

NDSU Bison Strides 2025 REGISTRATION PACKET

NDSU Bison Strides ndsu.bisonstrides@ndsu.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 ndsu.bisonstrides@ndsu.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. Confidentiality: NDSU Bison Strides abides by all state and federal laws regarding the protection of personally identifiable information.

3. 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 ndsu.bisonstrides@ndsu.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. **Once we have received registration a Medical Authorization Form will be e-mailed. No one will be allowed to participate without completed paperwork and current (within 1 year) medical authorization form.**

4. 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 or their family.
- c. Half of the payment is due with registration and the remainder due upon invoice.
- 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 ndsu.bisonstrides@ndsu.edu for information).

5. Attendance and Cancellation Policy

- a. Please give 24-hour notice when possible by calling 701-231-9611 and leaving a message or e-mailing ndsu.bisonstrides@ndsu.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.

6. 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.

7. 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 2025 Programming Dates (*subject to change)

6-week sessions

Session	Dates	Registration Open and Financial Assistance Due	Registration Due
Winter	Jan 27 to Mar 7 (March 10 to 14 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 Tues 6-7 p.m. Military and Veterans	Jan 1	Jan 15
Spring	Mar 31 to May 9 (May 11 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 Tues 6-7 p.m. Military and Veterans	Mar 1	Mar 15
Summer 1	June 2 to June 27 (June 23 to Jun 26 make-ups) Mon 3-6 p.m. Adapted horsemanship Tues 4:30-6:30 p.m. Equine Assisted Learning Thurs 9 a.m.-12 p.m. Adapted horsemanship Fri 8:30-9:30 a.m. Military and Veteran	May 15	May 20
Summer 2	Aug 4 to Sept 12 Fri 8:30-9:30 a.m. Military and Veteran		
Fall 1	Sept 15 to Oct 24 (Dec 8 to Dec 12 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 27 to Dec 5 (Dec 8 to Dec 12 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 2025 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: _____

- Please direct any questions on program type or class placement to Erika Berg
ndsu.bisonstrides@ndsu.edu
- 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.

Summer 2025 4-wk classes Jun 3-14
Equine Assisted Learning
(ground-based program for youth age
7-17 years addressing social,
emotional, or behavioral concerns)

 Tues 4:30-5:30 pm

 Tues 5:30-6:30 pm

Summer 2025 4-wk classes Jun 2-26
Adapted Horsemanship
(minimum of 4 years old,
development of riding skills)

 Mon 3-4 pm

 Mon 4-5 pm

 Mon 5-6 pm

 Thurs 9-10 am

 Thurs 10-11am

 Thurs 11 am – 12 pm

Summer 2025 4-wk Jun 2-27
Military and Veterans Horsemanship Program

 Evening TBA Friday 8:30-9:30 am
Ground work only Ground work plus riding

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

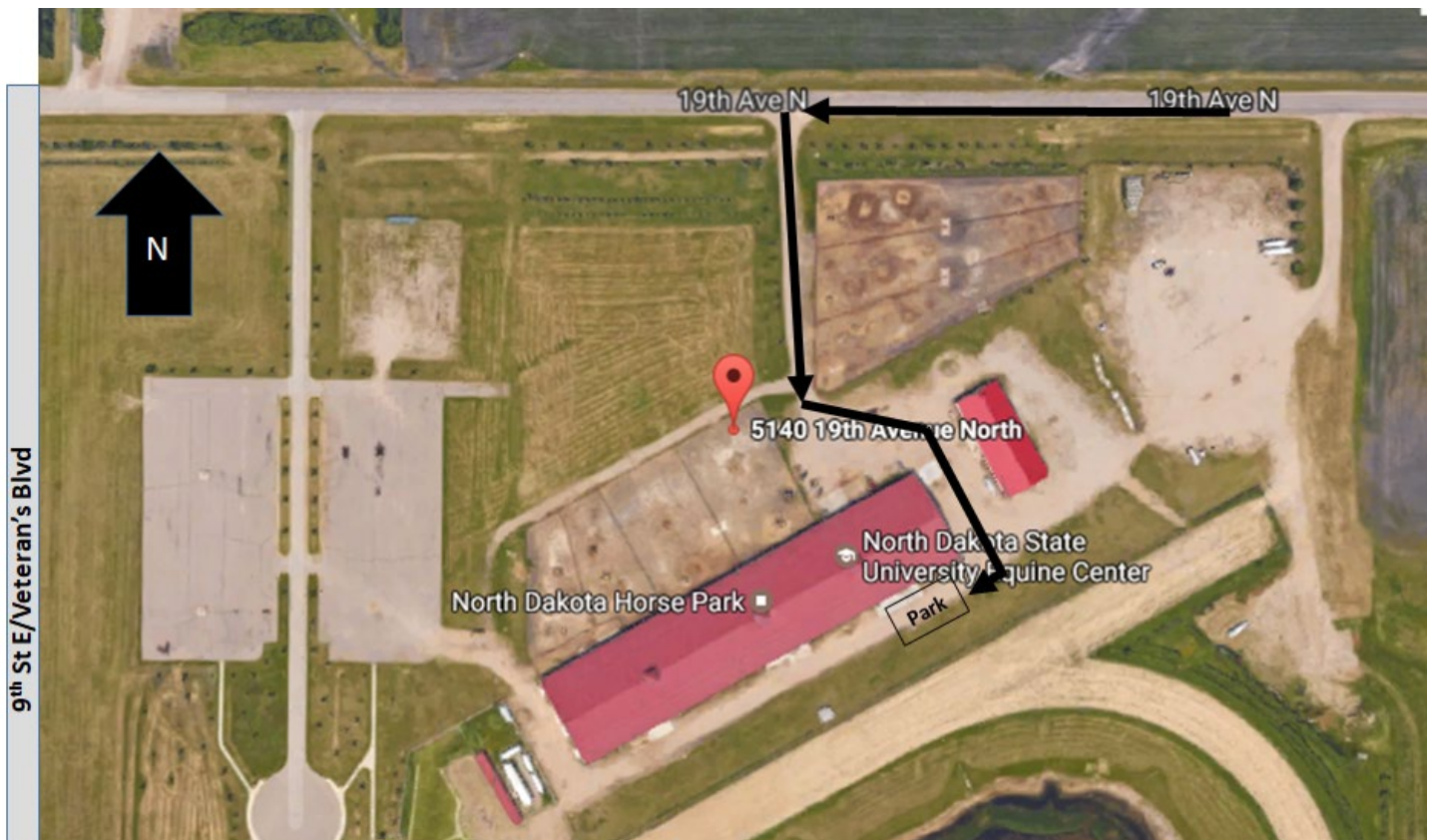
☐ Please check to confirm you have signed the Participation, Waiver and Release of Liability Form or Minor Participation, Waiver and Release of Liability Form contained in this packet

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.



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/t53c10.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. **wave, 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

To be signed by parent/guardian if the participant is under 18 years of age.

Acknowledgement and Assumption of Risk

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in 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/t53c10.pdf>

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisors's instructions regarding participation in this activity. The undersigned parent and/or legal guardian and participant understand that the State of North Dakota (State) does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the State has no responsibility or liability for injury resulting from this activity.

The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

- a. **walves, releases, and discharges the State of North Dakota** and its agencies, officers, and employees from any and all liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the 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.

Consent is given for the participant 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 parent and/or legal guardian, affirm that I 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 myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Read Before Signing

Name of Minor: _____ Age of Minor: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian _____ Date _____

Witness Signature _____ Date _____

Deliver to:

Equine Science
Hultz Hall 100
Dept 7630, PO Box 6050
Fargo ND 58108-6050

Phone (701) 231-5682