



## Life Skills Development Program

6920 Concession 1 RR2, Puslinch, Ontario, NOB 2J0  
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**Working together to unleash potential.**

### Information Package and Application Form

#### General Information

The Life Skills Development Program is an innovative farm-based day program for adults with developmental disabilities. The program currently runs weekly on Tuesday, Thursday and Fridays year round. Sunrise provides the opportunity for participants to practice and learn new skills in a supportive, safe and structured environment. Activities are designed to match participants' capabilities, with the goal of having each participant reach and work at their fullest potential.

Activities include, but are not limited to:

- Animal care and handling
- Farm chores and stable management
- Horticulture (maintenance of flowerbeds and vegetable gardens)
- Housekeeping
- Property maintenance
- Seasonal projects

Through skill building and collaborative learning, participants directly benefit in many ways. The observed benefits are:

- **COGNITIVE:** Exposure to a unique farm-based environment, promoting the acquisition of knowledge and learning through repetition, step-by-step sequencing and individualized instruction.
- **EMOTIONAL:** Through equine related activities, team building exercises as well completing daily farm tasks, participants will gain confidence, independence and a sense of accomplishment.
- **PHYSICAL:** Participation in a variety of physical tasks promoting the development and improvement of fine and gross motor skills, strength coordination and endurance.
- **SOCIAL:** Participants will communicate and socialize with staff and volunteers. They will also be encouraged to work collaboratively and cooperatively with their peers as a team to accomplish and improve on daily tasks.

#### Accessibility

Sunrise has many features to make its property accessible to many clients. Sunrise programs are run on a 102 acre farm so uneven terrain, inclement weather conditions and exposure to different allergens are unavoidable.

#### Eligibility

The Life Skills Program and supportive services are offered to adults 21 years and older with a Developmental Delay in the local communities of Guelph, Cambridge, Kitchener/Waterloo and Wellington County.

#### This program is not suitable for those:

- May become aggressive, either physical or verbally
- Have NOT been seizure free for 6 months with medication or 1 year without medication

A personal support worker or caregiver, provided and paid for by the individual, family, or organization, must accompany any participant requiring support for feeding, communication, personal hygiene or behavioural reasons. Personal support workers will be permitted to accompany clients in the program only after consultation with the Coordinator prior to admission.

Wherever possible, Sunrise makes every effort to ensure its property is accessible. As we are located on a farm, uneven terrain, inclement weather conditions and exposure to different allergens are unavoidable. To ensure success for the participant, adults should be able to:

- Negotiate uneven surfaces,
- Tolerate varying weather conditions and
- Follow directions and safety rules.

To ensure the safety of all individuals, Sunrise reserves the right to remove any individual enrolled in the Life Skills Program who is an imminent risk to themselves or others, exhibits unmanageable behaviour or exhibits unmanageable incontinence.

### **Program Hours**

The Life Skills Program currently operates on Tuesdays, Thursdays and Fridays from 9 am to 3 pm. Drop off and pick up times are between 8:30 am and 4:00 pm.

### **Registration Process**

Please contact Sunrise to receive an application package, which can be filled out and returned to the office. Potential clients will then be contacted to set up an assessment where they can come for a scheduled amount of time to observe and participate in various activities so all parties can make an informed decision if the Life Skills Program is the best suited program for the client's needs and interests.

### **Wait List**

Eligible applicants may be placed on a waiting list depending on the availability of a space. Waitlisted individuals are contacted chronologically according to the referral date by the Life Skills Coordinator.

**Please note:** Waitlisted clients who are not ready to start the program within 6-8 weeks will be removed from the list.

### **Person-Centered Program Plans**

Client-centered goals and plans are developed in consultation with clients/caregivers and program leaders in line with farm based activities. These goals will be reviewed on a regular basis.

### **Meals**

Meals and snacks are to be provided by the client.

### **Medication**

Sunrise Life Skills program staff do not administer medications to any attending program participants. Staff only assist, supervise and remind clients to take their medications. All participants must provide a list of medication to be taken at the centre with details regarding timings or specific requests.

**Please note:** Participants are required to bring their daily dosage only in a properly labelled container. Please notify staff of any medication changes immediately.

### **Safety Management**

Sunrise program staff are trained in First Aid and CPR facility safety inspections are done on a monthly basis. Fire drills and emergency evacuation are practiced regularly. Emergency information is located by all the telephones on the Sunrise property.

### **Emergency Treatments**

Sunrise's Life Skills Program seeks medical care/help in an emergency. In a life-threatening emergency, the staff will ensure client safety and take appropriate actions by calling 911. Following the 911 call, staff will notify the emergency contact person, next of kin and/or the caregiver. Sunrise has documented plans and procedures to deal with all accidents and emergencies (including fire, natural disasters, etc.)

### **Clothing and Proper Attire**

All participants must follow Sunrise's Dress Code. Long pants, work boots or closed toed shoes and gloves should be worn while working in the barn. All participants must wear ASTM/SEI approved riding helmets (can be provided) when working with or handling any horses. Shorts are permissible in the summer months.

**Smoking**

Sunrise Therapeutic Riding and Learning Centre is a smoke, alcohol and drug free environment. **Smoking is prohibited at all times anywhere on the property.**

**Transportation**

Transportation is the sole responsibility of the client.

Please note: Sunrise is not accessible by public transit.

**Pet Policy**

Sunrise has a "No Pet" policy. However, personal, certified service dogs are welcome.

**Privacy and Confidentiality**

To ensure privacy of our clients and caregivers, Sunrise ensures that all personal information collected for the purpose of providing services to its clients/caregivers will remain protected. Policy available upon request.

**Billing Procedure**

All Life Skills Program participants are required to pay \$55.00 per day. All Life Skills Program participants are billed prior to the start of a term and are required to pay in advance per term (Spring, Summer, Fall, Winter). Cheques are made payable to Sunrise. A \$35.00 fee will be charged for any NSF cheques. The Scotiabank Life Skill Program fee is subject to change with notice.



## Sunrise Therapeutic Riding & Learning Centre

### Life Skills Development Program Application

#### Participant Information

Name: \_\_\_\_\_ Gender/Pronouns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Day Preference (waitlist may apply):                      Tuesday                      Thursday                      Friday

Primary Contact:                      Name \_\_\_\_\_ Relationship \_\_\_\_\_

#### Primary Contact Information

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

#### Emergency Contact Information

Name of Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name of Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

#### Health Information

Diagnosis/Special Need: \_\_\_\_\_

Secondary Diagnosis (if applicable): \_\_\_\_\_

Mobility Needs:                      Independent                      Assisted                      Wheelchair

Does the applicant have any health-related concerns that may impact the type of support required (ie. seizures, hearing impairments, vision impairment etc.)?                      Yes                      No

If yes, please specify: \_\_\_\_\_

Does the applicant have any allergies or sensitivities?                      Yes                      No

If yes, please specify: \_\_\_\_\_

Does medication need to be administered during program hours or in emergency situations?                      Yes                      No

(If yes, a medical dispensing form will be sent to you.)



**CLIENT NAME:** \_\_\_\_\_

Sunrise Therapeutic Riding & Learning Centre • 6920 Conc. 1, Puslinch, ON N0B 2J0 • Ph. 519-837-0558

**PHOTO RELEASE**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to **Sunrise Therapeutic Riding & Learning Centre** permission to take, or have taken, still and moving photographs and films, including television pictures of our son/daughter/ward. Furthermore, the undersigned consents and authorizes **Sunrise Therapeutic Riding & Learning Centre**, and its advertising agencies, news media and any other persons interested in **Sunrise Therapeutic Riding & Learning Centre** and its work, to use and reproduce the photographs, films and pictures to circulate and publicize the same by all means, including and without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of **Sunrise Therapeutic Riding & Learning Centre** to use or be used such as photographs, films and pictures for the primary purpose of promoting and aiding the **Sunrise Therapeutic Riding & Learning Centre** and its work.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature of Individual)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature of Parent/Guardian)

**Date**

**Date**



6920 Concession 1, Puslinch, Ontario N0B 2J0 • 519-837-0558 • Fax 519-837-1233  
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## WAIVER, ASSUMPTION OF RISK & RELEASE OF LIABILITY

Initial below after reading and understanding each item:

\_\_\_\_\_ I agree as a precondition to my participation or the participation of my child in horse riding/driving/vaulting/grooming/ equine facilitated wellness and any other activity involving horses (hereafter called "Equine Activities") organized by Sunrise Therapeutic Riding & Learning Centre (Sunrise) and conducted by Sunrise or their employees or volunteers and in further consideration of being permitted to do so to be strictly bound by the terms of this Waiver, Assumption of Risk and Release of Liability.

\_\_\_\_\_ I enter into this agreement with Sunrise recognizing that "Equine Activities" is inherently a risky undertaking, due to the sometimes unpredictable behaviour of horses, regardless of their continual training and past reliable performance.

\_\_\_\_\_ I understand that all Sunrise instructors are certified through the Canadian Therapeutic Riding Association (CanTRA) or other equivalent national associations or there may be a student instructor, working under the direction of a fully certified instructor.

\_\_\_\_\_ I understand that all participants must wear an ASTM (American Society for Testing and Materials) approved riding helmet.

\_\_\_\_\_ I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries may result from these "Risks". I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:

- (a) The propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
- (b) The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- (c) The potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.

\_\_\_\_\_ I agree that this Waiver, Assumption of Risk and Release of Liability and all terms contained herein are governed exclusively and in all respects by the laws of the province or territory of Canada in which the "Equine Activities" are provided by Sunrise. I hereby irrevocably submit to the exclusive jurisdiction of the courts of that province or territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the province or territory of Canada in which the "Equine Activities" are provided by Sunrise.

\_\_\_\_\_ I have read this entire Waiver, Assumption of Risk and Release of Liability document. I understand it is a promise to release Sunrise, its Directors, Officers, employees, volunteers and agents and the owners of the land upon which Sunrise operates from, all claims wheresover or howsoever arising now or in future. I have made a free and deliberate choice to sign this Waiver, Assumption of Risk and Release of Liability as a condition to allow me or my child to engage in "Equine Activities" organized by Sunrise Therapeutic Riding & Learning Centre (Sunrise).

\_\_\_\_\_  
Print first and last name of client

\_\_\_\_\_  
Signature of client or parent/guardian

\_\_\_\_\_  
Date