident insurance for said minor.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date



**2022 Rider's Medical History and Physician's Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

**\*\* For Persons with Down Syndrome**

- Cervical X-ray for Atlantoaxial Instability: Positive\_\_\_\_ Negative\_\_\_\_ X-Ray Date: \_\_\_\_\_

Tetanus Shot: Yes\_\_ No\_\_ Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_

Medications: \_\_\_\_\_

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			
Other			

**Mobility:**

Independent Ambulation: Yes\_\_ No\_\_

Crutches: Yes\_\_ No\_\_

Braces: Yes\_\_ No\_\_

Wheelchair: Yes\_\_ No\_\_

Please indicate any special precautions: \_\_\_\_\_

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that Partners For Progress NFP and/or Pediatrics In Motion will weigh the above medical information against the existing precautions and contradictions.

I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date





## Partners For Progress/Pediatrics In Motion Participants

### Covid-19 Acknowledgement of Risk and Acceptance of Services

I, \_\_\_\_\_ (Patient Name), am aware of the risks of contracting Covid-19 while receiving face to face services from Partners for Progress/Pediatrics In Motion (“PFP/PIM”). I am also aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless PFP/PIM, it’s employees and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by PFP/PIM and my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/vehicle either in person or via telephone; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree that, in order to enter the barn the following procedures will be adhered to:

- 1.) Whether vaccinated or unvaccinated, you will only come to the barn if you are symptom free,
- 2.) Masks are **NOT** optional. Everyone entering the barn **MUST** wear a mask,
- 3.) Current social distancing recommendations will be followed, and
- 4.) **NO ONE** other than staff or scheduled volunteers are allowed to enter the barn aisles.

I agree to cancel my services should I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services during this pandemic.

PFP/PIM will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC and our contracted Veterinarian for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and choice and agree to follow the terms and requirements outlined above and hold harmless all individuals associated with or through my services acquired from PFP/PIM for any and all risk that my child(ren) or I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PFP/PIM may result from the actions, omissions, or negligence of myself and others, including, but not limited to PFP/PIM employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at PFP/PIM or participation in PFP/PIM programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the PFP/PIM, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release



# Partners For Progress/Pediatrics In Motion Participants

## Covid-19 Acknowledgement of Risk and Acceptance of Services

includes any Claims based on the actions, omissions, or negligence of the PFP/PIM, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any PFP/PIM programming.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

# 2022

## Partners For Progress, NFP

*challenging therapy that's changing lives.....*

### Schedule of Events

**SESSIONS**

- 1: January 3 - March 12
- 2: March 14 - May 21
- 3: May 23 - July 30
- 4: August 1 - October 15
- 5: October 17 - December 23

**EVENTS**

- March 13 - Plop O'Gold & Chili Cook-Off Open House
- June 11 - Corbett Ryan Dance Bash
- July 24 - Family Summerfest & Horse Show
- TBD - Summer Camps, Job Skills
- September 10 - Hoedown Gala
- December 10 - Holiday Cookie Exchange & Meats & Reverse Raffle

**KEY**

- Start of Session
- Event
- No Riding

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
3							1	2	3	4	5		1	2	3	4	5		1	2	3	4	5				
6	7	8					6	7	8	9	10	11	12	6	7	8	9	10	11	12	3	4	5	6	7	8	9
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19	10	11	12	13	14	15	16
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26	17	18	19	20	21	22	23
23	24	25	26	27	28	29	27	28	29	30	31		27	28	29	30	31		24	25	26	27	28	29	30		
30	31																										

May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	1	2	3	4			1	2	3	4	5	6	1	2	3	4	5	6			
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
29							26	27	28	29	30		24	25	26	27	28	29	30	28	29	30	31				

September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6			
8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	8	9	10	11	12	13		
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	15	16	17	18	19	20		
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	22	23	24	25	26	27		
29							29	30	31				29	30	31				29	30	31						



**MAILING ADDRESS:**  
Partners For Progress, NFP  
23525 W. Milton Road  
Wauconda, IL 60084

**FACILITY LOCATION:**  
PFP Therapeutic Riding Center  
23525 W. Milton Road  
Wauconda, IL 60084

**Phone:** 847-438-5400  
**Web:** [www.partnersforprogressrfp.org](http://www.partnersforprogressrfp.org)  
**Email:** [info@partnersforprogressrfp.org](mailto:info@partnersforprogressrfp.org)  
**FB:** Partners For Progress NFP Therapeutic Equestrian Center