WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.

www.windreachfarm.org

Dear Participants,

Welcome back riders and welcome new riders! We can't wait for another amazing year of riding, learning and fun. The Farm's 2026 Therapeutic Riding program will begin in January, running four sessions throughout the year (winter, spring, summer and fall). The WindReach Farm team looks forward to bringing you and our community new and innovative programing this year. We are going to offer our riders the opportunity to participate in some fun video competitions as well as we hope to start a Special Olympics Team! We look forward to seeing you at the stable at WindReach Farm!

In this package you will find our updated forms. Please take note of the following points:

- Please be sure to take note of the registration deadlines. It is your responsibility to get your forms and payments to us on time. Please email forms to: kendra.abbey@windreachfarm.org

- **Group lessons are $60.00/lesson (1 hour in length), semi-private are $70.00/lesson (40 minutes in length) and private lessons are $75.00/lesson (30 minutes in length).**

- All riders are charged a $7.00 Canadian Therapeutic Riding Association fee once a year and a 5% property maintenance fee will be applied to every invoice. The most effective way to pay is by E-transfer to accounting@windreachfarm.org

- This package includes all forms needed to register for riding lessons, a new helmet policy and the 2026 Lesson Program Calendar. It lists all the lesson dates, program breaks, and special events. If there are changes to the calendar as the year progresses, we will email you a copy. The physician referral form must be completed by a doctor in order to ride.

- **Please read the helmet policy included in the package, write the date of helmet purchase on the appropriate form, and include a copy of the receipt.**

If you are unclear how to fill out the documentation and/or what is required, please feel free to contact us in the stables office and we'll be happy to clarify for you.

Sincerely,

Kendra Abbey, BSc., CTRII, CTRS
Manager, Equine Programs
905.655.5827 x. 221
kendra.abbey@windreachfarm.org

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WindReach Farm Helmet Policy

RIDING HELMET SAFETY AND INSURANCE REQUIREMENTS

To ensure safety and to meet insurance standards for all CanTRA member centers, the following requirements are to be in place:

- The Safety Equipment Institute/American Society for Testing and Materials (SEI/ASTM-approved) riding helmets are required for all participants in mounted activities. Please check helmet labels for these approved standards. For the list of additional approved riding helmets see Equestrian Canada, Section A: General Regulations, Headgear Standards. 2025-Section-A_CLEANCopy_English_ERA.pdf

- **Helmets should be replaced five years from the purchase date, and a logbook kept with the date of purchase, to include details of the helmets, and the invoice stapled to the page; the helmet should also be replaced after a fall, or if the helmet is dropped on hard ground.**

- This policy applies to riding lesson participants, as well as to instructors and volunteers when schooling and exercising horses.

- Program participants are also required to wear riding helmets when grooming or working around a horse.

- It is the instructor's responsibility to ensure that each rider is wearing a correctly fitted helmet before being mounted.

- Definition of a correctly fitted riding helmet:
  - No hair tucked up into the helmet, such as a top knot, braids, ponytail or loose hair.
  - No head coverings, skull caps, balaclavas worn under the helmet.
  - For maximum safety, and to meet liability insurance requirements in the event of an accident, the riding helmet must fit directly to the rider's skull.

Rider's First name & Last name: _____

Please write the date of helmet purchase here and include a copy of your receipt:

_____

Tel: 905-655-5827 x 221 312 Townline Rd., Ashburn, ON, L0B 1A0 kendra.abbey@windreachfarm.org

Fitting Helmets

The following are important points to remember when fitting helmets:

- Each rider MUST wear an ASTM or SEI approved helmet.
- The helmet must be fitted properly, fitting snuggly but without creating pressure or being uncomfortable.
- Ponytails may need to be removed or lowered to accommodate a helmet comfortably. Hair clips should also be removed.
- No hats, skull caps or balaclavas should be worn under a helmet.
- Various brands of helmets fit differently, and each helmet's harness can be adjusted for a proper fit.
- The front part of the helmet should rest one inch above the eyebrows and the chin strap should be tight enough not to be pulled up over the chin. **It is important that the helmet fits well to provide adequate protection.**
- Riders with hydrocephalus (fluid on the brain) may have a shunt on one or both sides running down behind the ear. In this case, care must be taken to ensure that the helmet is not too tight as head size can vary from week to week.
- **Never force or push a helmet on.**

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Liability Release

(Rider)_____ would like to participate in Horseback Riding Lessons. I acknowledge the risks, and potential for risk, involved in this sport. However, I feel that the possible benefits to myself/my son/my daughter/my dependent/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs as assigns, executors or administrators, waive and release forever, all claims for damages against WindReach Farm, its Board of Directors, Instructors, Therapists, Aids, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my dependent/my ward may sustain while participating in Horseback Riding Lessons.

Signature: _____ Date: _____

(Rider, Parent or Guardian)

Witness: _____

Photo Release

Please check <u>ONE</u> of the statements below:

____I consent to and authorize ____I do not consent to and do not authorize

the use and reproduction by WindReach Farm of any and all photographs and/or any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the programs run by WindReach Farm.

Signature: _____ Date: _____

(Rider, Parent or Guardian)

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Rider Profile & General Information Form 2026

Name of Rider: _____ Date of Birth: ___/___/___

Sex: M ☐ F☐ Other☐

Address: _____City_____ Postal Code: _____

Main Phone: _____Emergency Contact & Phone: _____

Email_____

Some general information is vital for our instructors and volunteers (only as needed) to be informed of in order to provide a safe, productive and enjoyable lesson environment. Please answer the following questions to the best of your ability.

Describe any physical, intellectual, emotional, cognitive, or social goals that the participant is looking to obtain through therapeutic riding.

_____
_____
_____
_____
_____

Briefly describe the participant's likes and/or other activities that they enjoy.

_____
_____
_____
_____
_____

Are there particular situations which the Rider might find upsetting? i.e. loud noises, proximity to animals, etc.

_____
_____
_____
_____

If the Rider becomes angry or upset, what is the most effective way to calm them?

_____
_____
_____
_____

Is the Rider verbal? ___YES ___NO
If no, how do they communicate? ___Sign language ___Cards/Boards/I-pad Other:____

Can the Rider understand simple verbal directions and follow them?

_____

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Is there ANY other information that you feel we should know?

_____

_____

_____

I hereby give permission for the individual listed above to participate in therapeutic/recreational riding lessons at The Stables at WindReach Farm.

Parent/Guardian Signature:_____ Date:_____

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Participant Agreement

Rider Name: _____

Please initial beside each item to verify that you have read and agree to abide by each statement.

_____ I will review WindReach Farm's Rider Manual prior to my first lesson and agree to abide by the information therein. This can be found on our website.

_____ I understand that if I bring sibling(s) or other children, I am responsible for them and will not leave them unattended. I will ensure that their presence and activities do not distract or upset them, other participants, or the horses being used in the lessons.

_____ I will not allow any individuals, including myself, to approach horses or equipment without WindReach staff or representatives present.

_____ I understand that it is my responsibility to ensure timely arrival for class and that riders arriving after the start time of their lesson, for whatever reason, cannot be guaranteed to be mounted, due to the facility's daily schedule. No makeup lessons or refunds will be provided.

_____ I understand that missed lesson(s) will not be rescheduled or reimbursed, unless cancelled by WindReach Farm.

_____ I understand that all riders are required to wear long pants, fully enclosed footwear, and an equestrian helmet and may not be able to ride if not dressed appropriately for the lesson.

_____ I understand that all Rider Registration and Liability Release forms must be completed and signed by the rider (or parent/guardian). These releases shall remain in effect until explicitly revoked.

_____ I understand that the Physician Update form must be fully completed and signed by the rider's physician as indicated by the physician on the form.

_____ I understand that the WindReach Farm riding programs are volunteer based and that each rider is asked to be accompanied to the lesson by an individual who is prepared to assist in the lesson should the need arise (please refer to the Safety section of the Rider Policy Manual).

Continued next page….

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_____ I will review and abide by the general stables regulations as listed in the Rider Policy Manual which are posted on WindReach farm website and at the stables.

____ I understand that I, and any others who accompany me, are to remain within the stables boundaries and are not to wander over to the farm unless I have called and booked a visit in advance.

I have read and agree to comply with all requirements outlined by the above Participant Agreement. This agreement shall remain in effect unless expressly revoked by the rider/parent/guardian, at which time the rider is ineligible to continue with the WindReach Farm riding programs.

Signature of Parent/Guardian/Rider: _____Date: _____

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Physician Referral Form 2026

Rider Name_____ Date of Birth _____

Address _____Postal Code_____

Phone Number_____ Email _____

Name of Disability_____

Primary Diagnosis_____

Secondary Diagnosis_____

Height_____ Weight _____(The maximum weight of any rider must not exceed 170 lbs. or 77 kg)

Diabetic: □ Yes □ No Insulin: □ Yes □ No Continence: □ Yes □ No

Epileptic Yes □ No□ If yes, indicate type & frequency of seizures_____

Date of last seizure _____***Rider/Guardian please complete a Seizure Release Form**

Cerebral Palsy □ Yes □ No If yes please specify: Monoplegia Diplegia Quadriplegia Hemiplegia (which side L R)

General Health_____

Medications_____

Surgical Procedures: _____

Atlanto-Axial X-Ray Verification for Riders with Down Syndrome
Due to the nature of this activity (horseback riding lessons), Down Syndrome with an atlanto-axial instability is a contraindicated condition. A negative atlanto-axial instability x-ray is required.

If the rider has Down Syndrome this form must be signed and dated by a qualified physician giving the date and result of the diagnostic X-ray.

□ This client does not have Down Syndrome

Please continue next page…

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☐ This client has Down Syndrome Date of X-Ray: _____

Result of X-Ray: _____

_____

Allergies_____

Surgery & Dates_____

Ambulatory ☐ Yes ☐ No If no, specify (wheelchair, braces, etc.) _____

Communicable Disease ☐ Yes ☐ No If yes, explain_____

Tone: Upper extremities_____ Trunk_____ Lower extremities_____

Can the patient sit independently?☐ Yes ☐ No Can they grasp with their hands?☐ Yes ☐ No

Visual Impairments: _____

Balance (Good, Fair, Poor, None): Sitting_____ Standing_____ Walking_____

Language: ☐ English ☐ Other (spoken)_____Sign Language ☐ Yes ☐ No Other_____

Speech: Good_____ Fair_____ Poor_____ Non-Verbal_____

Ability to understand: ☐ Good ☐ Fair ☐ Poor Comments: _____

Is there any reason why this person should be precluded from a therapeutic riding program?

_____

When do you recommend that this form be updated? ☐ Every year ☐ Every two years
☐ Other: _____ **Every 5 years is WindReach policy**

Physician's Signature: _____ Date: _____

Physician's Name (please print clearly) _____
Address_____ City _____PC_____
Telephone _____
Please continue on next page…

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To be completed by the parent/guardian or rider of legal age:

Information Release

I hereby authorize The Stables at WindReach Farm to release to its instructors and volunteers such information as may be necessary to conduct a beneficial and safe riding program.

Name of Rider: _____

Date: _____

Signed: _____

Relation to Rider: _____

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Release Form for Riders Prone to Seizures
(This form is to be completed for any rider who is prone to or has had seizures)

Rider: _____

Guardian: _____

Address: _____

Phone #: _____ Cell #: _____

Email: _____

The undersigned hereby gives consent for the rider to participate in the therapeutic horseback riding program offered by WindReach Farm. 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 WindReach Farm, it's staff, instructors, agents, volunteers, and board members from any and all claims, demands or actions inclusive of costs that may arise out of the clients participation in the program, including any claims or actions for the injuries sustained by the client while participating in the program, regardless of how such injuries may be caused.

Rider/Guardian signature: _____

Witness: _____

Date: _____

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Rider Name: _____ Email:_____ Phone#: _____

STEP 1	***STEP 2***	***STEP 3***	***STEP 4***	***STEP 5***	***STEP 6***	***STEP 7***
SELECT ONE LESSON TYPE	**SELECT SESSION(S)***	**SELECT TIME OF DAY****	**SELECT DAY(S) OF THE WEEK**	**SUB-TOTAL= STEP 1 ($60, $70 or $75) X STEP 4 (THE # OF WEEKS)**	**SUB-TOTAL + $7.00 + 5% Property maintence fee**	**IMPORTANT NOTES: + PAYMENT OPTIONS:**
☐ GROUP - $60/LESSON ☐ SEMI-PRIVATE - $70/LESSON ☐ PRIVATE - $75/LESSON	☐ WINTER 2026 **January 5 - February 28** **Registration Deadline: December 1st**	☐ MORNING 9AM - 12PM ☐ AFTERNOON 1PM - 3PM ☐ EVENING 4PM- 7PM	☐ MONDAYS - 7 WEEKS ☐ TUESDAYS - 8 WEEKS ☐ WEDNESDAYS - 8 WEEKS ☐ THURSDAYS - 8 WEEKS ☐ SATURDAYS - 8 WEEKS	Step 1_____ **X** Step 4_____	***All riders must pay a onetime yearly fee of $7.00 charged by the Riding Association, CanTRA. **A 5% property maintenance fee is added to each invoice	1. Payment is due in full before session begins. Please ensure ride day/time is confirmed before making a payment. 2. The school program runs in the mornings during the spring session so space is limited. 3. Please refer to the program calendar in the registration package for special events, program breaks and lesson cancellations. 4. Saturday lessons run during the day only.
☐ GROUP - $60/LESSON ☐ SEMI-PRIVATE - $70/LESSON ☐ PRIVATE - $75/LESSON	☐ SPRING 2026 **March 24 - June 20** **Registration Deadline: February 17th**	☐ MORNING 9AM - 12PM ☐ AFTERNOON 1PM - 3PM ☐ EVENING 5PM- 8PM	☐ MONDAYS - 12 WEEKS ☐ TUESDAYS - 13 WEEKS ☐ WEDNESDAYS - 13 WEEKS ☐ THURSDAYS - 13 WEEKS ☐ SATURDAYS - 13 WEEKS	Step 1_____ X Step 4_____	***All riders must pay a onetime yearly fee of $7.00 charged by the Riding Association, CanTRA. **A 5% property maintenance fee is added to each invoice	
☐ GROUP - $60/LESSON ☐ SEMI-PRIVATE - $70/LESSON ☐ PRIVATE - $75/LESSON	☐ SUMMER 2026 **July 6 - August 29** **Registration Deadline: June 1st**	☐ MORNING 9AM - 12PM ☐ AFTERNOON 1PM - 3PM ☐ EVENING 5PM- 8PM	☐ MONDAYS - 7 WEEKS ☐ TUESDAYS - 8 WEEKS ☐ WEDNESDAYS - 8 WEEKS ☐ THURSDAYS - 8 WEEKS ☐ SATURDAYS - 8 WEEKS	Step 1_____ X Step 4_____	***All riders must pay a onetime yearly fee of $7.00 charged by the Riding Association, CanTRA. **A 5% property maintenance fee is added to each invoice	**PAYMENT OPTIONS:** **1. E-TRANSFER** (no password required) Send E-Transfers to: accounting@windreachfarm.org **2. CHEQUE** Make cheques payable to WindReach Farm **3. PRE-AUTHORIZED DEBIT** Send email to accounting@windreachfarm.org and ask for banking information. **4.** For other payment options please contact: accounting@windreachfarm.org
☐ GROUP - $60/LESSON ☐ SEMI-PRIVATE - $70/LESSON ☐ PRIVATE - $75/LESSON	☐ FALL 2026 **Sept. 14 - December 12** **Registration Deadline: August 17th**	☐ MORNING 9AM - 12PM ☐ AFTERNOON 1PM - 3PM ☐ EVENING 5PM- 8PM	☐ MONDAYS - 11 WEEKS ☐ TUESDAYS - 12 WEEKS ☐ WEDNESDAYS - 12 WEEKS ☐ THURSDAYS - 12 WEEKS ☐ SATURDAYS - 12 WEEKS	Step 1_____ X Step 4_____	***All riders must pay a onetime yearly fee of $7.00 charged by the Riding Association, CanTRA. **A 5% property maintenance fee is added to each invoice	

***** Please email form to kendra.abbey@windreachfarm.org** **Additional Requests here:** _____

Billing Information:

Name:

Email:

Phone:

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The Stables at WindReach Farm

2026 Riding Lesson Program Calendar

WindReach Therapeutic Horseback Riding Lessons

January

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

?

May

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Session Dates: **Session Fees: See Registration Forms**

Winter Session	**Jan. 5 - February 28**
Spring Session	**March 23 - June 20**
Summer Session	**July 6 - August 29**
Fall Session	**September 14 - December 12**

Statutory Holidays/ Lesson Cancellation
Special Event/Lessons ARE running
Lesson Program Break/Cancellation
Facility Rental/No lessons
January 1 - New Years Day -Stat
February 14 - Family Day Event
February 16 - Family Day - no lessons
April 3 - Good Friday - No lessons
April 25 - Swing into Spring Sheep Shearing Day
May 18 - Victoria Day - No lessons
July 1 - Canada Day - No Lessons
August 3 - Civic holiday - No lessons
September 7- Labour Day - No Lessons
October 12 - Thanksgiving Monday - No lessons
October 24 - Halloween Spooktacular
December 25 - Christmas Day
December 28 - Boxing day stat