



## *Challenge Unlimited*

at  
Ironstone Farm

Re: Equine Encounter Retreats for Cancer Survivors

Dear Participant:

Thank you very much for expressing interest in participating in one of the upcoming retreats for cancer survivors. The Retreat is a very special day and we look forward to meeting you. Enclosed is your Registration Packet. Please be sure to indicate which retreat date you are signing up for when you return the forms. It is extremely important that you complete the forms and send them all within one week of receipt. Once we receive all of the completed forms, we will confirm that you are registered to participate in a retreat.

Enclosed with this letter is a list of frequently asked questions. If you still have questions after reading the materials, please do not hesitate to contact me. We understand that you may change your mind about participating. If so, kindly contact me as soon as you know as we do have a wait list. We have limited openings and want everyone to be able to participate! Of course, we understand that you plan to participate; on the day of the retreat you may not feel up to participating. In that case please call me as soon as you determine you are unable to attend. The retreat starts at 10:00 a.m. with registration between 9:30 and 10:00 a.m. (you do not need to arrive any earlier than 9:30) and is held rain or shine. We will strive to begin right at 10:00 and end promptly at 4:30 p.m.

Please do not hesitate to contact me if you have *any* questions or concerns. We look forward to meeting you!

Thank you,

Paulina Brunelle  
Ironstone Farm

450 Lowell Street Andover , Massachusetts 01810 Office: 978-475-4056 Fax:978-475-4046  
Email: [programs@challengeunlimited.org](mailto:programs@challengeunlimited.org) Website: [www.ironstonefarm.org](http://www.ironstonefarm.org)

Challenge Unlimited is a nonprofit organization, and it maintains a policy of nondiscrimination regarding student admissions and staff employment.



# Checklist

## Before the Retreat:

- ✓ Complete the following forms and return the original forms to Ironstone Farm within a week of receipt. Your participation is not confirmed until we receive all forms back and registration will be on a first received back basis. These forms are needed:
  - Registration form • Self-reporting medical form • Assumption of Risks and Liability Release form •
- ✓ Review the materials in the information packet
- ✓ **Giveaway Item:** Select something that you are *willing to give away* to another participant that is symbolic or has helped you on your journey of health and healing. Examples of giveaway items: a book, article, poem, or passage, a printed recipe of a favorite recipe you enjoyed, a memento, songs on a CD that inspired you, a photo of encouragement or support, a page from a diary, or something that made you smile every time you looked at it. This will be part of the wrap up of the day!

## At the Retreat:

- ✓ Wear sturdy shoes or sneakers & long pants
- ✓ Depending on weather, bring a hat and sunscreen, or a rain coat. You might also want to bring insect repellent. (See Frequently Asked Questions for other ideas of what to bring)
- ✓ We will be providing light snacks, hot and cold drinks, and lunch. If you have special dietary requirements, you may want to bring your own snacks.
- ✓ Be ready for a unique and meaningful experience!
- ✓ Bring your Giveaway item

If you have any questions, please contact Paulina Brunelle at Ironstone Farm at 978.475.4056.

Please return all registration forms within one week of receipt (by mail, fax, or as scanned documents). Registration is not complete until you receive confirmation that all information has been received. Space is limited.

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Email: [programs@challengeunlimited.org](mailto:programs@challengeunlimited.org) Website: IronstoneFarm.org



## Frequently Asked Questions

- ✓ *Do I need to have horse experience?* Horse experience is not required for this Retreat.
- ✓ *What type of footwear is recommended?* Appropriate footwear is required as you will be working around and with horses. We recommend that you wear sneakers or boots, particularly if you choose to participate in the riding session. To participate, you cannot wear sandals, flip flops, crocs, slides, mules, open toed or open backed shoes.
- ✓ *What happens if it rains?* The Retreat is rain or shine! There is a large indoor arena & a small indoor building available for part of the program. However, you will be outside for some of the program so we recommend you bring a hat and rain coat (please, no ponchos!). Please note that umbrellas are not allowed on the farm.
- ✓ *What should I wear?* Dress comfortably! We recommend you bring a hat and sunscreen for sun protection, and wear long sleeves /long pants if you are susceptible to sunburn.
- ✓ *What else should I bring?* Insect repellent is a good idea. We will be providing snacks, hot & cold drinks and lunch. However, if you require specific food /drink items, you may want to supplement what Equine Encounter will provide. There will be an area to leave snacks, coolers, and other personal items.
- ✓ *Are there restrooms?* Ironstone Farm has portable restrooms, including a handicap accessible portable restroom.
- ✓ *Are there scheduled breaks?* Yes, there are planned breaks as well as lunch. If you need to take a break at an unscheduled time or a longer break than the scheduled time, please ask a staff member to direct you to an area where you may sit and relax. Portable chairs will be provided all day so anytime you need a break, a chair will be available for you.
- ✓ *I don't think I want to ride a horse. Do I have to?* You will have the opportunity, if you choose & are eligible, to ride a horse in a supportive environment in the afternoon. This Retreat is about you! Many individuals not sure about riding do want to try after working with horses in the Retreat.
- ✓ *Why do I have to disclose my height and weight?* It is important to match the height and weight of the rider with a horse if there is a riding component. There are weight restrictions for all of our horses. Generally, 200 lbs is the maximum for riding, with a limited exception for weight up to 225 lbs. A participant whose weight exceeds the limit may still actively participate in the Retreat, but not the mounted component, which is just one component of the day.  
**The Retreat is not a riding program.**
- ✓ *Who is leading the Retreat?* The Retreats will be led by facilitators that specialize in equine facilitated learning. They will be assisted by trained horse handlers, some of whom are licensed horseback riding instructors that are CPR and first-aid certified. The Retreat will be held at Ironstone Farm in Andover, MA.
- ✓ *What is Ironstone Farm?* Ironstone Farm is a working farm that is home to two nonprofit organizations – Challenge Unlimited, Inc. and Ironstone Therapy, Inc. Both programs work with individuals with disabilities. Staff consists of licensed physical and occupational therapists and licensed riding instructors, trained in therapeutic riding. Currently, programs provide services to over 450 individuals weekly, year round, from Massachusetts and southern New Hampshire. We have a wonderful herd of horses that work for us. We started offering cancer Retreats in 2009 initially with the Zakim Center for Integrative Therapies at Dana-Farber Cancer Institute.
- ✓ *Do I need to stay for the entire session?* To receive the most benefit from this Retreat, we do hope that you can participate for the entire session. However, we understand that you may need to stop earlier if your health /stamina

prevents you from completing the program. Please assist us by completing the evaluation form to the extent of your participation.

- ✓ *What happens after the Retreat is over?* Please complete the evaluation form candidly. Your participation and feedback will help us know if this is a valuable experience for you. If you are interested in receiving information about future programs, please note such on the evaluation form.
- ✓ *What if I register but then determine that I cannot participate?* As soon as you know you are unable to participate please call us; we do have a wait list for this Retreat and we might be able to include another participant. If you determine you need to cancel, please call Ironstone Farm at 978.475.4056 and ask for Paulina Brunelle or leave a message that you need to cancel. We do understand that circumstances beyond your control may occur.
- ✓ *What is the cost to participate?* This Retreat is free of charge to all participants due to the generosity of donors. It is limited to 8-10 participants, thus, if you decide that you are unable to attend, kindly let us know immediately so that someone else will have the opportunity to complete the registration materials and attend.
- ✓ *Is this Retreat open to anyone?* This Retreat is for adults with cancer or adult cancer survivors.
- ✓ *Are there any medical restrictions?* Ironstone Farm is a working farm. There is dust, dirt, and dander which may not be appropriate for you. To participate in this Retreat, you must complete the self-reporting form. If you are unsure about the appropriateness of any activities, we strongly recommend that you confer with your physician. Some participants participate in all activities but not the horseback riding.
- ✓ *Why is there a Photo Release?* The Photo Release is optional. To date we have taken photos to promote these Retreats and show both the need & the success of the program to area hospitals and donors. At each Retreat most participants want their photos taken with “their” horse. Without a photo release we cannot honor your request. Please do not use your own phone /camera. It is disruptive to the group and the process when individuals stop to take photos. We will email you your photos!

*We look forward to seeing you!*

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## Registration Form (first to register basis)

Please arrive between 9:30 and 9:45 so that we may start promptly at 10:00.

Name: \_\_\_\_\_.

Address: \_\_\_\_\_.

\_\_\_\_\_.

Phone Number(s): \_\_\_\_\_.

E-mail: \_\_\_\_\_.

Best way to reach you: \_\_\_\_\_.

Emergency Contact Name & Phone #: \_\_\_\_\_.

*How did you hear about this Retreat:* \_\_\_\_\_.

*What drew you to participate in this Retreat?* \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

*Is there anything about yourself that we should know or that you would like to share that might be helpful to us in planning your workshop? Please share your cancer diagnosis as well as where you are at with treatment (done, not started, in treatment (and the type)).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

*Do you have any personal expectations for this retreat? If so, please share!*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

*Dietary Restrictions (vegan, vegetarian, gluten-free, peanut, etc.)* \_\_\_\_\_.

\_\_\_\_\_.

\*This registration form and all other forms in this packet, must be returned by the deadlines to be confirmed in the Retreat. **Ironstone Farm, 450 Lowell St., Andover, MA 01810.**

**Attn: Silvia Dieckow 978.475.4056 (t). 978.475.4046 (f). [programs@challengeunlimited.org](mailto:programs@challengeunlimited.org).**

**Emergency Authorization, Assumption of Risks & Liability Release Form  
Challenge Unlimited, Inc., Ironstone Therapy, Inc. & Ironstone Farm**

**PLEASE READ BOTH SIDES OF THIS AGREEMENT  
SIGNATURE REQUIRED ON THE REVERSE**

\*Client Name: \_\_\_\_\_ \*Gender: M  F  \*DOB: \_\_\_\_\_ \*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_

The Client (myself, child/ward) DOES  or DOES NOT  have a diagnosis or disability\*. \*Required Fields

Client Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Client Email: \_\_\_\_\_

Client Cell Phone: \_\_\_\_\_ Preferred Contact with phone: \_\_\_\_\_

Parent 1  Spouse  Guardian  Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent 2  Spouse  Guardian  Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent 1  Spouse  Guardian  Email: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

Or: Group Home Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name & Phone# of Employer (Client): \_\_\_\_\_

Name & Phone# of Employer (Parent 1  Spouse ): \_\_\_\_\_

Name of Phone # of Employer (Parent 2) \_\_\_\_\_

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**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person (s) responsible for payment arrangements: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Third party payer contact name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Describe any medical condition or allergy requiring special precautions, and any medication and dosage:

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**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

**Inherent Risk / Assumption of Risks.** I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

**Emergency Authorization, Assumption of Risks & Liability Release Form**  
**Challenge Unlimited, Inc., Ironstone Therapy, Inc., & Ironstone Farm**

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**Liability Release.** I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

**\*\*\*WARNING\*\*\***

Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.

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**In case of a medical emergency, efforts will be made to notify parent(s)/guardian(s). In the event that parent(s)/guardian(s) cannot be reached, the undersigned authorizes Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm, to provide such medical assistance as they determine to be necessary.**

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending a receipt of specific consent from the undersigned.

**Weight Limits.** Weight limits are important for the safety and wellbeing of both horses and riders. Please be accurate when disclosing the client's current weight on our registration form. Limits are: 200 lbs. for ponies and smaller horses and 225 lbs. for larger horses. Notwithstanding the above, Management reserves the right to adjust program options and/or to restrict client participation based on weight and weight distribution.

**Photo Release:** I/We hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.  Opt out: No, I do not consent. \_\_\_\_\_

I would  would not  be willing/able to assist with my child's/ward's lesson if additional staff/volunteers are not available. (Please check one)

**I/We represent that I/We have read this entire agreement (consisting of two pages) and in particular the sections labeled Inherent Risk/Assumption of Risks, Liability Release and Warning. I/We also represent that I/We have read and understand the Policies, Procedures and Safety Regulations for the Programs held at Ironstone Farm.**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** (Parent/Guardian must sign for all clients under the age of 18).

**Challenge Unlimited, Inc. at Ironstone Farm  
Self-Reporting Form for Competent Adults**

Please complete this form, verify accuracy, sign and date it. This information assists us in planning an appropriate lesson, program, or retreat, as applicable.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Disability and/or Diagnosis (if applicable, please describe and continue, if not applicable state N/A and sign):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

General Physical Condition:  Fair  Good  Excellent

Date of Last Tetanus: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Have you been treated by a Physician in the past 12 months?  Yes  No

If yes, why?

\_\_\_\_\_  
\_\_\_\_\_

Medications: (dosage, frequency, reason):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require Assistive Devices:  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Endurance Level:  Good  Poor  Decreases with Activity

Are you independent with mobility?  Yes  No

Are you independent with daily living?  Yes  No

Extremity Strength  
 Good  Fair  Poor  Absent

Extremity Range of Motion  
 Good  Fair  Poor  Absent

Do you have any chronic conditions?

- Diabetes       Circulatory Problems       Seizures       Asthma       Epilepsy  
 Spasticity       Heart Condition       Autonomic Dysreflexia       High Blood Pressure  
 Sensory Loss       Other: \_\_\_\_\_

Do you have any behavior or general attitudes that interfere?

- Low Frustration Tolerance       Inability to follow directions       Hostility       Anxiety  
 Confusion       Difficulty Problem Solving       Limited Attention  
 Difficulty Sequencing       Distractibility       Memory Loss  
 Impulsivity       Other: \_\_\_\_\_

Please explain any of the above that you checked:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**By signing below you acknowledge that you understand that horseback riding or participating on this farm in an equine-related activity involves inherent risks that horseback riding may not be appropriate for your current physical or mental condition, and that participation is your choice. You also agree that you are 18 yrs. of age or older and you are mentally competent to read, understand and complete this form.**

\*\*\*\*\*

Completed by (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you feel that your participation in the program at Ironstone Farm will be more beneficial to you with the input of your physician, please feel free to share this form with him/her. If you would like the staff at Ironstone Farm to contact your physician for further information, please fill out the form below:

I, \_\_\_\_\_, give permission to my doctor (named below) to share information about my health and physical condition as it may pertain to horseback riding and/or equine-related activities at Ironstone Farm.

Physician Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_