



**Mailing Address**  
 P.O. Box 153  
 Oregon, WI 53575  
 Phone: (608) 877-9086  
 Email: info@three-gaits.org

**Physical Address (no mail)**  
 3741 State Road 138W  
 Stoughton, WI 53589  
 Fax: (608) 873-1929  
 Web: three-gaits.org

**2022 STUDENT ENROLLMENT FORM**

**\*Required information** (Forms without required information are not accepted and will be returned.)

\*Student Name \_\_\_\_\_

\*Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

Secondary phone \_\_\_\_\_ Secondary Email \_\_\_\_\_

\*Street \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ \*Age \_\_\_\_\_ \*Height \_\_\_\_\_ \*Weight \_\_\_\_\_

If applicable Parent/Guardian Name(s) \_\_\_\_\_

In case of an emergency, who should we call?

Primary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

Is there any emergency information or procedures we should follow? (Attach pages as needed.) \_\_\_\_\_

**Student is:**

**New to Three Gaits:** Additional *requirements:*

- \*Medical History & Physician Statement (MUST be signed by self, parent or guardian AND primary care provider)
- \*New student assessment. \$70.59 assessment fee (if private pay, discounted rate of \$60 must be received by cash or check prior to scheduling assessment appointment or \$70.59 rate applies)

**Returning:** year last participated \_\_\_\_\_ (Note: Re-assessment may be required.)

- \*Medical History & Physician Statement (MUST be signed by self, parent or guardian AND primary care provider)

\*For students using the Children’s Long Term Support Waiver Program, iLife/IRIS, or any other Third-Party Billing Programs, please contact your case manager immediately to begin the authorization process. Please provide Case Manager name, phone number and email address.

Case Manager Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**New Students and those who have had changes**

**Goals:** (What would you like to gain from this experience?)

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Describe your abilities/challenges in the following areas (include assistance or equipment needed):  
**PHYSICAL** (Mobility skills such as transfers, walking, wheelchair use, etc.)

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**PSYCHO-SOCIAL** (work, school, leisure, companion animals, fear/concerns)

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Other Information you would like to share

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**Three Gaits Program Fees and Payment Policies**

Therapeutic Riding and Horsemanship (Unmounted) Lessons

<b>Fee/Payment Category</b>	<b>30 Minute Lesson</b>	<b>45 Minute Lesson</b>	<b>Assessment</b> (new students and those returning after 1 yr or longer absence)
<b>Standard (Usual &amp; Customary)</b>	\$70.59 6-wk term \$423.54	\$105.88 6-wk term \$635.28	\$70.59
<b>Self-pay payment-in-full discount.</b> Cash or check only. Must be received by Three Gaits the Friday before lesson term begins.	\$60 6-wk term \$360	\$90 6-wk term \$540	\$60 (cash or check must be received prior to scheduling assessment appointment or \$70.59 rate applies)
Please add 3% for credit card or PayPal payments.	\$72.71 6-wk term \$436.26	\$109.06 6-wk term \$654.36	\$72.71
<b><i>No discounts available for third party payment. (CLTS, IRIS, etc.)</i></b>			

Scholarship applications or requests for payment plans must be received prior to the term for which you are participating or the standard fee applies. Please email [Melissa@three-gaits.org](mailto:Melissa@three-gaits.org) for details.

**Refund Policy**

Refunds will be given if student is unable to participate in the term for which they have registered and Three Gaits is notified *prior* to the start of the term.

Refunds will be given if student withdraws for the remainder of the term due to medical necessity (broken bones, hospitalization, etc.) *with written notification from student's medical provider.*

***NO REFUNDS OR MAKEUPS for vacations, temporary illness, or unanticipated circumstances.***

***Student/family is financially responsible for amounts not authorized or paid for by third party billing sources due to vacations, temporary illness or unanticipated circumstances.***

Credit or refund will be applied to student's account when Three Gaits cancels lessons or terms. Credits *must* be used by end of following calendar year, e.g. credits from 2022 must be used by end of 2023. *Credits may be donated to Three Gaits Scholarship Fund.*

Students with inappropriate shoes (including Crocs, sandals, open-toed or open-heeled) and clothing or arriving more than 10 minutes late will not be able to join the class. Fees will not be refunded.

**NO PETS** allowed on Three Gaits grounds. Service animals specifically trained to aid a person with disabilities are allowed. Please contact us to discuss your situation before bringing your service animal to Three Gaits to assure safe interactions between people, horses and other animals.

**Liability Release (REQUIRED)**

In return for being allowed to us Three Gaits, Inc. Therapeutic Horsemanship Program, including its facilities, horses and equipment, where applicable for horseback riding and other horse related activities, I/my child/ward \_\_\_\_\_ agree to abide by all the rules and regulations of Three Gaits, Inc. now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk from my/my son/my daughter/my ward's participation in activities of Three Gaits, Inc. I further agree to hold Three Gaits, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees free and harmless from all damages or liability for any injury to person or property arising as a result of the use of facilities, horses and or equipment owned or leased to Three Gaits, Inc., including any injury caused by their negligence.

I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself/ my child/my ward, however I feel that the possible benefits to myself/my child/my ward are greater than and outweigh the risk assumed. By signing this agreement, I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless Three Gaits, Inc., the Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees from all liability they may incur.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."

**Photo Release (REQUIRED)**

I do  I do not consent to and authorize the use and reproduction by Three Gaits, Inc. of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, social media, educational activities, exhibitions or for any other use for the benefit of the program.

Exceptions: \_\_\_\_\_

Signature \_\_\_\_\_  
*(Student if over age 18, Parent or Guardian for younger than 18.)*

Print Name \_\_\_\_\_ Date \_\_\_\_\_

***I have read, understand and agree to Three Gaits' policies.***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Student if over age 18, Parent or Guardian for younger than 18.)*

**COVID-19 Information**

Required procedures include:

- I will not come to Three Gaits for lessons if I do not feel well, have a cough, cold, fever or other symptoms of illness.
- I will maintain the recommendations for social distancing to reduce the spread of COVID-19. This will require me to maintain six (6) feet of distance between myself, other volunteers, students and staff as much as possible.
- I agree to wear a face mask anytime I am at Three Gaits, except when I am on the horse and told by an instructor or Three Gaits staff member that I may remove my mask.
- I agree to wash my hands for at least 20 seconds with soap and water or use hand sanitizer upon arrival at Three Gaits, after using the restroom, or after sneezing or coughing
- If I contract COVID-19 or have contact with a person who tests positive or has COVID-19, I agree to inform Three Gaits in a timely manner.
- I understand that these precautions may change with relevant public health recommendations and I will be updated to comply with them.
- A policy regarding COVID-19 safety precautions will remain in effect until further notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Student if over age 18, Parent or Guardian for younger than 18.)*

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

**Email Communications Policy**

In order to communicate general program information, special events, fundraising opportunities and other updates, I give Three Gaits permission to use my email address for communications. I may unsubscribe to these emails at any time when I receive an email.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Student if over age 18, Parent or Guardian for younger than 18.)*

Print Name \_\_\_\_\_

**FOR OFFICE USE ONLY (Date & Initial):**

Assessed date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Volunteers: Minimum \_\_\_\_\_ Preferred \_\_\_\_\_

GW \_\_\_\_\_ Form List \_\_\_\_\_ QB \_\_\_\_\_