



Jan Watson M.A. LPC and P.A.T.H. CTRI: Contact Info: Office: 662-336-4411

janwatson@choicescreativetherapy.com

www.choicescreativetherapy.com

Equine-Assisted Learning and Therapy!

Therapy with horses! Choices Creative Therapy, LLC, seasonally offers **qualified clients' sessions with the equine herd. As a certified P.A.T.H. (Professional Association of Therapeutic Horsemanship) Instructor as well as a Licensed Professional Counselor, I have had extensive experience working with clients and horses. This unique experience offers time with the horse and therapist in an environment that doesn't resemble a counselor's office. I have worked with children, women who have experienced trauma, families, and couples. Over the years, I have observed and experienced that my clients that spend time with horses in therapy have "aha" moments that might take weeks in therapy to discover. The horses have a special something that increases self-confidence, fosters reactions, encourages conversations, discovers personality traits, uncovers struggles, and leads to heart felt talks that might not take place in other settings. Horses reflect whoever is working with them and they do not judge. They are truly a gift from God that aid in healing hearts. (**There are contraindications when considering clients for this type of therapy.) For more information concerning Equine Assisted-Therapy see contact information above!

Participant Application

Name: _____ DOB: ____/____/____

Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Parent/Legal Guardian/Caretaker (if a minor) _____

Address (if different) _____

Telephone: _____

Health History

Please circle any current or past special needs in the following areas:

- | | |
|---------------|--------------------------------------|
| Vision | Circulation |
| Hearing | Emotional/Mental Health Behavioral |
| Sensation | Pain Bone/Joint Muscular |
| Communication | Thinking/Cognition |
| Heart | Allergies |
| Breathing | Fear/Aversion to animals |
| Digestion | Difficulty with hot/cold temperature |
| Elimination | |

Medications: _____

Goals (Why are you applying to participate? What would you like to accomplish?)

Photo Release (mark one below please)

I Do ___

I Do Not ___

Grant to Choices Creative Therapy LLC, the right to use the likeness of or take photographs, videos, and or voice recordings of myself or my son/daughter/ward
(name) _____

Signature: _____ Date: _____

Authorization and Consent for Emergency Medical Treatment- Page 1 of 2

Name _____ DOB: _____ Phone: _____

Address: _____ City _____ St _____ Zip _____

Physician: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Insurance ID # _____

Allergies to any Medications: _____ Yes _____ No

If yes, which medications: _____

Medications Currently taking: _____

Ongoing medical conditions: _____

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of Choices Creative Therapy, LLC, I (participant, or if minor, parents/guardians) hereby grant permission to and authorize the staff or organization's representatives to:

_____ 1. Secure and retain prompt medical treatment and transportation for the person named above in the event of any perceived medical emergency; and

_____ 2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment as required.

In Case of Emergency, contact:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Authorization and Consent for Emergency Medical Treatment- Page 2 of 2

(Recommended) Consent Plan: This authorization includes X-ray, surgery, hospitalization, medication, and any treatment procedure deemed “life-saving” by the physician. This provision will only be invoked if the emergency contact(s) above is unable to be reached.

Signature: _____ Date: _____
Participant/Parent/Legal Guardian/Caretaker

OR:

(Not Recommended) Non-Consent Plan: I DO NOT give consent for emergency medical treatment/aid for myself/my child in the case of illness or injury while on the premises of Choices Creative Therapy, LLC.

- Parent or legal guardian will always remain on-site during all activities.
- In the circumstance that I am on site in violation of Choices Creative Therapy, LLC policy, I will be financially responsible for any emergency treatment. In the event emergency treatment/aid is required, I wish the following procedure(s) to take place:

Signature: _____ Date: _____
Participant/Parent/Legal Guardian/Caretake

Release of Liability – Page 1 of 2

Name of Participant: _____

Under Mississippi law, an equine activity sponsor, or equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities. Inherent risks of equine activities mean those dangers or conditions that are an integral part of engaging in an equine activity, including, but not limited to, the possibility of an equine behaving in ways that may result in injury, harm, or death to persons on or around them and/or the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons or other animals. **Initial here:** _____

I recognize that horseback riding, assisting in riding lessons, caring for and being in the near vicinity of horses, are high risk activities that can result in mortal or serious injury and/or property loss both to my person and my property, as well as the person or property of others. I understand that various forms of livestock and animals may be present in the immediate vicinity or on the campus at large. **Initial here:** _____

I hereby agree that my involvement in such activities and/or my presence at Choices Creative Therapy, LLC, is at my own risk, and that I hereby assume full responsibility for, any death or bodily injury to myself or others, and damage or destruction of my property or the property of others and maintain the right to decline any activity in which I do not feel comfortable or safe participating in. My responsibility includes, but is not limited to, (1) payment of medical costs for myself and others that I may have injured, (ii) costs to replace my own property or the property of others that I may have lost, destroyed, or damaged, and (iii) damages for other non-medical and non-property items such as pain and suffering and lost wages.

Initial here: _____

I acknowledge that Choices Creative Therapy, LLC requires me to wear a safety helmet while riding. I understand and acknowledge that the risk for head injuries and death is significantly reduced by wearing appropriate headgear. I hereby release, waive, and discharge Choices Creative Therapy, LLC, against all claims that I may have now or in the future for damages resulting from my failure to wear headgear while riding or participating in equine activities on the premises of Choices Creative Therapy. **Initial here:** _____

I hereby release, waive and discharge Choices Creative Therapy, LLC, from any and all liability or claims for damages arising directly or indirectly out of my participation in such activities and/or my presence on the Choices Creative Therapy, LLC premises (including cost and attorney fees), including but not limited to death, bodily injury, or damage to property, regardless of whether or not liability is premised on negligent actions or omissions of such released parties or otherwise. **Initial here:** _____

Release of Liability – Page 2 of 3

I hereby agree to indemnify and hold harmless Choices Creative Therapy, LLC, from any and all suits, demands, actions, losses, liabilities, costs and/or expenses, including attorney’s fees, and claims of any type occasioned by, attributable to or otherwise arising out of my involvement in such activities and/or my presence at such facility, for which activities and presence I have duly assumed the risk and for which I am responsible, and for any actions brought by my guests or invitees which may be present on the premises. **Initial here:** _____

I agree that this Release of Liability shall be binding on my personal representatives, heirs and assigns. **Initial here:** _____

This Release of Liability shall be governed by and construed in accordance with the laws of the State of Mississippi, and I hereby submit to the jurisdiction of the courts of the State of Mississippi, and venue shall be in the courts of Panola County, Mississippi.

Initial here: _____

I recognize that, as an adult over the age of 21, I have the right to decline wearing a helmet while participating in certain activities hosted by or associated with Choices Creative Therapy, LLC,. Wearing a helmet during these activities, such as groundwork with an equine, is not required for adults, but is highly recommended. All participants under the age of 21, or those considered unable to make a just decision concerning their mental or physical well-being, are required to wear a helmet at all times during a mounted session. Participants over the age of 21 that wish to decline wearing a helmet must be observed by a member of the staff and approved to do so, prior to engaging in activities without proper protection.

Initial if you have met the above criteria and are declining wearing a helmet and waiving all rights to sue, as mentioned in the covenants above, in the event of an injury while not wearing proper protective equipment. **Initial here:** _____

Choices Creative Therapy LLC, Staff Approval (Signature)_____

I have read this agreement and fully understand and agree to comply with its contents.

Initial here: _____

Signature: _____ **Date:** _____

Participant/Parent/Legal Guardian/Caretaker

Printed Name: _____

Participant/Parent/Legal Guardian/Caretaker

Release of Liability – Page 3 of 3**MINORS:**

The undersigned declares that the undersigned is the parent or legal guardian of the minor first named above as "Participant." The undersigned has read the foregoing Release of Liability, and in consideration of Choices Creative Therapy, LLC, allowing the named minor onto its premises and/or allowing such minor to participate in equine activities, the undersigned hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding on the undersigned as to such minor and on such minor.

If under 18, signature of both parents (if applicable), or legal guardian is required.

Signature: _____ **Date:** _____

Participant/Parent/Legal Guardian/Caretaker

Printed Name: _____

Participant/Parent/Legal Guardian/Caretaker

Signature: _____ **Date:** _____

Participant/Parent/Legal Guardian/Caretaker

Printed Name: _____

Participant/Parent/Legal Guardian/Caretaker

Policies, Procedures, and Campus Rules – Page 1 of 3

Choices Creative Therapy, LLC offers an array of various session types, horsemanship disciplines, and goals. To better serve our participants and their families, please read the following policies, procedures, and campus rules:

General

- All persons that will be in direct contact with a horse and/or on the property must fill out a liability release form. If under 18 years old, this must be filled out by a parent or legal guardian.
- Tobacco use is not allowed anywhere on the property.
- No pets allowed on the grounds, with the exception of a service animal (please inform us before their arrival).
- Participants and guests should be escorted by a Choices Creative Therapy staff member or volunteer when visiting the stalls, wash rack areas, or migrating between activity areas of the campus. Escorts are required at all times!
- Participants and guests are only allowed in the barn and arena. All other areas are strictly off-limits.
- Do not feed the horses or any other animals. All animals bite and can kick.
- All children/siblings must be supervised at all times while on the premises.
- No climbing on fences or gates.
- Do not take video or photos of any child/ward other than your own.
- Please pick up after yourself and your guests.
- Do not park in an area that might inhibit activities or block access areas, such as gates and doors.
- Please remember that you are a guest at our facility; therefore, respect our property, staff, volunteers, animals and other guests. Loud, rude, obnoxious, or otherwise inappropriate behavior will result in immediate expulsion from the campus for an amount of time to be determined thereafter by the staff.
- Personal issues or complaints should be discussed in private with staff or wait until you can reach your therapist or instructor by phone.

Policies, Procedures, and Campus Rules – Page 2 of 3

Absentees

- For planned absences, please advise your instructor at least one week in advance. We will make every effort to schedule a make-up lesson, but it is not guaranteed.
- For unscheduled absences, please call the center at (662) 336-4411, and leave a voicemail with your information and justification if there is no answer. We require 24 hours advanced notice. If no call or voicemail is received, the lesson will still be charged and expected to be paid for.

Attire

- Appropriate riding attire is highly recommended. Jeans or pants are appropriate, as well as boots or shoes with a heel (no sandals or slides). Shorts are discouraged to ensure the comfort of the participant during riding.
- Closed-toe shoes are required to be worn while on the property. This includes bystanders, parents, and family members.
- If you own an approved (SEI) equestrian riding helmet, please bring it. If not, we have many that are available to be borrowed for your session. Bike helmets are not acceptable, as they do not afford adequate protection. For riders with special needs that may require an alternative helmet, speak with your therapist or instructor for specific approval and fitting

Sessions

- Arrive at least ten minutes early to appointment.
- Hydrate before, during, and after all sessions. Please bring bottled water with you for each session.
- All sessions must be purchased in advance and can be paid upon arrival to appointment via cash, check, or credit card.
- Payments are to be made to Choices Creative Therapy, LLC. If other entities are required during the session, such as a licensed counselor, payment arrangements will be made to accommodate all parties involved.
- Sessions must be scheduled in advance and require at least 24 hours' notice.
- Make-up sessions are based on availability and are not guaranteed.

Policies, Procedures, and Campus Rules – Page 3 of 3

Weather

Choices Creative Therapy considers the various local weather patterns and acts accordingly. Please be advised that extreme weather conditions are always a possibility and can appear unexpectedly. All below policies are at the discretion of the center and staff:

- Choices Creative Therapy will not offer sessions during extreme hot and cold temperatures.
- The thresholds for cancelling sessions are above 90 degrees heat index and below 45 degrees. Humidity will be a determining factor in either of these.
- Lesson plans can and will be altered for inclement or extreme weather, in which the existing plan is no longer considered safe or achievable.

Choices Creative Therapy will contact all participants in the event of a session cancellation. If no contact has been made by the center to the participant, the session will remain as scheduled.

In Case of Emergency

Should an incident occur, such as a participant falling out of the saddle, please remain quiet and still. Creating commotion may cause other animals or horses to get upset. The instructor will assess the situation and direct accordingly. Parents/guardians, if your presence is required, the instructor will call you into the ring as soon as an initial assessment has been completed. Please proceed calmly to the participant. If there are no substantial injuries, the activities will resume.

Notice to Participants

Activities offered by Choices Creative Therapy, LLC are available to all persons without regard to race, color, sex, national origin, creed, or ability. In compliance with the Americans with Disabilities Act of 1990, we will make all reasonable efforts to accommodate participants with disabilities. All activities involve some risk of accident or injury. Choices Creative Therapy, LLC reserves the right to deny services to anyone should they be a danger to themselves or others. I have read and agree to the commitment agreement as outlined above.

Signature: _____ **Date:** _____

Participant/Parent/Legal Guardian/Caretaker

Printed Name: _____

Participant/Parent/Legal Guardian/Caretaker