



Dear Parents of Future Riders,

Thank you for your interest in Ride to Walk. We are a non-profit organization providing therapeutic horseback riding for children and adults with neurological impairments. Our facility is in Penryn CA 95663 at 2460 Delmar Ave. All our clinical evaluations are performed by Dr. Kristine Corn prior to participating in our riding program.

The Ride to Walk program is in operation from January through the second week of December. Riding is offered two days a week and is designed to coordinate physical, cognitive, and emotional therapy into a unique experience. The goals of this program are based on therapeutic intervention to achieve balance and postural control, improve language and socialization skills, enhance self-esteem, and provide exercise and enjoyment for the riders.

A certified therapist or riding instructor is present at each session and will design a personal and individualized therapy program for your child. Each session is 30 minutes in length for therapeutic riding and 60 minutes for independent riding instruction and is offered at separate times during the week. A riding time will be assigned after the evaluation process is completed and parent/caregiver has taken the Side Walker Training Class at Ride to Walk.

The enclosed application provides additional information on the Ride to Walk program. After you complete the application, please call to schedule an evaluation with Dr. Corn for your child. If you have any questions or concerns regarding the application or the program in general, please call Ride to Walk at (916) 791-2747. You can also e-mail us at [ridetowalk92@gmail.com](mailto:ridetowalk92@gmail.com). For information on our social and recreational riding, please log onto; [www.ridetowalkrecreationalprogram.com](http://www.ridetowalkrecreationalprogram.com) More information is also available on our web site at [ridetowalk.org](http://ridetowalk.org). Payment of \$50.00 is due at the time of scheduling the evaluation.

In closing we would like you to know that if your child wants to ride, we will try to the best of our ability to make that happen. The sooner the application is received, evaluation is completed, and you complete the side walker training the sooner your child can begin to enjoy all the benefits that Ride to Walk has to offer. Thank you and we look forward to hearing from you.

Sincerely,

Ride to Walk

**Mission Statement**

***Ride to Walk offers an innovative therapeutic horseback riding program that is adapted to the individual needs and disabilities of neurologically disabled children and adults, serving the counties of Placer and Sacramento by providing a positive support system.***

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Business Office and Riding Facility: 2460 Delmar Ave., Penryn, CA • (916) 791-2747

Email: [ridetowalk92@gmail.com](mailto:ridetowalk92@gmail.com)

Update: July 2025





## PROGRAM FEES, CANCELLATION AND ATTENDANCE POLICIES

Ride to Walk operates year-round with the exception of our winter (late December) break and major holidays. There are occasions when Ride to Walk must cancel a riding session due to circumstances beyond our control. Those circumstances include, but are not limited to, extreme weather and/or an insufficient number of volunteers. In those circumstances, the riding session for that day will be cancelled for the safety of the riders and the horses and we will notify you by email or text. We are often able to keep the indoor arena at a comfortable temperature even when it is pushing 101.

**If you need to cancel your child's attendance at a riding session, you need to call the rider cancellation number: office 916-791-2747 Mon, Wed, Friday 9am-2pm; cell 279-977-4659 (for short notice only).** This is extremely important as your child's horse will be prepared and waiting as well as staff time required. The monthly fee is \$500.00 per month. This helps cover routine vaccines, well care vet visits, farrier, feed and shelter.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Absences:** Unfortunately, we are unable to provide make-up lessons due to a limited number of horses and volunteers. There are some months which have 5 weeks and is an extra week of riding. Ride to Walk Program is closed 2 weeks during the holidays and there is no charge for the down time. As mentioned earlier, we will cancel for weather conditions and/or special events being held. Riders are billed monthly at the beginning of the month.



2400 DELMAR AVE  
PENRYN, CA 95663  
(916) 916-791-2747

### Directions To Ride to Walk-Penryn Property

- From Lincoln, take Hwy 193 to Sierra College Blvd. Continue on Sierra College Blvd, turn left onto English Colony Way, take a sharp right turn onto Delmar Ave. Property is on the right-hand side, 2460 Delmar Ave. Penryn, CA 95663

### OR

- Take Hwy 80, exit 109 for Sierra College Blvd. Use the left two lanes to turn left onto Sierra College Blvd. Turn right onto Delmar Ave. Come to stop sign, turn left to stay on Delmar Ave. Turn left on 2460 Delmar Ave. Penryn, CA 95663

## For Cancellations

Call main office Mon, Wed, Friday 9am-2pm (916)791-2747  
For short notice cancellations (call/text): cell (279) 977-4659

If you have any questions about riding because of weather, please call the office at least one hour prior to your ride time or volunteer time to see if program has been cancelled due to inclement weather. We will make every effort to call or email.

**WE CANNOT notify every person, so it is your responsibility to call and find out.**



## HELMET/BOOTS INFORMATION:



Participants riding in program **MUST** wear riding boots or hard-soled shoes with heels.

Participants riding in program **MUST** have an Equestrian approved helmet (**NOT** a Bicycle helmet).

Participants riding in program **MUST** wear long pants.

### FITTING:

When looking for the correct helmet for your rider it is important to consider comfort and safety. Look for the following when choosing the proper fit of the helmet.

1. Helmet needs to fit securely on the child's head.

When placed on the head, the helmet should not shift forward or back (The helmet should move with the child's head. You should be able to "wiggle the child's eyebrows" by moving the helmet). Additional foam pads and/or adjusting straps may be required to achieve this correct fit.

2. There are two types of strapping systems.
  - a. Leather "U" at either side that a chinstrap is attached to.
  - b. A cloth webbing "V" strap that continues into a chinstrap.

**Style b is the preferred style for children with exceedingly small heads.**

3. The chin strap is tightened correctly when you can fit only two fingers snugly between the strap and the child's chin.
4. The helmet needs to have a detachable visor if the child has poor head control to increase safety.

We recommend Douglas Feed 5460 Douglas Blvd. in Granite Bay (916) 791-3202  
Mention Ride to Walk & receive a discount on your helmet.





## ARENA/FACILITY SAFETY RULES

1. HORSES MAY BITE-PLEASE DO NOT FEED WITHOUT STAFF SUPERVISION
2. ALL CHILDREN ON RTW PROPERTY MUST HAVE ADULT SUPERVISION AT ALL TIMES!
3. STAFF & VOLUNTEERS ONLY PERMITTED BEYOND GATES INSIDE THE ARENA.
4. NO RUNNING OR YELLING IN OR AROUND ARENA.
5. NO PETS ALLOWED AT THE RTW PROPERTY WITHOUT PERMISSION.
6. NO SMOKING!
7. ALL RIDERS MUST WEAR APPROVED HELMETS DURING THEIR RIDING SESSION.
8. ALL RIDERS & VOLUNTEERS MUST HAVE APPROPRIATE ATTIRE.
9. NO ONE IN ARENA UNLESS PARTICIPATING AS A VOLUNTEER, STAFF OR RIDER.
10. NO CELL PHONES OR PAGERS ALLOWED INSIDE THE ARENA (*except staff*).
11. PLEASE PICK UP TRASH, KEEP YOUR STABLES BEAUTIFUL.
12. EVERY PERSON WHO ENTERS THIS PROPERTY MUST SIGN A RELEASE OF LIABILITY WAIVER, NO EXCEPTIONS.

***IT IS EVERYONES RESPONSIBILITY TO READ THESE RULES AND KNOW THEM. THANK YOU FOR YOUR COOPERATION.***





## **Mission Statement and Goals**

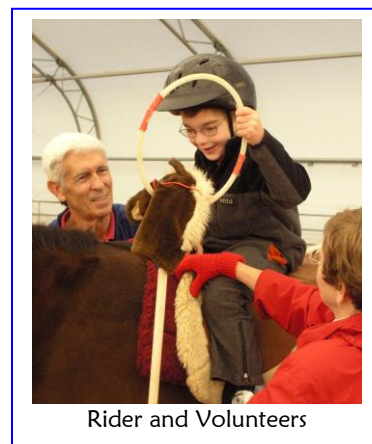
Ride to Walk's mission is to enhance the lives of children and adults with neurological disabilities by providing innovative therapeutic horseback riding activities that are recreational in nature and adapted to the individual's needs and disabilities at a minimum cost.

## **Current Programs and Activities**

### Therapeutic Riding Program & Recreational Program

During each 30-minute riding session, the rider is accompanied in the enclosed arena by four highly trained individuals; a licensed therapist or riding instructor, an experienced volunteer equestrian leader, and two volunteer side-walkers. The horse is led through a series of movements tailored individually for the rider, which help to strengthen the rider's muscles and improve the rider's flexibility, range of motion, balance, and coordination.

Each rider's individually created program is supervised and evaluated by therapists that are specially trained using the horse as a therapeutic tool. In addition to the physical gains from horseback therapy, parents and teachers often see improved speech patterns and lengthened attention spans. Our riders gain a sense of joy, freedom, and empowerment from the therapy sessions, which enable them to sit tall and proud on the backs of our specially screened and trained horses.



Rider and Volunteers

Ride To Walk serves children with disabilities and their families, year-round from Placer, Sacramento, and Yolo counties. The program serves children with disabilities such as autism, cerebral palsy, muscular dystrophy, attention deficit disorder, head trauma, sensory processing challenges, and genetic disorders. Ride To Walk serves families ranging from low to upper incomes and represents a broad spectrum of ethnicities.

### Independent Riding Program

Ride to Walk has increased its service offerings to include an Independent Riding Program. Riders in this program have the mobility, balance, and coordination to sit on the horse independently. Riders in this program are taught basic horsemanship skills, including how to tack and groom the horse and how to handle the reins.



## Ride to Walk's Relationship with Other Organizations

Ride to Walk became a 501(c) 3 nonprofit organization in 1988 and works in partnership with local school districts.

A small number of our riders receive partial assistance through local school districts. If the child has an Individual Education Plan (IEP) that requires adaptive physical education, some school districts will cover a portion of the costs for that rider.



## The Need for Ride to Walk

A variety of community-supported activities are available to children without disabilities, from Little League and soccer teams to after-school social activities. Neurologically disabled children need opportunities to develop their physical skills and learn to interact with their peers in community-supported activities as well. Ride to Walk is one of the few opportunities these children must participate in a “special activity.” It addresses this social need while providing crucial therapy that helps their bodies and minds to develop their fullest potential. While there are a variety of programs that put disabled children on horseback for recreational purposes, Ride to Walk is one of the few programs in this area that also focuses on the therapeutic aspects of this activity.



Volunteers & Therapist with Rider

## Ride to Walk Board Members, Staff & Volunteers

The successes of Ride to Walk are the results of many dynamic supporters who contribute tirelessly to the organization. Ride to Walk consists of a volunteer board of directors, part-time employees and many dedicated volunteers who are the backbone of the program. Ride to Walk could not exist without this wonderful support.





Dr. Corn back riding with child

## History of Ride to Walk

Ride to Walk began in 1985 when Dr. Kristine Corn, founder, director, and primary therapist at the Sierra Pediatric Therapy Clinic, began using a pony at her clinic in Granite Bay, California.

Dr. Corn had one patient, in particular, who was not progressing utilizing traditional therapy practices. Dr. Corn purchased a pony and rode the little girl up and down the driveway at her clinic. The results were profound and unmistakable. Dr. Corn began using her pony with more of her patients and found the results equally rewarding. Though there have been many economic challenges facing the Ride to Walk program over the past years, the program continues to grow. Following years of renting facilities, the program expanded to its own riding facility with an enclosed arena with stables and a covered arena caretaker facilities with stables and a covered arena in the town of Lincoln, CA in February 2003.





Date \_\_\_\_\_

**NEW RIDER APPLICATION**

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

HEIGHT of Rider \_\_\_\_\_ WEIGHT of Rider \_\_\_\_\_ (RTW Weight Limit for Riders is 180 lbs.)

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ STATE ZIP \_\_\_\_\_  
COUNTY \_\_\_\_\_

FATHER'S EMAIL \_\_\_\_\_ MOTHER'S EMAIL \_\_\_\_\_

FATHER'S WORK PHONE \_\_\_\_\_ MOTHER'S WORK PHONE \_\_\_\_\_

FATHER'S CELL/PAGER \_\_\_\_\_ MOTHER'S CELL/PAGER \_\_\_\_\_

**BEST NUMBER TO CALL IF PROGRAM IS CANCELLED** \_\_\_\_\_

DOCTOR OR PEDIATRICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

Person or Organization referred by \_\_\_\_\_ PHONE \_\_\_\_\_

IF NOT REFERRED, HOW DID YOU LEARN OF RIDE TO WALK? \_\_\_\_\_

We would appreciate your taking the time to write a short biography of your child and send it to us with a picture. We may use these for general information and/or publicity purposes.





**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS ALONG WITH THE COMPLETED APPLICATION:**

\_\_\_\_ MEDICAL HISTORY FORM \_\_\_\_ PHYSICIAN RELEASE FORM \_\_\_\_ INSURANCE CARD COPY

**Enclosed is my \$50.00 payment for an evaluation of the perspective rider along with my application.**

**\* I have read and understand all the information, terms & conditions of the program that accompany this application.**

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date





## Riding Fees and Absence Policy

Invoices are issued monthly. Payments are to be made within thirty (30) days of the date of our invoice (unless other arrangements have been agreed upon in advance).

Please make checks payable to:

**Ride to Walk**  
2460 Delmar Ave.  
Penryn, CA 95663

- Riding fee to be paid on or before the beginning of each month.

**\*\*** *Unfortunately, we are unable to provide makeup riding sessions (see cancelation policy). We reserve the right to change these payment options in the event we are unable to obtain the necessary funding through our fundraising efforts to cover the costs of our riding sessions.*

**I have read and understand the information and terms of the program that accompanies this application, and I am willing to accept those terms.**

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**Signature / Guardian**

**Date**





**MEDICAL HISTORY  
PHYSICIAN RELEASE FORM**

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP

DIAGNOSIS \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

BRIEF MEDICAL HISTORY \_\_\_\_\_

CONTRAINDICATIONS TO RIDING, IF ANY \_\_\_\_\_

PRECAUTIONS, IF ANY \_\_\_\_\_

\_\_\_\_\_ HAS NO PHYSICAL DISABILITIES THAT WOULD INHIBIT HIM/HER

Childs Name  
FROM PARTICIPATING IN A THERAPEUTIC HORSEBACK RIDING PROGRAM.

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PHYSICIAN'S NAME PRINTED

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
DATE

**(This application is void unless signed)**





**EMERGENCY AID INFORMATION**

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_ & \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY STATE ZIP

E-MAIL \_\_\_\_\_ COUNTY \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMERGENCY FAMILY DOCTOR (1<sup>ST</sup> CHOICE) \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMERGENCY FAMILY DOCTOR (2<sup>ND</sup> CHOICE) \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

DOES THE RIDER HAVE ANY KNOWN CONDITION, WHICH MIGHT REQUIRE EMERGENCY ATTENTION?

If so, please give the details.

\_\_\_\_\_

In the event of an emergency or an accident, the riding program has my permission to request the services of, or take my child to, any available doctor or hospital. (PLEASE ATTACH A PHOTOCOPY OF THE CHILD'S MEDICAL INSURANCE CARD)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN      DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN      DATE





### PARENT INFORMATION

**Note: This information is gathered to help Ride to Walk obtain ideas for fundraising and gain contacts in our community. Please keep this in mind as you fill out this portion of the application.**

WHAT SPECIAL TALENTS OR SKILLS DO YOU POSSESS? (I.E. CONTRACTING/BUILDING, CONSTRUCTION, NURSING, COMPUTER KNOWLEDGE, ETC.)

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DO YOU KNOW OF ANY COMPANIES, CORPORATIONS, OR RELATIVES WHO WOULD BE WILLING TO HELP RIDE TO WALK WITH FUNDRAISERS, GRANTS OR FUNDING? DO YOU WORK FOR A COMPANY OR KNOW OF SOMEONE WHO WORKS FOR A COMPANY WHO DOES "MATCHING FUNDS"? PLEASE LIST COMPANIES WITH PERTAINING CONTACT INFORMATION (I.E. PHONE NUMBERS, ADDRESSES, E-MAIL CONTACTS, ETC.)

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**PERMISSION FOR RIDING & RELEASE OF LIABILITY:**

I, \_\_\_\_\_, the parent/guardian of the registrant, \_\_\_\_\_, a Minor, agree that the registrant and I will abide by the rules of Ride to Walk and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with riding and in consideration for Ride to Walk accepting the registrant for its programs and activities, I hereby release, discharge, and/or otherwise indemnify Ride to Walk and its employees, volunteers and directors as well as its affiliated organizations and sponsors, their employees and associated personnel, including owners of the facilities utilized for this program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name \_\_\_\_\_  
Parent/Legal Guardian (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or the wellbeing of the above-named registrant.

Signature of Parent or Guardian \_\_\_\_\_

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

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

Two Alternative Telephone Numbers and Names:

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medications \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

**POLICY STATEMENT FOR RIDE TO WALK ON 911 CALLS:**

It is the policy of Ride to Walk to treat any falls or injuries seriously. We will ask the consent of the attendant's parent or guardian to call 911. If the parent or guardian refuses, it becomes the sole responsibility of the parent or guardian to care for the rider. If the parent is not in attendance, Ride to Walk will always call 911 using the medical consent forms signed by the parent or guardian.



**\*\* WE MUST HAVE A CURRENT COPY OF YOUR INSURANCE CARD ON FILE AT ALL TIMES!**

**By my signature below, I hereby acknowledge that I have read and understand this document in its entirety and that I agree to the terms and conditions set forth herein.**

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Print Name of Rider

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Print Name of Rider

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

**"Ride to Walk"  
Rider Photo Release  
Consent Form**

I \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_

Hereby **give Ride to Walk my permission** to use photographs, slides, videos, etc. in which my child may appear for the express purpose of teaching as well as promoting the Ride to Walk program, and do not expect, nor shall my child receive, any monetary reimbursement for this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian

**OR**

**IDO NOT** want my child to be photographed or videotaped for public use.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian

