



CENTERPOINT INSURANCE GROUP

THERAPEUTIC HORSEBACK RIDING SUPPLEMENTAL APPLICATION

Applicant/Agency Name: _____

Mailing Address: _____

****Attach a copy of medical, rider's registration, and liability release forms****

1. Are liability waivers signed by all parents/guardians? Yes No
2. Do you follow North American Riding for the Handicapped Association standards? Yes No
3. Do you or your instructors have regional or national riding certificates? Yes No
4. Do you fasten a child to any part of the saddle? Yes No
5. Are safety helmets mandatory? Yes No
6. Do you provide transportation to and from the facility? Yes No
7. Total Annual Lessons: _____ Average size of group: _____
8. What is the experience of the staff? _____

9. What is the ratio of riders to counselors? _____ Minimum age of riders: _____

AGENT'S/BROKER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____