

Thorncroft Seizure Policy

Last updated: 5/31/2023

Thorncroft Equestrian Center's goal is to minimize risk for all participants, volunteers, staff and horses engaging in equine related activities at our facility . While there is inherent risk with all equine related activities, experiencing a seizure while participating in equestrian activities (including barn work/care) can increase the risk of injury/death for both the participant and individuals around them. Because of this Thorncroft's seizure policy is as follows...

- If a participant experiences a Grand Mal Seizure at any point (not just while at Thorncroft) or any type of seizure activity while on Thorncroft property...
 - The participant or caregiver will notify Thorncroft of the seizure activity 1) immediately if the seizure occurred on Thorncroft property or 2) PRIOR to their next scheduled lesson if the seizure occurred in a different location.
 - Thorncroft will place the student on medical leave from their lesson for at least 6 months. The individual must be seizure free for 6 months before being reevaluated to return to equine activities. Thorncroft will not charge a hold fee during this time.
 - Participants/Caregivers will provide Thorncroft with a signed letter from their physician stating that they have been 1) Seizure free for 6 months and 2) cleared to return to the specific equine activities they wish to participate in (i.e., mounted lessons, barn work etc.)

If a participant has met the above conditions, the Thorncroft evaluation team will meet to discuss this individual's situation and will make the appropriate recommendations for participation at Thorncroft moving forward. Meeting the above conditions does not guarantee a participant will return to the same type of participation or assistance needs as they had prior to the seizure activity.

By signing below, I understand and agree to the Thorncroft Seizure Policy above as well as my obligation to disclose seizure activity in a timely and transparent manner to ensure my own safety as well as the safety of others in the Thorncroft Community.

Name of Participant (PRINT) : _____ Date: _____
Signature of Participant/Guardian: _____