



The Equine Healing Collaborative Welcome!

End-of-Life Care Packet

Hello and welcome to The Equine Healing Collaborative! We are happy to have you join us and hope your time here will be a valuable and healing experience. Regardless of your level of comfort or experience with horses, we have found that equines can be helpful in almost any situation. We hope you will experience peace and connection here.

During your time with us you will be asked to sign a release of information and bring it to your visit. If you are unable to print this form out, we will have blank copies onsite. Each member of your visiting party must complete their own copy of the form. If you have any questions or concerns regarding this form, please contact:

Jennifer Fenton LMFT @ 831-582-1017.

Visitor Name: _____

Guide Name: _____

Consent for End-of-Life Equine-Assisted Care

Welcome to The Equine Healing Collaborative! We hope you will enjoy your time with us and our equine partners. There is no riding in our program and all work takes place on the ground. This document contains important information about our services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

EQUINE-ASSISTED CARE

Equine-Assisted Care is a relationship between individuals and equines that works in part because of clearly defined rights and responsibilities held by each person. As a participant, you have certain rights and responsibilities that are important for you to understand.

End-of-Life Equine-Assisted Care comes with certain risks. Although every effort has been made to ensure that our equines are safe around individuals, they are large animals of prey and if they feel threatened or trapped will attempt to escape that threat (escape can include, pulling, running, kicking, jumping, or biting). It is imperative that you wear appropriate clothing (jeans and closed toed sturdy shoes) to every session. If at any time, you feel your safety is threatened by your equine partner, please let us know. Two basic areas to avoid are standing directly in front of or behind your equine partner. Our clinicians and horseman will remind you of these safety rules if needed.

The Equine Healing Collaborative relies on the generous allowance of space by the owners and operators of Vista Nadura, Flying Pig Ranch and Divine Equine Therapy. Vista Nadura, Flying Pig Ranch and Divine Equine Therapy also act as public boarding facilities and there are members of the public on the property at various times throughout the day. Guides will make every effort to guard your session by ensuring that your therapy session takes place away from the milieu of the barn, however, barn members have free access to all parts of the property. In the event that another barn member approaches your session, we will suspend the session temporarily and resume once we feel your confidentiality can be secured.

End-of-Life Equine-Assisted Care has both benefits and risks. Risks may include experiencing uncomfortable feelings, however, equine experiences have been shown to have benefits for individuals who undertake it. Equine experiences often lead to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen.

You should evaluate this information and make your own assessment about whether you feel comfortable working with The Equine Healing Collaborative. If you have questions about our procedures, please discuss them whenever they arise.

SESSIONS

Sessions will ordinarily be 60-120 minutes in duration for one time. They are scheduled and if a participant is more than 15 minutes late to their appointment, the session will be canceled.

EHC FEES

The Equine Healing Collaborative is a not-for-profit organization that offers End-of-Life Equine-Assisted Care sessions free of charge. Donations are appreciated and can be submitted online at equinehealing.org.

OTHER RIGHTS

If you are unhappy with your service, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You have the right to considerate, safe and respectful experience, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment.

CONSENT TO EQUINE EXPERIENCE

Your signature below indicates that you have read this Agreement and agree to their terms.

_____ Signature
of Participant or Guardian Signature of Participant (under the age of 18)

_____ (_____) _____ Printed

Name of Participant or Guardian (relationship) Printed Name of Participant (under the age of 18)

Date _____

The Equine Healing Collaborative Release of Liability

In exchange for participation in the activity of The Equine Experience organized by The Equine Healing Collaborative LLC and/or use of the property Vista Nadura (8767 Carmel Valley Road, Carmel, CA 93923), Flying Pig Ranch (10101 Equestrian Place, Salinas, CA 93907) and Divine Equine Therapy (505 Alfadel Lane, Soquel, CA 95073) all animals and staff of The Equine Healing Collaborative, services of The Equine Healing Collaborative LLC, I agree for myself and if applicable, for the members of my family to the following:

Agreement to follow directions. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by The Equine Healing Collaborative staff, agents, and/or volunteers.

Assumption of the risks and release. I recognize that there are inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge The Equine Healing Collaborative LLC, Vista Nadura, Divine Equine Therapy, Flying Pig Ranch and its owners and operators, loss or damage arising out of my or my family's use or presence upon the facilities used by The Equine Healing Collaborative LLC, whether caused by fault of myself, my family, the Equine Healing Collaborative LLC or any of The Equine Healing Collaborative's horses.

Indemnification. I agree to indemnify and defend The Equine Healing Collaborative LLC, Vista Nadura, Flying Pig Ranch and Divine Equine Therapy against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which many in any way arise from my or my family's use of or presence upon the facilities of The Equine Healing Collaborative LLC, Vista Nadura, Divine Equine Therapy.

Fees. I agree to pay for all damages to the facilities of The Equine Healing Collaborative LLC, Vista Nadura, Divine Equine Therapy, Flying Pig Ranch property caused by any negligent, reckless, or willful actions by me or my family.

Consent. I, _____ (name), _____ (child's name), consent to the participation of myself and/or child in the activity of Mindful Equine Assisted Psychotherapy and/or Course on Empathy, and agree, on behalf of the minor to all of the terms and condition of this agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of

_____ (child's name).

Medical Authorization. In the event of an injury to participant and/or above minor during the above described activities, I give my permission to The Equine Healing Collaborative LLC, or employees, volunteers, or other representative to arrange for all necessary medical treatment for which I will be financially responsible. This temporary authority will begin on _____ (today's date) and will remain in effect during the duration of my presence in The Equine Healing Collaborative's program. The Equine Healing Collaborative LLC shall have the following powers:

a. The power to seek appropriate medical treatment or attention on behalf of me or my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital; b. The power to authorize medical treatment or medical procedures in an emergency situation; and c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

Applicable Law. Any legal or equitable claim that may arise from participation in the above shall be resolved under California Law.

No Duress. I agree and acknowledge that I am under no pressure or duress to sign this agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this agreement if I should so desire.

Arbitration. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Printed Name _____ (Relationship) _____

Signature _____ (Date) _____

Emergency Contact _____ (Phone Number) _____