

2026 SUNCATCHER PARTICIPANT APPLICATION



Please print or type clearly, and fill out completely and accurately.
Participants under the age of 18 must have this form signed by a parent or guardian.

NAME: _____ DIAGNOSIS: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ PHONE: _____

E-mail Address: _____

**SunCatcher communicates extensively through email. Please list the best email for this communication.

ADDRESS: _____

Primary Contact: _____ PHONE: _____

Scheduling/Transportation Contact: _____ PHONE: _____

Lessons run May - October as weather permits in our outdoor-only facility. Which Session time would you like to participate in?

- Session 1 (May 25th-July 11th)
- Session 2 (July 13th-August 28th)
- Session 3 (September 7th-October 16th)

Which Day of the week works best for you?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Which Lessons or Program would you like to participate in?

- Adapted Riding (\$65/each)
- Walking With Horses-(\$40/each)
- Special Olympics Equestrian (\$65/each, May 25 – July 11)
- Hippotherapy *with Doctor's Referral to OT (only Fridays)

Would you like to participate in **GROUP** or **INDIVIDUAL** lessons (circle one).

Additional Comments: _____

SUNCATCHER THERAPEUTIC RIDING ACADEMY LIABILITY RELEASE (required to participate):

_____ (**Client's name**) would like to participate in SunCatcher Therapeutic Riding Academy's programs and activities. I acknowledge the risks and potential for risks of horseback riding and other equine-related activities. However, I feel that the possible benefits for *me/my son/my daughter/my ward* are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heir and assigns, executors or administrators, waive and release forever all claims for damages against SunCatcher Therapeutic Riding Academy, Inc., its Board of Directors, staff, consultants and volunteers, but not limited thereto for any and all injuries and/or losses which may be sustained while participating with SunCatcher Therapeutic Riding Academy.

Releasor hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while engaged in or participating in a SunCatcher program or activity. Releasor expressly agrees that this release and waiver agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further state and affirm that I have the authority to sign this release and have obtained the consent and or advice of any other person with a custodial or supervisory role in this minor's activities.

WARNING: Under South Dakota law, an 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, pursuant to §42-11-2.

Signature _____ Date: _____
(Self, Parent, or Guardian)

Printed Name: _____ Relationship to Client: _____

Publicity Release: Please sign and Date, OR cross out and Initial (Not required to participate)

I hereby consent to and authorize the use and reproduction by SunCatcher to use any photographs or audio/visual material for promotion, education, publication or exhibition for the purposes of conveying information and marketing SunCatcher Therapeutic Riding Academy, Inc.

Signature: _____ Date: _____
(self, parent, or guardian)

Printed Name: _____ Relationship to Client: _____
(self, parent, or guardian)

Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property, or participating in an authorized activity of this agency I authorize SunCatcher to

(1) secure and retain medical treatment and transportation if needed

(2) release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name _____ **Phone** _____

Address _____

In the event I cannot be reached, contact:

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____

Preferred Medical Facility _____

Please fill out and sign ONE section below, either "Consent Plan" or "Non-Consent Plan":

Consent Plan: This authorization includes x-ray, surgery, hospitalization medication and any treatment procedure deemed "lifesaving" by the physician. This provision will be invoked only if the person(s) listed as guardian or emergency contacts is (are) unable to be reached

Address: _____

Print Name: _____ **Relationship:** _____

Consent Signature required: _____

Non- Consent Plan: I do NOT give my consent for emergency medical treatment/ aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place. _____

Address: _____

Print Name: _____ **Relationship:** _____

Non-consent Signature required: _____

SunCatcher Therapeutic Riding Academy Code of Ethics

Cleanliness and Appropriate Attire: All SunCatcher staff, volunteers, and participants should strive for clean and safe attire for all activities. Long hair should be tied back and out of the face; clothing should protect from sun and bugs, provide comfort, and give a tidy appearance. Boots or closed-toed shoes must always be worn when around horses. SunCatcher Logo Shirts should be worn at all Events. (Inappropriate attire: sandals, revealing tops, baggy or ill-fitting pants, short shorts, offensive/non-PG logos).

Youth Volunteers/Staff: Due to safety and insurance standards, all persons under 18 years of age who are working directly with horses (grooming, leading/handling, stall/arena maintenance) will wear helmets (buckled securely) at all times.

Professional Presentation: SunCatcher Staff, Volunteers, and Participants will use respectful, appropriate language (NO Profanity) at ALL times when representing SunCatcher – at Sessions, Activities, Events, as well as within the Community and while working at the Facility. Respect and compassion for others should be evident in our conduct at all times. Abusive language, disrespectful comments, sexual harassment, or threatening physical movements will NOT be tolerated. Proper horsemanship will be demonstrated at all times.

Confidentiality: It is of the utmost importance that the names of participants are never used. Services for all participants are provided with one hundred percent confidentiality. If asked by someone about a specific person, respectfully explain that you cannot say. Always practice the Rules of HIPAA! No photos or social media postings will be made without approval by a Board officer.

Dependability: Being dependable and timely for all activities and sessions for which you have committed your time is imperative, and shows respect for all involved.

Safety: The safety of all Participants, Volunteers, Staff and Horses is always our first concern. Your full attention, physically and mentally, must be given while involved in a therapeutic horsemanship session. For safety reasons, we do not allow the use of cell phones at any time during sessions or events or any handling of horses. If you must make a call, do it during the break time, which is after all horses are ready for the next session.

*****As a Staff/Volunteer/Parent/Participant of SunCatcher TRA, I understand the SunCatcher Code of Ethics and agree to follow it at all times. I understand that failure to do so will result in loss of my right to participate in any capacity with SunCatcher Therapeutic Riding Academy. I also understand that I am responsible for ensuring that any visitor I bring to the property or events abides by this Code of Ethics.**

Thank you for your cooperation and participation!

PRINTED NAME: _____ **SIGNATURE:** _____ **DATE:** _____

2026 SunCatcher Therapeutic Riding Academy Payment Contract Participant's

Name _____ Legal Guardian _____

Please circle Sessions attending, and check Lesson style you are most interested in:

Session 1 Session 2 Session 3

- Adapted Riding (\$65/each)
- Walking With Horses-(\$40/each)
- Special Olympics Equestrian (\$65/each, May 25 – July 11)
- Hippotherapy *with Doctor's Referral to OT (only Fridays)

Billing will take place at the end of each Session, with pre-payment encouraged. All scheduled lessons will be billed even if not attended, unless there is minimum 4 hour notice. 10 minutes late will result in the lesson being canceled but fully billed.

We offer RiderShip financial aid if you are unable for any reason to pay full session fee—please request RiderShip form!

I agree to the terms set forth in this agreement and agree to abide by all policies and procedures I have received.

Billing Contact: _____ PHONE: _____

BILLING ADDRESS _____

Signature: _____ Printed Name: _____

Relationship to Participant _____ Date: _____

Signature of SunCatcher Representative: _____ Date: _____

Our Programs

Adaptive Riding Lessons: \$65/ session **Our Adaptive Riding Lessons are 1-hour long lessons that focus on basic Equine Horsemanship with a therapeutic emphasis. Participants develop their social skills, confidence, and self-esteem, as well as focusing on body awareness and stability. These lessons start from the ground up. Participants get to work with one of our instructors as they learn basic horse safety, equipment, grooming tools and techniques, and eventually they get to learn how to ride one of our horse heroes!

Walking With Horses: \$40/ Lessons **These 1-hour lessons focus on Equine Assisted Learning on the ground, ideal for those new to horses. These lessons encourage confidence, self-esteem, and boundaries for participants. They focus on education, interaction, grooming, and activities with our Horse Heroes!

Special Olympics Equestrian + Therapeutic Horsemanship Lessons: \$65/ session *Required weekly sessions May 13 – July 12

*Saturday, July 11 will be the Special Olympic West River Equestrian competition in Rapid City, and will be the official “end” of the Special Olympic lessons for 2026; athletes who choose to continue will automatically be switched to Therapeutic Horsemanship lessons.

*Must qualify for Special Olympics (S.O.) participation with an intellectual disability, be at least 8 years old, and have completed the Special Olympics application:

<https://sosd.org/athletes-coaches/become-an-athlete/> *Lessons will be 90-120 minutes long in a class of 1-5 participants, and will include groundwork, equine assisted learning, and mounted activities as part of the training. Please see S.O. Equestrian Handbook here:

<https://sosd.org/storage/2024/01/SOSD-Equestrian-Handbook-1.3-Dec-2023.pdf> *Any participant who misses more than 2 consecutive weeks will not be eligible to compete at State Event

Hippotherapy: Session Fee set with Occupational Therapist: Appointments are 45 minutes in length and are one-on-one with Maci Stouffer, OTA, OTR/L. Session activities and goals vary on a case by case basis depending on the individual's goal and abilities. Each session consists of 8 treatments with a therapist in 8 weeks. OT participants must have a doctor's referral to OT.

****PLEASE NOTE: Make-up lessons are scheduled if SunCatcher is closed due to holidays or inclement weather, NOT if a participant is unable to make his/her scheduled lesson.**

**Once Completed Please email to info@suncatchertra.org or mail to PO Box 3975, Rapid City, SD 57709