

*T.H.R.I.L.*



Therapeutic Horse Riding In Lindsay  
**Participant Agreement**

**Therapeutic Horsemanship Riding In Lindsay (THRIL) at Field of Dreams Farm**

**Participant Name:** \_\_\_\_\_

**Date of Birth (if minor):** \_\_\_\_\_

Please **initial** each section to confirm that you have read, understood, and agree to each policy.

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**General Participation Guidelines**

\_\_\_\_ I have read and agree to follow the THRIL/Field of Dreams Farm **Rider/Participant Policy Manual** prior to my first session.

\_\_\_\_ I will treat all **staff, volunteers, horses, equipment, and property** with respect. I understand that failure to do so may result in removal from the program.

\_\_\_\_ I will ensure that any **siblings, guests, or spectators** I bring are **supervised at all times**, do not interfere with sessions or horses, and do not approach horses or equipment without a staff member present.

\_\_\_\_ I understand that **late arrivals** may result in missed activities and that **make-up sessions will not be provided** unless cancelled by THRIL/Field of Dreams Farm.

\_\_\_\_ I agree to wear **long pants** and **fully enclosed footwear with a small heel** for all sessions. I understand that improper attire may result in being unable to participate.

\_\_\_\_ I understand that I must complete and submit all required forms prior to participation, including:

- **Registration Form**
- **Liability Release/Photo Release**
- **Physician's Medical Form (updated as required)**
- **Participation Agreement**

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Visit us at [www.thril.ca](http://www.thril.ca)

Charitable # 76982 4913 RR0001

A non-profit charitable organization located at

Field Of Dreams Farm – Where Dreams Come True!

1072 Monarch Rd, Lindsay, On K9V 4R1 (705) 324 2756 [info@thril.ca](mailto:info@thril.ca)

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### Missed Sessions & Program Schedule

\_\_\_ I understand that **missed sessions** cannot be rescheduled unless cancelled by THRIL. Missed sessions will be resumed on the next regularly scheduled date.

\_\_\_ I acknowledge that THRIL/Field of Dreams Farm may cancel sessions due to **weather, road conditions, instructor availability, driveway maintenance, or lack of volunteers**. In such cases, a **make-up session or credit** will be offered, if feasible.

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### Volunteers & Safety Support

\_\_\_ I understand that THRIL's programs are **volunteer-based**, and I am responsible for ensuring that the participant is accompanied by someone able and willing to assist during the session, if needed (per the Safety section in the Rider/Participant Policy Manual).

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### Emergency Medical Treatment Consent

\_\_\_ In the event of a medical emergency, I authorize THRIL/Field of Dreams Farm staff or volunteers to administer **first aid** and to contact **emergency services**. I consent to emergency medical treatment by qualified personnel and accept responsibility for any associated costs.

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

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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### Acknowledgment

I have read and agree to comply with all policies outlined in this agreement. I understand that this agreement is **binding** and will remain in effect until revoked in writing by THRIL/Field of Dreams Farm or myself.

**Signature of Participant/Parent/Guardian:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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