

Connect Uniequus Coaching Agreement

Please review, adjust, sign where indicated, and return with signed indemnity agreement and information sheet prior to the first session.

NAME _____

NAME OF MINOR(S) _____

INITIAL TERM ____ WEEKS, FROM _____ THROUGH _____

FEE \$_____ PER MONTH / WEEK / FOR THE PROJECT (circle)

SESSION DAY _____ SESSION TIME _____

DURATION _____ (length of scheduled session)

REFERRED BY: _____

AGREEMENT

1. I understand that coaching does not involve the diagnosis or treatment of disorders as defined by the American Psychiatric Association. I understand that the coaching services I will be receiving from my Coach are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat or cure any mental health or medical conditions. I also understand that my Coach is not acting as a mental health counsellor or a medical professional.
2. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during sessions, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.
3. I understand that "coaching" is a professional-client relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.

PRIVACY

I understand that my Coach will protect my information as confidential unless I state otherwise in writing. If I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken and my confidentiality agreement limited in this capacity. Furthermore, if my Coach is ordered by a court to provide information or to testify, they will do so to the extent of that the law requires.

CANCELLATION

Cancellation with refund requires 72-hour notice.

Reschedule: If a scheduled session is cancelled within 24 hours' notice, it may be rescheduled within the same Monday to Sunday week. During most weeks, rescheduling will be possible; however, the client might have to select a date and time that is not their first choice.

RECOMENDATIONS

If currently in therapy or otherwise under the care of a mental health professional, clients are recommended to consult with their mental health care provider regarding the advisability of working with an equine assisted learning coach and to make this person aware of your decision to proceed with the coaching relationship.

I have read and agree to the above.

_____ Client Signature

Date:

_____ Taylor Ormiston
Connect Uniequus

Date:

CONNECT UNIEQUUS
NEW CLIENT INFORMATION PACKAGE

Type of Equine Assisted Learning I am interested in (check all that apply).

- Child or Youth
- Youth at Risk
- Developmentally Delayed / Learning Disability
- Holistic Healing / Wellness
- Personal Development
- Professional Development
- Corporate

Please identify your goals for Equine Assisted Learning

Please rate your comfort level around horses

1 (totally afraid)

(totally comfortable) 10

Please describe your past experiences with horses

CONNECT UNIEQUUS
CLIENT INFORMATION PACKAGE

Clients Name: _____

Parent/Legal Guardian's Name (if under 18): _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

MEDICAL HISTORY & EMERGENCY CONTACT

Age: _____ DOB: _____ Height: _____ Weight: _____

Tetanus Shot: Yes ___ date: _____ No ___

Are you currently taking any medication you feel Connect Uniequus should be aware of?

If yes, please explain: _____

Please check any medical issues: if 'yes please explain under comments.

Auditory ___ Visual ___ Speech ___ Cardiac ___ Circulatory ___ Pulmonary ___

Neurological ___ Muscular ___ Orthopaedic ___ Allergies ___ Asthma ___

Learning Disability ___ Psychological Imp. ___ Diabetes ___

Comments: _____

1st Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

2nd Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

CONNECT UNIEQUUS

WAIVER AND INFORMED CONSENT TO PARTICIPATE IN Equine Assisted Learning Activities

ASSUMPTION OF RISK

Equine activity is inherently dangerous and equines have: a) the propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them; b) the unpredictability of the animal's reaction to outside stimulation such as sounds, sudden movement, and unfamiliar objects, persons or other animals; c) collisions with other animals or objects; d) or the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. An equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Upon participating in activities conducted by Connect Uniequus, its principles, their employees, volunteers or contractors, (the Provider) I agree to abide by all rules and procedures. I understand that by signing this document I waive certain legal rights including the right to sue.

I, the undersigned, give Connect Uniequus permission to have a physician tend to me should it be considered necessary. It is understood that Connect Uniequus and its staff are not responsible for the cost of medical care or any other associated expenses. I am aware that the programs and activities that I am undertaking constitutes a course undertaken at the sole discretion of the undersigned

It is my intention and desire to participate in Equine Assisted Learning activities including but not limited to horse-handling, riding, or being present at equestrian activities as an observer or other activity related, however slight to equestrian activities involved in Equine Assisted Learning. I hereby acknowledge that I am fully aware of the nature, purpose and risks of equine activities of EAL. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any of the inherent risks involved.

Please read and initial the following (if participant is a minor, initials from participant and legal guardian are required):

_____ I understand that I will be participating in activities in a working agricultural environment. I will be outdoors and will prepare and maintain myself in regards to weather, natural environment and being in the presence of large and small animals.

_____ I will not interact or engage with any animal in a manner that is outside my expertise without the immediate presence of my coach. I will not involve myself with animals our equipment that are outside the session, including other penned or loose animals, wild animals, trailers, tractors, out-buildings, barns, or other equipment.

_____ I will wear clothing that is appropriate for the environment, both facility and weather, including shoes that have both closed toes and closed heels.

_____ I assume all risk that is inherent by being in a rural or farm environment, including but not limited to damages or harm to property or person, both in interaction with animals and the natural environment.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND/OR REPRESENTATIVES MAY HAVE AGAINST THE PROVIDER.

Participant (s)

Print Name _____ Signature _____

Print Name _____ Signature _____

Name of Minors: _____

Signed this _____ day of _____ 20____, at _____ Prov _____

Witness

Print Name _____ Signature _____

CONNECT UNIEQUUS PHOTO RELEASE FORM

I hereby grant CONNECT UNIEQUUS permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of CONNECT UNIEQUUS and will not be returned.

I hereby irrevocably authorize CONNECT UNIEQUUS to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any 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 the photo.

I hereby hold harmless, release, and forever discharge CONNECT UNIEQUUS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

Name	Signature	Date

Guardian Signature (if under 18)

Name	Signature	Date