

Equine Affirmative

PROGRAM INFORMATION

Equine Assisted Coaching & Learning

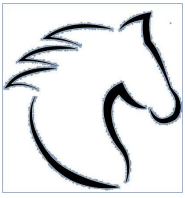
Our Equine Assisted Coaching & Learning services offer a unique therapeutic approach to healing that integrates the powerful spirit of the horse with traditional horsemanship skills. Our equine companions offer immediate, honest and unbiased feedback as you interact with them through unmounted activities and begin to increase your awareness of your own thoughts, feelings, words and actions. This experiential approach provides you opportunities to enhance communication, improve problem-solving and acquire leadership skills.

BEFORE ATTENDING

We ask that you complete all registration paperwork specific to your desired service before arrival. Please remember to wear proper clothing and footwear for your safety. Appropriate clothing includes closed shoes, clothing and jacket if appropriate for the temperature - that can get dirty/dusty. For your safety, please do not wear loose jewelry (necklaces, earrings, etc) that could become caught. Sun block should be worn in the warmer seasons and it is a good idea to bring water to summer sessions.

Equine Affirmative is not responsible for any of your belongings left at the seating area or the barn. To protect the privacy of our clients we ask that you not visit the ranch without an appointment. If you would like to bring family or friends to meet the horses you may do so, but need to schedule a time with Equine Affirmative so that a staff member can be present. You may contact: Gabriele Barwig, (817) 439 -0115, gabrielebarwig62@gmail.com.

We look forward to working with you. Please let us know if we can provide any additional information.



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REGISTRATION FORM

Name: _____ Date of Birth: _____

Address _____

Phone (H) _____ (C) _____ Is it ok to text? _____

Email Address: _____

School/Occupation: _____

Parents or Guardians (if applicable):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Participant Signature: _____ Date: _____

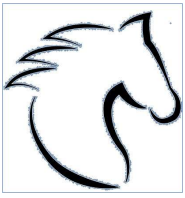
Parent or Legal Guardian (of participants age 17 & under): _____

In consideration of Equine Affirmative, LLC, a Texas Limited Liability Corporation ("EA"), permitting me to participate in EA facilitated Experiential Learning activities and Animal Assisted Learning Activities of EA (the "Activities"), I voluntarily and knowingly execute this Release and Waiver Agreement (the "Agreement") with the express intention of extinguishing all obligations of EA, and its directors, officers, employees, agents, successors and assigns (collectively the "Releasees").

Risk Assumption. I understand that Experiential Learning can be dangerous and that the Activities may involve the risk of physical injury or property damage. Understanding that any physical activity involves a risk of injury, I understand that my (or my child's) participation in the EA program is entirely voluntary. I voluntarily accept and assume all risk of personal injuries (including without limitation, death) and/or damage to property (collectively "Injury or Harm") caused by or arising out of my (or my child's) participation in the Activities.

Insurance. I understand that EA does not assume any responsibility to provide me (or my child) with financial or other assistance, including without limitation medical, health or disability benefits or insurance of any nature in the event of Injury or Harm.

Medical Release. I certify that I am (my child is) in good health and that I do not (my child does not) have any physical ailment or condition which could be worsened or cause injury, illness or death from participating in the Activities. I give permission to EA, its Health Officer, and such other camp health personnel, as applicable, to administer over-the-counter medications as may be prudent and indicated when necessary to alleviate such common ailments as headaches, stomach aches, nausea, pain, allergies, etc. I acknowledge that to the extent I (or my child) have allergic reactions to any medications, I will notify EA prior to participation in the activities. In addition, in the event of an emergency, I authorize that emergency medical care be rendered to me and/or my child. I release Releasees and all officials and professional personnel from any Claim for Injury or Harm on account of medical treatment, first aid, emergency treatment or service rendered to me (or my child). I authorize EA to secure transportation as may be indicated or required via personal vehicle driven by an adult staff member or via ambulance or CareFlite, when necessary, to transport me (or my child) to a doctor or hospital for emergency services.



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Release and Waiver. I expressly release, waive, discharge, and covenant not to sue any Releasee from all claims, demands, actions, judgments, and executions of whatsoever kind or nature, either in law or in equity, including without limitation, wrongful death and survival causes of action, (collectively the "Claims"), which I (or my child) ever had, now have, or may have in the future, or which my (or my child's) personal representatives, heirs, next-of-kin, executors, administrators, or assigns may have, or claim to have, against Releasees for all Injury or Harm caused by, or arising out of, my (or my child's) access to or viewing of or participating in the Activities.

Photographic Release. I grant and convey to EA all rights, title, and interest I may have in any and all photographs, images, video, or audio recordings of me (or my child) or my (or my child's) likeness or voice made by EA or its agents or employees in connection with my (or my child's) participation in the Activities including (but not limited to) any royalties, proceeds, or other benefits derived from such materials.

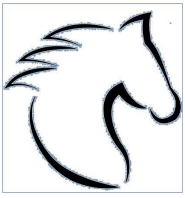
I expressly agree that the risk assumptions, releases, waivers and indemnities contained in this Agreement are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that they apply to any and all Claims, WHETHER OR NOT RESULTING FROM THE NEGLIGENCE OF ONE OR MORE RELEASEE. If any portion of the Agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect. I have carefully read this Agreement in its entirety, understand and know the contents of this Agreement, and sign this Agreement as my own free act. I have not been influenced by any declarations or representations of any Releasee or Releasee agent. I understand and intend that my execution of this Agreement be binding on me (and my child) and my (and my child's) personal representatives, heirs, executors, next-of-kin, administrators, and assigns. I understand and acknowledge that EA is acting in reliance upon the agreements and representations made by me in this Agreement in permitting me (my child) to participate in the Activities and that were I not willing to abide by the terms of this Agreement, such opportunity to participate would not be allowed.

This Agreement contains the entire agreement between me and EA. The terms of this Agreement are contractual and not a mere recital. I understand that no one, including any Releasee, has the authority to change any term of this Agreement.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN THE FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE, WAIVER AND INFORMED CONSENT BY READING IT BEFORE SIGNING IT

Participant Signature: _____ Date: _____

Parent or Legal Guardian (of participants age 17 & under): _____



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Emergency Contact (in case parent or guardian is not available):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Personal History: Is participant currently struggling with issues at school? YES or NO

Please describe issues: _____

Is participant currently struggling with issues at home? YES or NO

What triggers negative reactions? How are negative reactions exhibited?

Any other issues we should be aware of?

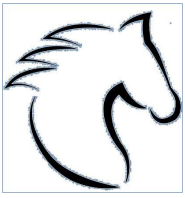
Coaching/Learning Goals:

Peer Interaction ____ Social Skills ____ Behavioral Improvements ____

Other: _____

Medications (Please list names and state side effects that may effect time with the horses, such as, whether the medication impacts balance, sensitivity to sunlight, etc)

Is there any health reason to limit the client's activities? YES or NO (Please explain below)



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Please check any areas of **medical concern** and explain in the comments section:

(The information provided in this section is protected under HIPPA law and will be kept confidential and secured.)

Areas

Comments

___ Mental Health Diagnoses _____

___ Auditory _____

___ Visual _____

___ Speech _____

___ A seizure disorder? _____

Allergies / Asthma _____

hay ___ bee stings ___ dust ___ mold ___

Does the client carry an epi pen? ___ ___

Learning Challenges _____

Other _____