



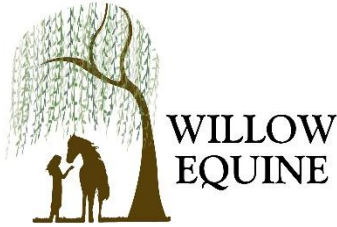
Dear Clients & Families,

Welcome to the farm! The model of personal development that *Willow Equine* uses is called *Eagala*, which is an international non-profit with a set of standards for professional excellence for equine assisted personal development. We work together to improve the quality of life and mental health of individuals, families and groups worldwide. *The Eagala Model* is a distinctive experiential framework designed to allow clients the latitude to discover, learn and grow from the horse-human relationship. Our four standards are:

1. Activities are ALL Ground Based ... No Riding and No Horse Experience Needed
2. Always a Team Approach ... Horses, a Licensed Mental Health Professional & an Equine Specialist
3. Solution-Oriented ... Sessions are future-focused, goal directed & seek solutions
4. We adhere to a Strict Code of Ethics

You will be exploring a personal, mental or spiritual goal through your ground-based interactions with horses. This is your time with the horses to heal, grow and reflect. Different interpretations will arise; you may discuss your personal experience or journal about what you saw, felt or questioned. There is no "specific way" and certainly no judgment while with the horses; we ask that you be open. During the sessions, we may step back and/or move around the fields to observe the horses, such as their shifts, patterns and unique behaviors. These observations maybe discussed with you afterwards during debrief. You oversee your own actions as the horses do the same. You need to do you stretching outside your comfort zone! That is when growth can take place. Please take a few moments to read the farm policies that we have in place:

1. *Willow Equine* attempts to maintain a very casual yet professional environment. Our hope is that clients feel comfortable in the natural setting. The services may occur in the barn, the pasture, or the woods so it is recommended that you dress accordingly. Equine assisted activities are not about horsemanship or riding so there is no specific attire required for the participants. We do insist that you wear closed-toe shoes such as sneakers, boots or casual shoes. Dress according to the weather. We host sessions all year around – rain or shine! It is your responsibility to cancel within 24 hours if the weather is a personal issue.
2. If you have no horse experience, you are perfect for equine assisted services!
3. Office hours for *Willow Equine* are by appointment only. For your safety and for the privacy of other clients, you may NOT visit during times other than your scheduled appointment. Please stay in your car until the treatment team comes and gets you. Drive slowly down our road and driveway.
4. We ask that you maintain your scheduled appointment time. A cancellation fee of \$125.00 will be charged for no shows or less than 24-hour notice.
5. You are NOT allowed in the barn, pasture or arena without one of our team members.
6. We ask that parents/guardians stay inside their vehicles during sessions unless invited into the session. Please do NOT watch the sessions.



Medical Information & Medical Consent

Client: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Emergency Contact: _____ Phone No: _____

Insurance Provider: _____
Policy Number: _____
Hospital Preference: _____

Please indicate below any conditions of which we need to be aware or of concern and provide a summary:

Medical/Mental Health Diagnosis: _____

Medications/Dosage: _____

Allergies: _____

By signing below, I certify all information to be complete and true to the best of my knowledge.

Emergency Medical Consent/Non-Consent

I, _____, hereby ___ do/___ do not grant authorization to representatives of *Willow Equine* and medical personnel (EMT's, Emergency Room physicians, etc.) to provide lifesaving medical care to me should the need arise while participating in equine-assisted activities and/or psychotherapy.

Name of Client: _____ DOB: _____

Signature of Client: _____ Date: _____



Release of Liability

In consideration of the services of Willow Equine (Katherine Stankiewicz, Maria Russell, LCMHCS, Mary P. Kinken, D.Min, Julia Rose, LCMHC-A, Jennifer Roach, LCMHC, Ashton Burdick, LCMHC, Hunter Adams, MFT-A, Laura Finney, LCMHC-A, and/or Lora Newman, LPC) at Heritage Hill Farm, LLC (owned by Jimmy & Palmie Freeze and all Equine Owners/Boarders) (hereinafter collectively referred to as "WE at HHF"), I hereby agree to release, indemnify, and discharge WE at HHF, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge that WE at HHF only offers the EAGALA model psychotherapy and psycho-educational sessions. I also acknowledge that horseback riding, caring for horses, and all therapeutic and learning / self-discovery activities involving horses entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: loss of control, collisions, horses, irrespective of their previous behavior and characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by handler, latent or apparent defects or conditions in equipment, animals or property, acts of other participants in this activity, adverse weather conditions, contact with plants, insects, or animals; my own physical conditions or my own acts or omissions the conditions of remote roads, trails, waterways, or terrain, and accidents connected with their use, first-aid, emergency treatment or other services rendered, consumption of food and drink.

Furthermore, WE at HHF seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate despite the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless WE at HHF from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of WE at HHF equipment or contracted facilities, including any such claims which allege negligent acts or omissions of WE at HHF.

Should WE at HHF or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit against WE at HHF, I agree to do so solely in the state of North Carolina, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of laws rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and in effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against WE at HHF on the basis of any claim form which I have released them herein.

I also grant permission to the rights of my image, and likeness any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

I have had enough opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature: _____ Date: _____

Client: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone No: _____

Under North Carolina law, an equine activity sponsor, or equine professional, is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.

Chapter 99E of the North Carolina General Statutes