Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

WELCOME TO KTRA ~ New Rider Application Package

Please keep page 1 & 2 for your reference

Table of Contents

Required-signatures checklist:

- ☐ Photo Release (page #)
- ☐ Participant Health History (page #)
- ☐ Release form for riders prone to seizures (page #)
- ☐ KTRA policies - Initials Required (pages)
- ☐ Membership Form
- ☐ Funded Rider Policies

What happens after you apply?

Once the Executive Director receives your fully completed application, you will receive information about registration for the next available session. Depending on the information provided in your application, a new rider may be asked to attend an assessment before being scheduled for lessons. Assessments help us determine the most appropriate program, horse, lesson format, and supports for the rider. If there is space available in the current session, a rider may be able to begin sooner. This depends on staff and volunteer availability, scheduling, and an appropriate lesson placement.

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

KTRA Sessions (KTRA offers four riding sessions each year)

Session	Length	Lessons	Registration
Winter	10 Weeks	Jan-mid-March	November
Spring	12 Weeks	April-June	February
Summer	6 Weeks	July-August	May
Fall	8 Weeks	Sept-Oct	July

Please note: Completing an application does not guarantee a space in the next session. Rider placement is based on available spaces, appropriate horse and program matching, and KTRA's staff and volunteer capacity.

About KTRA

Kamloops Therapeutic Riding Association (KTRA) was formed in 1988 as a nonprofit organization to provide therapeutic horseback riding for individuals with physical and mental disabilities. Therapeutic riding was first introduced in Europe as a method of assisting French soldiers rehabilitating after World War I. The practice spread and eventually reached North America in the early 1950s.

Our Program

Sitting on a moving horse helps riders develop balance and coordination by allowing the horse's movement to move the rider's body in a way that closely resembles the natural movement of the human body during walking. The rhythmic, three-dimensional movement of the horse's back encourages the rider's pelvis, trunk and limbs to move in a similar pattern to walking, providing natural opportunities to activate and strengthen muscles that may be weak, underactive or spastic. As riders become accustomed to the horse's movement and sensations, exercises can be introduced to address their individual needs and goals. Physical benefits may include improved flexibility, muscle tone and strength, circulation, posture, balance and coordination. Emotional benefits may include relaxation, enjoyment, increased confidence and a sense of accomplishment.

What to Expect

KTRA lessons are individualized to each participant's abilities, needs and goals. Activities may focus on riding skills, balance, coordination, strength, flexibility, communication and confidence. Safety is an important part of every lesson. KTRA staff and volunteers work together to provide a safe, supportive and positive environment for every rider. Please remember, therapeutic (adaptive) riding lessons are activities involving the horse that assist people with disabilities in achieving physical and mental health, and cognitive, behavioral, social and communication goals. Our instructors have received specific training and certification in this area. These lessons are different from common riding lessons. We follow standards set by the Canadian Therapeutic Riding Association (CanTRA) and Path International.

Waivers: Every participant must have a valid KTRA waiver signed before participating. A KTRA staff member must witness the signing. This will be completed at your first lesson, so please ensure a parent or guardian attends if required. If a participant over the age of majority does not comprehend the nature and consequences of the waiver, a parent or legal guardian must sign on their behalf.

KTRA's programs are designed to support participants as individuals.
Placement and programming are based on each rider's abilities, needs and goals, as well as available resources and appropriate program options.
Our priority is to provide a safe, supportive and positive experience for every participant.

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

PARTICIPANT INFORMATION

Date of Application:	
Rider Name:	
Date of Birth:	
Age:	
Height:	
Weight:	
Gender:	
Address:	
Email Address: *(All communication will be sent to this email address, including billing, lesson information and confirmation and events.)*	
Phone #:	
Phone # for Lesson Cancellations:	
Name of Parent/Legal Guardian:	
Phone #:	
Caregiver Name:	
Phone #:	
Emergency Contact Name:	
Emergency Contact Relationship:	
Emergency Contact Phone #:	

RIDING HISTORY

Has the participant previously been involved in therapeutic riding? ☐ Yes ☐ No

Has the participant taken previous horseback riding lessons? ☐ Yes ☐ No

FUNDING

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

Do you have access to funding? ☐ Yes ☐ No **Type:** _____

_____

Photo, Video & Media Release

At Kamloops Therapeutic Riding Association (KTRA), we love celebrating the people, horses, volunteers, and moments that make our program special. From a rider's first lesson to a big achievement, photos and videos help us share the impact of KTRA and let our community see the joy that happens at the barn.

Your Permission
By signing this release, I give Kamloops Therapeutic Riding Association (KTRA) permission to photograph, film, or otherwise record me and/or the participant named below while participating in KTRA programs, activities, events, lessons, or other KTRA-related activities.
I understand that these photos, videos, and recordings may be used by KTRA for educational, informational, promotional, fundraising, and community-awareness purposes, including:

- KTRA social media accounts and online platforms
- The KTRA website
- KTRA newsletters, emails, brochures, posters, presentations, and other promotional materials
- Fundraising and awareness campaigns
- Community events and presentations
- Promotional materials created in partnership with KTRA
- Sharing with news organizations, community partners, sponsors, or other organizations when related to KTRA programs, events, or activities

How Images May Be Used
I understand that photographs and videos may be edited, cropped, combined with other images or materials, and used in different formats.
I understand that KTRA will make reasonable efforts to use images respectfully and in a way that represents participants and the organization positively.
No payment, compensation, or other consideration will be provided for the use of photographs, videos, or recordings.

Privacy & Personal Information
KTRA will make reasonable efforts to avoid publicly identifying participants by their full name unless permission has been provided for that specific use.
KTRA will not intentionally publish sensitive personal information about a participant alongside their image.

I understand that once an image or video has been shared publicly, KTRA cannot control how others may copy, save, share, or redistribute it.

Voluntary Consent
I understand that participation in KTRA programs is not dependent on providing consent for photography or media use.

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

I may choose not to provide consent, and this will not affect the participant's ability to participate in KTRA programs or activities.
I may also withdraw my consent at any time by contacting KTRA in writing. Withdrawal of consent will apply to future use of images and does not require KTRA to recall or remove materials that have already been printed, published, distributed, or shared before the withdrawal was received.

Participant Information
Participant Name: _____
Participant Date of Birth: _____

Consent
Please select one:
☐ YES — I give KTRA permission to photograph, film, and use images/video of the participant as described in this release.
☐ NO — I do not give KTRA permission to photograph, film, or use images/video of the participant for public or promotional purposes.

If the Participant Is Under 19
I confirm that I am the parent or legal guardian of the participant named above and have the authority to provide this consent on their behalf.
Parent/Guardian Name: _____
Relationship to Participant: _____
Signature: _____
Date: _____
Email / Phone: _____

Adult Participant
If the participant is 19 years of age or older:
Participant Signature: _____
Date: _____
Email / Phone: _____

Questions or Withdrawal of Consent
Questions about this release or requests to withdraw consent can be directed to:
Ashley Sudds, Executive Director
asudds@ktra.ca
604-723-6741

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

GETTING TO KNOW THE RIDER

School:	
Grade:	
Siblings:	
Pets:	
Likes/Interests:	
Dislikes:	
Strengths:	
Areas of Difficulty/Weaknesses:	
Behaviour Concerns:	
What upsets or “sets off” the participant?	
What helps calm or support the participant when upset?	

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

Other helpful information:	

COMMUNICATION

How does the participant communicate? Check all that apply:
☐ Spoken words/speech
☐ Signs
☐ Gestures/body language
☐ Picture symbols/communication board
☐ AAC device or app
☐ Other: _____

AAC INFORMATION

Does the participant use an AAC device or communication app? ☐ Yes ☐ No
Device used:
☐ iPad
☐ iPhone
☐ Dedicated communication device
☐ Other: _____
Communication app/program: _____
Does the participant use TouchChat®? ☐ Yes ☐ No

SUPPORTING COMMUNICATION DURING LESSONS

Would you like KTRA instructors to incorporate AAC/TouchChat into lessons and activities when appropriate?
☐ Yes
☐ No
☐ Please discuss with me

Are there specific words, phrases, symbols or communication strategies that are important during lessons?

_____

_____

_____

Are there communication strategies that instructors/volunteers should avoid?

_____

_____

_____

Other communication information that would help us support the participant:

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

PARTICIPANT HEALTH HISTORY

To be filled out by parent/guardian/caregiver

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Heath			
Behavioural			
Pain			
Bone/Joint			
Thinking/Cognition			

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

Allergies			

PARTICIPANT HEALTH HISTORY (continued)

Medications (include prescriptions and over the counter, name, dose, and frequency):

Physical Function (e.g. mobility skills, such as transfers, walking, wheelchair use etc.):

Psychosocial Function (e.g. work/school including grade completed, leisure interests, relationships - family structure, support systems, companion animals, fears/concerns etc.):

Goals: What would you like the participant to gain from riding?

Focus Area(s): Physical Education Communication Social Recreation
(please circle)

Give one or two specific goals below (e.g. Strengthen muscles, improve balance, learn language, improve memory, social skills, eye contact, etc.)

Release of Information: I give permission for the above information to be shared with volunteers and instructors for educational purposes.

☐ Yes ☐ No

Signature: _____ Date: _____

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

Participant's Medical History & Physician's Statement (1 of 4)

Dear Health Care Provider:
Your patient: _____ (Rider's Name)
is interested in participating in supervised equine activities, in order to safely provide this service , our center requests that you complete the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Precautions & Contraindications to equine activities:

Orthopedic: Atlantoxial Instability Coxarthrosis Heterotopic Ossification/Myositis Ossificans Joint subluxation/dislocation Osteoporosis Pathologic Fractures Spinal Joint Fusion/Fixation Spinal Joint Instability/Abnormalities	**Neurologic:** Hydrocephalus/Shunt Seizure Spina Bifida/Chiari ll Malformation/Tethered Coed/Hydromyelia
Medical/Psychological: Allergies Animal Abuse Cardiac Condition Physical/Sexual/Emotional Abuse Blood pressure control Dangerous to self or others Exacerbations of Medical Conditions (e.g. RA, MS) Fire Setting Hemophilia Medical Instability PVD Respiratory Compromise Recent Surgeries Substance Abuse Thought Control Disorders Weight Control Disorders	**Other:** Indwelling Catheters/Medical Equipment Skin breakdown Medications

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact Ashley Sudds, Executive Director, at 604-723-6741 or by email at asudds@ktra.ca

Participant's Medical History & Physician's Statement (2 of 4)

Name of Participant:	**DOB:**
Weight:	**Height:**
Diagnosis:	**Date of onset:**
Past/Prospective Surgeries:	**Medications:**
Seizure Type:	**Controlled?** Y N **Date of last seizure:**
Shunt Present: Y N	**Date of last revision:**
Special precautions/needs:	**Mobility:** Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N
Braces/Assistive Devices:	

For Participants With Down Syndrome
Does the participant have Down syndrome? ☐ Yes ☐ No
If yes, please complete the following:

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

Has the participant ever been diagnosed with atlantoaxial instability (AAI), atlantoaxial subluxation, or another cervical-spine abnormality? ☐ Yes ☐ No ☐ Unknown
Does the participant currently have, or have they ever experienced, any of the following?
☐ Neck pain or stiffness

Participant's Medical History & Physician's Statement (3 of 4)

☐ Change in gait or walking ability
☐ Weakness or changes in strength
☐ Changes in use of the arms or hands
☐ Changes in muscle tone or coordination
☐ Numbness, tingling, or other unusual sensations
☐ Changes in bowel or bladder function
☐ Head tilt/torticollis
☐ Other neurological symptoms: _____
☐ None of the above

Has the participant ever had cervical-spine imaging (X-ray, MRI, etc.) related to AAI or another neck/spine concern? ☐ Yes ☐ No ☐ Unknown
If yes:
Date of most recent imaging: _____
Reason for imaging:_____
Were any concerns identified? ☐ Yes ☐ No ☐ Unknown
Has a physician or other qualified health professional ever provided restrictions or precautions related to the participant's neck/cervical spine? ☐ Yes ☐ No
If yes, please describe:

_____

_____

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

Integumentary/Skin			
Immunity			
Pulmonary			

Participant's Medical History & Physician's Statement (4 of 4)

	Yes	No	Comments
Neurologic			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Based on the diagnosis and medical information provided on pages 1–4, I am not aware of any medical contraindication that would preclude this person from participating in adaptive horseback riding at this time. I understand that participation is subject to KTRA's review of the individual's medical information, established precautions and contraindications, and program requirements. Final determination regarding eligibility and participation rests with KTRA.

This information is only valid for up to **2 years providing there is no change expected in the patient's condition.**

Name/Title: _____

MD DO NP PA Other: _____

Signature: _____ Date: _____

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

Address:_____

Phone: _____ License/UPIN Number:_____

Office Stamp here:

Release Form for Participants Prone To Seizures

This form is to be completed for any rider who is prone to or has had seizures

Participant (Rider) Name: _____

Parent/Guardian Name: _____

Any seizure activity, change in seizure pattern, or change in seizure medication must be reported to KTRA before the participant's next riding lesson.

Seizure-Free Requirement: If a participant experiences a generalized tonic-clonic (grand mal) seizure at any time, including outside of KTRA or at home, KTRA must be notified before the participant returns to mounted activities. For the safety of the participant, horse, volunteers, and instructors, the participant will be required to be seizure-free for a minimum of six (6) months before returning to riding. KTRA may require updated medical information or clearance from the participant's healthcare provider before riding resumes.

The undersigned hereby gives consent to the rider to participate in the adaptive horseback riding program offered by KTRA. It is understood that there is an increased risk of injury because the rider is prone to seizures (or has experienced seizures in the past). The undersigned hereby releases and discharges KTRA, its staff, instructors, agents, volunteers, and board members from any and all claims, demands or actions inclusive of costs that may arise out of the riders participation in the program, including any claims, or actions for the injuries sustained by the rider while participating in the program, regardless of how such injuries may be caused.

Participant (Rider) Signature (if 19 and older) _____

Parent/Guardian Signature (if participant (rider) is under 19): _____

Witness Signature: _____

Date: _____

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

KTRA Lesson Policies

Participation in/Discharge from Therapeutic Horseback Riding Policy: Recognizing that equine related activities hold inherent risks, all prospective participants will be evaluated by CanTRA or PATH Intl. Certified Therapeutic Riding Instructors to ensure a safe and beneficial experience. Participant/parent/guardian/volunteer/staff/ must complete, sign (e-signatures accepted), and date all center paperwork including releases, prior to participation. Forms can be found online at ktra.ca. Some of these forms must be updated annually. Note: Complete paperwork, containing all required signatures must be received and approved by KTRA before the first day of a lesson. Lessons will be forfeited if paperwork is late or incomplete.

Liability Waivers: There are two waivers that need to be signed to participate in KTRA services. One is a KTRA Waiver and the other is a Koalrock Equestrian waiver (as KTRA doesn't own the buildings/property). These waivers both need to be signed before a participant can engage in therapeutic horseback riding or be in close proximity to a KTRA horse.

It is the responsibility of the participant or the participant's parent/guardian/caregiver to inform KTRA of any changes in the participant's medical, physical, mental, or behavioral status. A participant is defined as a KTRA rider, volunteer, or staff member. Please note that horseback riding is contraindicated for some conditions/individuals. KTRA follows CanTRA and PATH guidelines for precautions/contraindications for physical restrictions of riding.

Weight Considerations: Weight is generally limited to 200 pounds, but decisions regarding participation will be based on current resources including the availability of a suitable horse relative to the height, cognition, balance and/or behavior of the participant. The results of a risk/benefit analysis will also be considered. Due to the nature of therapeutic riding, it may be deemed inappropriate for some individuals. Therapeutic horseback riding is contraindicated:
1) If staff/volunteers are unable to safely manage the participant in any situation, including an emergency dismount or transfer from a wheelchair or mounting ramp.
2) If staff/volunteers cannot manage participant behaviors (including any mal-adaptive or extreme behaviors) with verbal prompts and/or light touch.
3) If safety, comfort or well-being of staff, volunteers or the horse is compromised in any way for any reason.
4) If medically inappropriate based on PATH Intl. guidelines, precautions, contraindications.

Initial: _____

Dress code:
ASTM/SEI approved helmets must be worn while mounted and will be provided if necessary. KTRA helmets are periodically sanitized. If purchasing your own helmet, make sure that it is ASTM/SEI certified for horseback riding. Bike or ski helmets are not acceptable.

Participants should wear long pants (no shorts!) and sturdy shoes with a ¼" heel or riding boots.

NO sandals. Sneakers are not recommended but permitted if using safety stirrups. All KTRA participants will use safety stirrups or Devonshire boots for mounted activities. KTRA uses only safety stirrups on all of our saddles (including our Western Saddle) MA4 Path Standard

Cancellations: KTRA may cancel riding in the event of extreme weather in consideration of all center personnel, participants, parents and equines (e.g., thunderstorms, extreme heat, weather advisories, extreme cold etc.). KTRA will make an attempt to reach participants by phone/text in the event of a cancellation.

If a participant must cancel, please call or text your instructor as soon as possible, so that our volunteers/horses will not be waiting. Two "no shows" in a session may result in removal from that session with no refund of fees.

KTRA reserves the right to cancel lessons in the event the safety of all personnel, participants and horses is compromised. We will make an attempt to notify participants of a cancellation at least 2 hours prior to cancellation. Lessons canceled by KTRA may or may not be made up depending on available resources, i.e. arena space, instructor and/or volunteer staff.

Koalrock Equestrian maintenance/facility upgrades may impact KTRA activities resulting in cancellations.

Late Arrivals: In order to conduct a beneficial and productive lesson, students arriving late (after the gate is closed and all riders are mounted) will not be mounted. If mounting is still in progress as in a group class, you will be permitted to participate in the lesson. Final decisions will be left to the discretion of the instructor in the case of a private lesson. Lessons will be forfeited if volunteers have returned the horse to the barn. If you are in a private lesson and are

more than 10 mins late and the horse has returned to the barn you will not be able to have your lesson. We have a schedule that we have to follow to keep lessons on-time.

Initial: _____

Refund/Make-up policy: Regular attendance is expected of participants. In the event KTRA must cancel a lesson we will attempt to either schedule a make-up class at the end of the session if possible or credit* towards the next session (*credits are only for riders who pay out of pocket. Funded riders are billed after lessons take place so if KTRA cancels a lesson it won't be billed to the funder). KTRA cannot offer refunds or make up classes for lessons missed due to incomplete paperwork, vacations, illness, or scheduling conflicts on the part of participants or for lessons that we are unable to re-schedule within the specified makeup periods.

Lesson Fees:
Fees are subject to change, invoices are sent by email upon registration.
The list of our lesson fees can be found on the very last page of our rider application.

For therapeutic riders who are funded by the following organizations (*Not limited to these organizations*)

- Autism Funding
- athletics4kids
- At Home Program
- Christian Homelearners eStreams (CHeS)
- Insight Support Services Inc.
- SelfDesign Learning Community
- HCOS (Heritage Christian Online School)
- Kamloops Indian Band
- Kleos Open Learning
- Secwepemc Child and Family Services
- Lii Michif Otipemisiwak Family and Community Services
- The Crime Victim Assistance Program
- Metis / Variety Club
- @KOOL (Kamloops Open Online Learning)
- Kamloops Daybreak Rotary
- KidSport Kamloops
- CKNW kids' fund
- TLA home online blended

Initial: _____

All riders funded by the agencies noted above will be required to leave a deposit of one month of lessons with KTRA plus an annual membership fee of $25.*This deposit and annual membership fee will not be covered by the funding agency*

Autism Funding - We can ONLY invoice AF monthly after lessons have been rendered. We do not have to worry about crediting as they pay after. We do NOT invoice AF for any lessons that are cancelled by us. On our end, we fill out the Start and End date with the Total Amount and any other information that is required from us. The rest is to be filled out by the parent/guardian and we suggest they submit the form as soon as possible since it can take up to 8 - 12 weeks to process. The quickest way to submit the form for Autism Funding is directly through their Portal or email mcf.autismfundingunit@gov.bc.ca.

Once everything is done and approved on the parent/guardian's end, we should be able to check if the funding allocation set up is done correctly by accessing the service provider portal.

For therapeutic riders who are not funded by any agencies. No deposit is required since payment for the full session is generally due 4 weeks prior to the first day of a new session plus an annual membership fee and a processing fee.

If an individual is discharged from participation, KTRA will provide a reason for discharge. Reasons for discharge might include, but are not limited to the following:
1) Participant progresses to a level of skill such that they may be better served by a riding school for individuals without disabilities or special needs.
2) Participant's mobility or weight prevents center personnel from serving client safely.
3) Participant's status or behavior becomes a threat to the safety of self, horses or others.
4) Center does not have suitable horse or pony for participant.
5) Center personnel cannot safely manage the participant in any situation including an emergency dismount or transfer from wheelchair or ramp/block.
6) A participant is a 'no show' for 3 or more lessons.

All possible precautions have been taken to make our facility safe and easy to access. For everyone's safety, when arriving on site, please stay in designated waiting areas until a member of the KTRA team gives instructions to do otherwise. Instructors and volunteers work together to teach the rider the importance of good safety sense. All parents/guardians/caregivers are asked to remain in the seating area in the arena during the ride. We also ask that you stay on the premises.

NO SMOKING: Koalrock (the name of the facility) is a SMOKE-FREE environment. There is no smoking allowed anywhere on the property.

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

NO DOGS: Koalrock is a DOG-FREE environment. Please do not bring your dogs to lessons unless it is a service/guide dog. You may see a black and white dog at the barn sometimes, this is Cowboy, he belongs to the neighbors.

CHEWING GUM: Please make sure riders dispose of gum before coming into the arena for their lesson. Chewing gum while riding is a choking hazard. Initial: _____

Funded Rider Policy

For riders who are funded by such organizations such as: Autism Funding, Heritage Christian Online School, At Home
Not limited to these organizations
Revised January 1, 2026

1. All riders funded by the agencies noted above (*and not limited to those listed above*) will be required to leave one month of lessons deposit with KTRA (*see table below*) and annual membership fee.

   This deposit and annual membership fee will not be covered by your funding agency.

30min semi-private	$66/lesson	$264
30min private	$77/lesson	$308

2. The deposit will become non-refundable when:
   a. A rider commits to a session but does not participate in the session without a doctor's note.
   b. A rider withdraws from a session partway through the session without a doctor's note.
   c. There was not enough funding left for KTRA to claim after lessons have been rendered.

3. KTRA will refund the lesson fee portion of the deposit to the rider if it is still refundable, and the rider is withdrawing from the program after the last day of the current session.

4. **If more then 25% of the scheduled lessons per session are missed due to rider's reasons, those lessons will be a responsibility of the riders to cover and KTRA has the right to claim the fee at a non-funded rider rate (less than funded rider rate) at the end of each session.** Those fees must be paid within two weeks of KTRA issuing invoice. If not paid within two weeks, KTRA will allocate the rider's lesson fee deposit to pay for the invoice. If the lesson fee deposit did not cover the amount of the invoice, the balance will have to be paid within a week from the deposit allocation day. In case of the deposit being allocated to pay for the rider's invoice, parents/guardians will be asked to resubmit the deposit before signing up for the next session. Lessons cancelled by KTRA do not get billed to the funding agencies.

   25% of spring session = 3 lessons, 25% of fall session = 2 lessons, 25% of winter session = 2 lessons, 25% of summer session = 2 lessons
   e.g., If you miss 3 lessons due to your reasons in a fall session, you will be billed for 1 lesson.

5. KTRA will need an up-to-date copy of funding proof:

- **Autism Funding:** Request to Pay or Request to Amend four weeks prior to the first day of your session.
- **Heritage Christian Online School:** Permission to Invoice (PTI) Agreement four weeks prior to the first day of your session.
- **At Home:** Letter of Funding Authorization

I, the undersigned, read and understand the conditions listed above.

Kamloops Therapeutic Riding Association
Physical Address: *4155 Shuswap Road, Kamloops BC V2H 1S8*
Mailing Address: PO Box 1497, Kamloops BC V2C 6L8
www.ktra.ca

Name of the Parent/Guardian (print): _____

Signature of Parent/Guardian: _____ Date: _____

Name of the Rider (print): _____

Signature of the Rider (if over 19): _____ Date: _____

KTRA Membership

KTRA asks that all riders hold a valid membership in the organization. Membership must be renewed on a yearly basis. Our yearly membership fee is $25.

Parent/Guardian/Caregiver: Please complete this section if the rider is 18 years of age or younger or requires someone else to vote on behalf or witness their signature.

Member name:	
Address:	
Postal Code:	
Email address:	
Phone #:	
Date:	
Signature:	

Voting Information Only

Name of individual who may vote on behalf of the rider or witness their signature. Voting member must be 19 years old or older.

Name (please print): _____

Membership in KTRA provides you with a vote at our Annual General Meeting. Membership is the right to participate in the growth and direction of KTRA.

RIDER FEES

Effective January 1, 2026

Examples of Funders: Autism Funding, Insight, Self-Design, HCOS, The Trustee, Jumpstart etc.
Note: Semi-private = 2 people per lesson, all fees are subject to change without prior notice.

Therapeutic Riders - Funded

30min semi-private	$66/lesson
30min private	$77/lesson

Therapeutic Riders - non-funded (out of pocket)

30min semi-private	$55/lesson
30min private	$66/lesson

Non-Therapeutic Riders (Community Riders)

30min private	$88/lesson