



Licking/Knox  
Goodwill



**Text the word PONY  
to 31996 to receive updates  
about Pony Express Sessions  
and weather cancellations!**

Dear Pony Express Participant:

The Pony Express Horseback Riding Program is now registering for the 2018 Spring Session. We are very excited about being able to offer this beneficial program for children and young adults with disabilities in Licking and Knox Counties.

Riding is an excellent form of recreation and socialization. Riding helps to develop self-awareness, self-confidence, and self-discipline. It also strengthens and relaxes muscles, improves posture, balance, coordination, while also increasing joint mobility.

Sessions will be filled on a first-come, first serve basis. **Packet and \$25 payment must be returned to the Goodwill Administrative Building by 3:00 pm on April 1, 2017.**

**Orientation Night** 6:00 pm, April 3, 2018 at The Grove by the River,  
**And Pizza Party:** 840 Hollander Street, Newark

**Riding Sessions:** 6:00 pm – 7:00 pm, April 10, 17, and 24, May 1, 8, and 15 at the Licking County Equestrian Center, 12450 Flint Ridge Road, Newark

If you have questions, please contact Lisa Baker at 345-9861 or lbaker@goodwillnewark.com.

Sincerely,

*Lisa Baker*

Lisa Baker  
Vice President of Communications  
Licking/Knox Goodwill Industries, Inc.



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## Pony Express Rider's Fact Sheet

### Who Can Enroll?

All children (ages 5-21) with disabilities in Licking and Knox Counties may participate. Adult participation is based on space availability. Participant's eligibility is based on space, safety, and suitability of the rider to the program.

### When are the Sessions?

Prior to the first week of riding, Patty Corsi, Pony Express Coordinator will be scheduling private orientation sessions for each family.

**Orientation Night** 6:00 pm, April 3, 2018 at The Grove by the River,

**And Pizza Party:** 840 Hollander Street, Newark

**Riding Sessions:** 6:00 pm – 7:00 pm, April 10, 17, and 24, May 1, 8, and 15 at the Licking County Equestrian Center, 12450 Flint Ridge Road, Newark

### Where are the Riding Sessions Held?

Licking County Equestrian Center  
12450 Flint Ridge Road  
Newark, Ohio 43055

### What is the Cost of the Program?

\$25.00 per rider per 6 week session.

Make checks payable to: Licking/Knox Goodwill Industries, Inc.

### How do I Enroll?

Return registration forms and payment to:

Licking/Knox Goodwill Industries, Inc.  
Attention: Pony Express Program  
P.O. Box 828  
Newark, OH 43058-0828

### What Else do I Need to Know?

- Space is limited participants are enrolled first come first serve. Payment and forms must be returned to reserve your space.
- You will be contacted to confirm your enrollment.
- INCLEMENT WEATHER – Sign up for our texting updates to inform you of any cancellations due to inclement weather.



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## Contact Information Form

### Participant Information:

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

### Parent Information:

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Session Cancellations for Inclement Weather

Phone Number where we can reach you or leave a message during the day.

\_\_\_\_\_  
Phone Number

**Complete & Return**



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## EMERGENCY MEDICAL AUTHORIZATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (h)

Phone: \_\_\_\_\_ (c)

IN THE EVENT THAT EMERGENCY MEDICAL TREATMENT IS NECESSARY, PLEASE CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICATION:

Medicine Name	Dose	Schedule	Reason Prescribed

Check box & continue medicine on back if necessary

Known Allergies: \_\_\_\_\_

Medical Conditions: (Diabetes, Heart Disease, Epilepsy, Etc.)  
\_\_\_\_\_  
\_\_\_\_\_

### Over the Counter Medications:

Aspirin:

YES  
 NO

Non-Aspirin:

YES  
 NO

Antacids:

YES  
 NO

Cold/Allergy:

YES  
 NO

Participant/Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Form Completed By \_\_\_\_\_

Relationship \_\_\_\_\_



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## Liability Waiver

I hereby for myself, and for my child or ward if signed by a parent or guardian, waive any and all claims against Licking/Knox Goodwill Industries, Inc. and/or the Pony Express Riding Program, their agents, volunteers, or employees for any and all injuries or damages suffered in relation to equine activities. I acknowledge that equine activities involve certain inherent risks, including, but not limited to:

- a. The propensity of an equine to behave in ways that may result in injury, death or loss to persons on or around the equine;
- b. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- c. Hazards, including, but not limited to, surface or subsurface conditions;
- d. A collision with another equine, another animal, a person or an object; and
- e. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I further acknowledge that reasonable inquiry was made regarding my (or my child's or ward's if signed by a parent or guardian) experience with equines including the ability to safely engage in equine activities and to safely manage an equine.

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

\_\_\_\_\_  
Participant/Volunteer Signature (parent if a minor)

\_\_\_\_\_  
Participant's Printed Name

**Complete & Return**



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## Rules For Horseback Riding Classes

Helmets are to be worn by riders at all times.

Long pants or jeans, sturdy boots or shoes are recommended for riders and volunteers.

Only riders, volunteers, and instructors are allowed in the riding area.

**Participants who require lifting** - Volunteers may not be able or willing to lift participants. In order to ensure that the participant will ride each evening, please be prepared to assist your child or bring someone to assist at the sessions.

**Parents are responsible for the supervision of their children outside the riding arena.**

All forms and payment must be completed and returned PRIOR to the first session.

No smoking at any time in the barn area.

Only individuals who have completed the necessary paperwork and have made payment will be allowed to ride or participate in the program.

Parents/guardians are encouraged to assist the Pony Express volunteers as they work with your child/participant.

**I have read and understand the rules for the Pony Express Horseback Riding Classes.**

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

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete & Return**

**LICKING COUNTY EQUESTRIAN CENTER (“LCEC”)  
12450 Flint Ridge Road SE  
Newark, OH 43056  
740-349-4663 (HOOF)**

**WAIVER OF LIABILITY  
Pursuant to R.C. 2305.321**

I understand that equine activities are inherently dangerous and that there are obvious and non-obvious risks. “Inherent risk of an equine activity” means a danger or condition that is an integral part of an equine activity, including, but not limited to any of the following:

- (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- (b) The unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- (c) Hazards, including, but not limited to, surface or subsurface conditions;
- (d) A collision with another equine, another animal, a person, or an object;
- (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death or loss to the person of the participant or to other persons, including, but not limited, failing to maintain control over an equine or failing to act within the ability of the participant.

In exchange for my participation in equine activities, I accept those risks. I release the LCEC, including, but not limited to owners, trainers, guests, and other Equine Activity Sponsors and Professionals from liability due to ordinary negligence. I shall bring no claims, demands, tort actions, civil actions or other causes of action and/or litigation, against LCEC or anyone associated with LCEC for any economic or non-economic losses due to bodily injury, death, or property damage sustained by me and/or my minor child or legal ward and/or my horse in relation to LCEC, its premises or operation, while riding, handling, observing, or otherwise participating in any equine activity. Further, I shall indemnify and hold LCEC harmless for any such actions filed by my minor child, my guest, or anyone under my control or at LCEC at my invitation.

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

\_\_\_\_\_  
Equine Activity Participant

Witness: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**Complete & Return**