

NDSU Bison Strides 2024 REGISTRATION PACKET

NDSU Bison Strides nds.bisonstrides@nds.edu
Hultz Hall 100
Dept 7630, PO Box 6050
Fargo, ND 58108
701-231-9611

Welcome! Please find policies and procedures, as well as registration forms and information in this packet. Questions can be directed to Erika Berg, Program Director, by e-mailing nds.bisonstrides@nds.edu or by calling 701-231-9611.

1. Participant Information

- a. For the safety of participants and in accordance with best industry practices, NDSU follows all Professional Association of Therapeutic Horsemanship International (PATH Intl.) Standards for Certification and Accreditation which includes contraindications for participation in equine assisted services. Examples include (but are not limited to) uncontrolled seizures and atlantoaxial instability.
- b. Participants must be able to sit up unassisted while riding a horse for 45 minutes with sufficient head control.
- c. The minimum age for participants in the Adapted Horsemanship program is 4 years old and the age range for the Equine Assisted Learning program is 6 to 17 years old.
- d. To protect our riders, horses, and volunteers we have established a weight limit of 170 pounds for mounted classes.
- e. Required attire for Adapted Horsemanship classes are long pants, shirts that cover participant's torso, boots or close-toed and heeled shoes (tennis shoes are fine but NO sandals or Crocs) and an ASTM-SEI helmet approved for equestrian use (provided by Bison Strides).
- f. Attire for Equine Assisted Learning and Military and Veteran's classes are long pants, shirts that cover participant's torso, and cowboy/paddock boots (NO tennis shoes, sandals or Crocs; Bison Strides will provide boots if needed).

2. Registration

- a. Registration is on a first come, first served basis and after this a waitlist is implemented.
- b. All paperwork must be completed and returned to NDSU at the address above or scanned and e-mailed to nds.bisonstrides@nds.edu by deadlines on the following page.
- c. All new participants will be scheduled for a 30-min orientation at the Equine Center once paperwork has been received.
- d. **No one will be allowed to participate without completed paperwork and current physician's release form.**

3. Payment

- a. Cost for the Adapted Horsemanship and Equine Assisted Learning classes is \$300 for a 6-week session and \$200 for a 4-week session.
- b. Military and Veteran's programming is subsidized through grants, the Wounded Warrior Project and donors so there is no cost to the service member.
- c. Half of the payment is due with registration and the remainder due prior to the first class.
- d. Payments may be made via check or on-line (please see Bison Strides website "Programs" tab for link to select amount of payment).
- e. Financial Assistance is available for qualified candidates. Application may be found on the Bison Strides website "Programs" tab or contact Erika Berg for information).

4. Attendance and Cancellation Policy

- a. Please give 24-hour notice when possible by calling 701-231-9611 and leaving a message or e-mailing nds.bisonstrides@nds.edu.
- b. No refunds will be issued for missed classes and only one make-up is allowed per session.
- c. If Bison Strides must cancel, classes will be rescheduled.

5. Facility Safety

- a. Participants must enter on the south side of the east entrance (please see map on the last page) and stay within the designated areas of the Bison Strides alley, bleachers or bathrooms at all times.
- b. Parents/guardians/caregivers must remain at the Equine Center during lessons and children may not be left unattended.
- c. For participant safety, anyone disrupting classes will be asked to leave the immediate area
- d. No mistreatment, abuse or suggested abuse of any person or animal will be tolerated.
- e. We reserve the right to ask anyone to leave the premises.

6. Drugs, Alcohol, Firearms: NDSU is a non-smoking, tobacco-free facility and the use of drugs or alcohol on the property is strictly forbidden as is attending sessions under the influence of drugs or alcohol and will result in immediate dismissal from the program. No firearms, ammunition or weapons are permitted.

Bison Strides 2024 Programming Dates (*subject to change)

Session	Dates	Registration Open & Financial Assistance Due	Registration Due
Winter	Jan 30 to Mar 8 (March 12 to 15 make-ups) Tuesday 5-6 p.m. Adapted horsemanship Tuesday 6-7 p.m. Equine assisted learning Thursday 9-11 a.m. Adapted horsemanship Fri 8:30-9:30 a.m. Military and Veterans	Jan 1	Jan 15
Spring	Apr 2 to May 10 (May 14 to May 16 make-ups) Tuesday 5-6 p.m. Adapted horsemanship Tuesday 6-7 p.m. Equine assisted learning Thursday 9-11 a.m. Adapted horsemanship Thursday 4-6 p.m. Adapted horsemanship Friday 8:30-9:30 a.m. Military and Veterans	Mar 1	Mar 15
Summer 1	June 3 to June 28 Mon 4-7 p.m. Adapted horsemanship Tues 9-11 a.m. Adapted horsemanship Tues 4-5 pm. Adapted horsemanship Tues 5-7 p.m. Equine Assisted Learning Thurs 4-7 p.m. Adapted horsemanship Fri 8:30-9:30 a.m. Military and Veteran	May 1	May 15
Summer 2	July 14 to August 18 Fri 8:30-9:30 a.m. Military and Veteran		
Fall 1	Sept 10 to Oct 20 (Dec 3 to Dec 8 make-ups) Mon 6-7 p.m. Adapted horsemanship Mon 7-8 p.m. Equine Assisted Learning Tues 9-11 a.m. Adapted horsemanship Tues 5:30-6:30 p.m. Adapted horsemanship Fri 8:30-9:30 a.m. Military and Veteran	Aug 15	Aug 30
Fall 2	Oct 22 to Dec 1 (Dec 3 to Dec 8 make-ups) Mon 6-7 p.m. Adapted horsemanship Mon 7-8 p.m. Equine Assisted Learning Tues 9-11 a.m. Adapted horsemanship Tues 5:30-6:30 p.m. Adapted horsemanship Fri 8:30-9:30 a.m. Military and Veteran	Oct 1	Oct 15

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NDSU Bison Strides 2024 Registration (Please type or print)

I have read and agree to the policies on the first two pages

Participant name: _____ Date of birth: _____
 Street: _____ City: _____ State: ____ Zip: _____
 Primary Phone: _____ Other phone: _____
 E-mail: _____ Preferred Contact Method: phone email mail

If under age 18 or dependent adult, please list parent/guardian/caregiver name(s) and contact number(s):

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

In case of emergency, please contact the following if other than parent/guardian/caregiver:

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

Summer 2024 Classes June 3 to 28 (please note this is a 4-week summer session for \$200)

- Please direct any questions on program type or class placement to Erika Berg.
- Please note that we will work to place participants in the class most suitable for their horsemanship skill level and age.
- Please indicate your 1st, 2nd and 3rd session/day/time choices below.

**Equine Assisted Learning
 (ground-based program, no riding)
 for youth age 7-17 years addressing
 social, emotional, or behavioral
 concerns)**

Tues 5-6 pm
 Tues 6-7 pm

**Adapted Horsemanship
 (minimum of 4 years old,
 development of riding skills)**

Mon 4-5 pm Tues 4-5 pm
 Mon 5-6 pm Thurs 4-5 pm
 Mon 6-7 pm Thurs 5-6 pm
 Tues 9-10 am Thurs 6-7 pm
 Tues 10-11 am

Military and Veterans Horsemanship Program (ground-based, no riding)

Friday 8:30-9:30 am

Service Status	Service Branch	Service Era
<input type="checkbox"/> Veteran	<input type="checkbox"/> Air Force	<input type="checkbox"/> Post 9/11
<input type="checkbox"/> Active duty	<input type="checkbox"/> Air National Guard	<input type="checkbox"/> Cold War
<input type="checkbox"/> Active reserve	<input type="checkbox"/> Army	<input type="checkbox"/> Desert Storm
<input type="checkbox"/> Inactive reserve	<input type="checkbox"/> Army National Guard	<input type="checkbox"/> Vietnam
<input type="checkbox"/> Retired	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Korea
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Marine	<input type="checkbox"/> World War II
	<input type="checkbox"/> Navy	
	<input type="checkbox"/> Other: _____	

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Previous riding or horsemanship-related experience:

None Minimal Moderate Extensive

Support while riding:

Spotter or Horse Handler Sidewalkers Independent

If previous horsemanship experience, please tell us the year started, the frequency and any other information that may be helpful.

Below please describe your horsemanship goals as well as goals for improved daily living skills:

1.

2.

3.

4.

5.

PHOTO RELEASE:

I DO consent to and authorize the use and reproduction by NDSU of any and all photographs and any other audio/visual materials taken of me or my minor child or dependent for promotional material, educational activities, exhibitions (including website or social media) for any other use for the benefit of the NDSU Bison Strides.

I DO NOT consent to and authorize the use and reproduction by NDSU of any and all photographs and any other audio/visual materials taken of me or my minor child or dependent for promotional material, educational activities, exhibitions (including website or social media) or for any other use for the benefit of the NDSU Bison Strides.

PHOTO POLICY: Photos taken at NDSU of riders/volunteers other than YOUR child may NOT be posted to Facebook or other social media sites. Please respect the privacy of all participants & volunteers.

Please check to confirm you have signed the Participation, Waiver and Release of Liability Form or Minor Participation, Waiver and Release of Liability Form contained in this packet

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Physician Information
(page 1 of 4 for physician)

Date: _____

Dear Health Care Provider:

Your patient, _____ is interested in participating in supervised equine assisted
(*participant's name*)

services. In order to safely provide this program, our center requests that you complete/update the attached Medical History and Physician's Release 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.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms
Coxarthrosis
Cranial defects
Heterotopic ossification/myositis ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic fractures
Spinal joint fusion/fixation
Spinal joint instability/abnormalities

Neurologic

Hydrocephalus/shunt
Seizures
Spina bifida/Chiari II malformation/tethered cord/
/hydromyelia

Other

Age - under 5 years
Indwelling catheters/medical equipment
Medications - e.g., photosensitivity
Poor endurance
Skin breakdown

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
Migraines
Peripheral vascular disease
Respiratory compromise
Recent surgeries
Substance abuse
Thought control disorders
Weight control disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted services, please feel free to contact me at the address/phone/e-mail below. Paperwork can also be mailed to the below address.

Sincerely,
Erika Berg, NDSU Bison Strides Program Director
erika.berg@ndsu.edu
Hultz Hall 100
Dept 7630, PO Box 6050
Fargo, ND 58108-6050
701-231-9611

2024 Participant Medical History
For review by participant's physician (page 2 of 4 for physician)

This form must be updated annually and submitted with required signatures

Participant: _____ DOB: _____

Primary Diagnosis: _____ Onset: _____

Secondary Diagnosis _____ Onset: _____

Other Diagnoses: _____ Onset: _____

Participant is: Verbal Hearing Ambulatory Seeing
(check all that apply) Verbal assisted Hearing assisted Ambulatory assisted Seeing with assist
 Non-verbal Deaf Non-ambulatory Blind

Please list all current medications

1. _____ Taken for: _____
2. _____ Taken for: _____
3. _____ Taken for: _____
4. _____ Taken for: _____

Current/previous therapies:

___ OT: _____

___ PT: _____

___ Speech: _____

___ Other: _____

Required participant signature or parent/guardian of dependent participant

Date

2024 Participant's Medical History
For completion by participant's physician (page 3 of 4 for physician)

Participant's Name: _____

Date: _____

Concern	Yes	No	History/Describe
Allergies			
Asthma/COPD			
Auditory			
Balance			
Cardiac			
Circulatory			
Cognitive			
Communication			
Emotional			
Integumentary			
Immune function			
Joints – dislocating or subluxing			
Laminectomy/Fusion			
Learning disability			
Muscular			
Neurologic			
Orthopedic			
Ossification			
Osteoporosis			
Pain			
Pulmonary			
Psychological			
Respiratory			
Scoliosis			Degree: _____ Type: _____
Seizure type: _____			Controlled: __ Yes __ No Last seizure date: _____
Shunt			
Speech			
Spinal column injury			
Spondylolisthesis			
Surgical implants			
Surgeries			
Tactile			
Vision			
Other			
Mobility: Independent ambulation?			
Cane/crutches/walker			
Orthotics			
Prosthetics			
Wheelchair			

2024 Participant's Physician's Release Form
For completion by participant's physician (page 4 of 4 for physician)

Participant's Name: _____ DOB: _____

Primary diagnosis: _____

Height _____ Weight _____

We must have both height and weight information to determine participant suitability for mounted equine activities and therapies, as well as to appropriately match horses and riders.

Please list any specific limitations not noted elsewhere on medical history:

All participants with Down syndrome must have an ANNUAL certification from their physician that a neurologic and/or physical examination reveals no sign of atlantoaxial instability or decrease in neurologic function.

1. ANNUAL neurologic/physical exam for AAI/decreased neurologic function:
 - a. ___ Positive ___ Negative Exam date: _____
2. Most recent cervical x-ray for AAI
 - a. ___ Positive ___ Negative X-ray date _____

I have reviewed the medical history on this page and previous pages and release my patient to participate in equine assisted services (EAS) at NDSU Bison Strides. I am aware and permit my patient to actively participate in the areas of EAS including sitting astride a horse, riding a horse, grooming a horse and other equine related ground activities. Given the above diagnosis and medical information on the previous pages, this person is not medically precluded from participation in EAS at NDSU Bison Strides. **I understand that NDSU Bison Strides will weigh the medical information given against the existing industry precautions and contraindications described by the Professional Association of Therapeutic Horsemanship International (PATH Intl).** Therefore, I refer this person to the NDSU Bison Strides for ongoing evaluation to determine eligibility for participation.

Physician's name: _____ MD ___ DO ___ NP ___ PA Other: _____

Physician's signature: _____ **Date:** _____

License/UPIN # _____

Office address: _____ City: _____ State: _____ Zip _____

Office phone: _____ Office fax: _____

Acknowledgement and Assumption of Risk

I am aware of the dangers and the risks to my person and property involved while participating in:

- Equine Assisted Activities and Therapies Other Equine Event

Inherent risks of domestic animal activities include, but shall not be limited to:

1. The propensity of a domestic animal to behave in ways i.e., running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them;
2. The unpredictability of a domestic animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals;
3. Certain hazards such as surface and subsurface conditions;
4. Collisions with other domestic animals or objects; and
5. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.

WARNING:

Under North Dakota Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. North Dakota Century Code ch. 53-10 <http://www.legis.nd.gov/cencode/153c10.pdf>

I understand that this activity involves certain risks for physical injury. I understand that equipment, if any, which may be provided for my protection may be inadequate to prevent serious injury. I also understand that there are potential risks of which I may not presently be aware.

Nevertheless, I voluntarily elect to participate in this activity/class with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.

The University does not insure participants in the above-described activity and participants who want to be covered must obtain their own insurance. The University asserts lack of responsibility or liability for injury resulting from this activity.

Waiver of Liability and Indemnification

In consideration for being allowed to voluntarily participate in the above-referenced activity and or intramural event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- a. **waive, release, and discharge the State of North Dakota**, its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and
- b. **defend, indemnify, and hold harmless the State of North Dakota**, its agencies, officers and employees (State), from any and all claims of any nature, including all costs, expenses, and attorney's fees, which may in any manner result from or arise out of this agreement, except for claims resulting from or arising out of the State's sole negligence.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies** which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Read Before Signing

Name: _____

Signature _____ Date _____

Witness Name: _____

Witness Signature _____ Date _____

Deliver to:
 Equine Science
 Hultz Hall 100
 Dept 7630, PO Box 6050
 Fargo ND 58108-6050
 Phone (701) 231-5682

Directions to NDSU Equine Center

NDSU Equine Center
5140 19th Ave North, Fargo

From I-29 take the 19th Ave N exit (#67) and drive west 2 miles to the Equine Center OR you can drive north on Veterans Blvd (this will change into 9th St E) and then turn right (east) onto 19th Ave N. The NDSU Equine Center will be on the south side of the road. There is a brick "NDSU Equine Center" sign and the long metal building is tan with a red roof. Once you enter the main driveway you will drive around the east end of the building and turn right to drive along the length of the south side to park and enter the door with the sign below (please see map below for clarification).

You will see the sign below on the door.

