



THE WAGON STOP AGREEMENT TO PARTICIPATE

I _____
(Please print your full name)

hereby consent to participate in Equine Assisted Psychotherapy / Equine Assisted Learning / Therapy sessions at **The Wagon Stop – Wellness Farm**, based on the terms and conditions as follows:

1. You understand that participation in activities involving horses involve risk of injury, as activities with horses are deemed a 'significant high risk' activity by our community and legal system.
2. By attending and/or participating in equine assisted psychotherapy sessions you knowingly and freely assume all such risks, both known and unknown, and you voluntarily enter at your own risk.
3. Horses have different temperaments and natures. All horses are potentially unpredictable, especially if frightened, hurt or mistreated. Horses do explore their 'environments' with their bodies and their mouths. Clients will be introduced to boundary setting and grounding practices so that they can choose how they wish to engage with the horses.
4. You will be offered a 'safety guideline' by the practitioner which supports you in being safe, aware and to make safe choices in all sessions with horses.
5. The practitioner will take all care possible and follow clear safety guidelines for the benefit of clients and horses.
6. You agree not to deliberately frighten, hurt or mistreat the horses and to follow safety guidelines offered by the practitioner.
7. **The Wagon Stop – Wellness Farm** makes no warranty of any kind, expressed or implied, as to the nature, habits, and disposition of any horse involved in EAP sessions or activities.
8. All directions by the practitioner must be observed.
9. You are responsible for wearing suitable clothing, long pants, appropriate flat closed hard footwear or boots, and sunhats if desired.
10. Sessions are typically 'on the ground' but may be mounted. If mounted is offered, clients must wear a helmet.

11. If you are participating in a group session, you agree to abide by all Privacy Acts and Regulations that protect all participants rights to confidentiality and privacy. This means that anything discussed or brought up in a session will remain confidential and you will refrain from disclosing such materials to any other person outside of the attending group. You also agree that you will not disclose the names of any person who attended the group session to any other outside person or entity.

12. You agree to follow the directions of the practitioner or official and that any misconduct or refusal by you to follow any direction of the practitioner or official can result in your exclusion from participation in the activities and your immediate removal from training and participation in future sessions will be reviewed or cancelled. You understand that such non-compliance may result in injury as a result of your failure to comply.

13. In the event of an accident of any kind, you must report this to the practitioner immediately.

14. In the event of a serious accident or injury where an ambulance or medical treatment is required, you are responsible for any costs that may be incurred.

15. Upon entering the facility, you acknowledge the practitioner and/or officials and/or others do not accept any liability for any accident, damage, injury or illness to you, any spectators, participants, or any other person or property whatsoever.

16. Knowing the potential inherent risks, you assume sole responsibility for any injury, death or property damage you may suffer as a result of your attendance and/or participation in this training.

17. For your own safety, and the safety of the horses, you will abstain from being under the influence of any recreational drugs or alcohol throughout your session. You understand that if it is deemed that you are under the influence of such drugs/alcohol by the Practitioner that your session will be cancelled, and you will still be liable for the cost of the session. Another session may be offered at the discretion of the Practitioner.

I _____
(Please print your full name)

consent to the terms and conditions of the above Agreement to Participate at **The Wagon Stop – Wellness Farm** equine assisted psychotherapy (EAP) / therapy sessions.

Dated:

(Signature)

(Witness name)

(Witness Signature)