



## Equine Assisted Learning Informed Consent

Participant's Name (Please Print): \_\_\_\_\_

Hope Meadows Foundation, at their contracted barns/equine centers, is providing services of Equine Assisted Learning (EAL). EAL incorporates horses experientially for growth and learning. EAL incorporates horses experientially for growth and learning. It is a collaborative effort between a mental health professional, horse professional, and other specialized professionals (Professional Team) working with the Group/Leaders/Corporations (Participants) and horses to address learning goals. EAL Participants learn about themselves and others by participating in activities with the horses, and then processing or discussing thoughts, beliefs, behaviors, and patterns. Horses are sensitive to non-verbal communication and respond to what messages the participant(s) give them in the moment. These responses give the Participants and the Professional Team information that brings awareness of current patterns and motivates change to new ones.

The Professional Team is comprised of a Mental Health Professional, Equine Specialist (ES) and selected horses. Each Mental Health Professional is licensed by the Counselor, Social Worker and Marriage Family Therapist Board of Ohio and is interested in the overall emotional well-being of the Participants. All clinicians who are not independently licensed are under supervision and he/she will be sharing information from your EAL experience with his/her supervisor to ensure you are receiving the best care possible. You may meet or speak with a supervisor if you so desire. **Please Note:** *An EAL experience **DOES NOT** provide individual or group therapy, the Mental Health Professional is there to ensure the emotional safety of the Participants and to make referrals for individual or group therapy when appropriate.* The ES has proven experience and demonstrable comfort with horses as well as an overall knowledge of equine communication. The ES uses these skills and knowledge to contribute observations, partner in creating EAL activities, and ensure equine safety. The ES selects the horse(s) to be used during an EAL experience based on including but not limited to: the answers provided to a pre-EAL experience questionnaire, the learning goals of the Participant(s), and the number of Participant(s). It is understood that all efforts will be made for you to work with the same Professional Team for all your all your EAL experiences. If circumstances are that one member of the Professional Team is unable to be part of EAL experience the Participant(s) will be notified.

General skills utilized and developed during an Individual, Group, Corporate, & Leadership Training EAL experience include, but are not limited to: non-verbal communication, assertiveness, creative thinking and problem solving, leadership, work, taking responsibility, teamwork and relationships, confidence and attitude. EAL is experiential which allows the Participant(s) to learn about themselves and others by participating in the EAL experience. Possible risks associated with EAL include, but are not limited to: a temporary increase in stress and emotional arousal due to the focus on problem areas and the possibility of personal issues arising. EAL also involves the use of horses, whose nature can be somewhat unpredictable. Although the Professional Team will make every effort to ensure the safety of the Participant(s), physical harm is possible due to the actions of the horses.

I understand that learning the Principles of EAL does not permit me to use these techniques by myself with horses or with clients/family/friends/self/etc, unless I have gone through the trainings or certifications myself. I understand that the goal of learning these Principles is to help me improve my relationships with other people and not to teach these Principles to clients/staff/etc or to use with horses, unless I have gone through the necessary trainings or certifications. I also understand that the EAL experience with Hope Meadows Foundation, LLC, at their contracted barns/equine centers, is NOT a sufficient EAL certification/training that qualifies me to teach these principles to others or to use with horses.

If I wish to teach/train/copy these Principles to others or use with horses I understand that I must first go to the Natural Lifemanship training or through the EAGALA certification process or another qualified training program. I understand

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this then means I cannot copy the materials provided to me by Hope Meadows Foundation, at their contracted barns/equine centers, without permission first from the copyright owner.

I have been informed that whatever is revealed in an EAL experience will be kept confidential among the Professional Team unless the information shared gives reason to believe that either the Participant(s) or another person's life or an animal's life is in danger and/or harm or neglect of minors and those unable to protect themselves is in question. Under such conditions I realize the Mental Health Professional is mandated by the laws of the State of Ohio to report such information for the safety of all concerned.

The Professional Team will work in collaboration with the Participant(s) to create the learning goals for the EAL experience. All activities will be conducted with these goals in mind. It is expected that the Participant(s) will arrive on time for scheduled EAL experience(s) and be prepared to spend a significant amount of time outside engaging in the learning activity. This includes wearing close-toed footwear, clothing appropriate for the weather, and any other accommodation needed. The Participant(s) or Participants' organization (whichever was contracted for your EAL experience) will be responsible for the cost of the EAL experience at the time services are given.

Under Ohio law, an equine activity sponsor, equine activity participant, equine professional, veterinarian, farrier, or other person is not liable in damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during an equine activity and that results from an inherent risk of an equine activity, pursuant to Ohio Revised Code Annotated § 2305.321 (2001).

By signing the statement below the participant/guardian is agreeing to the terms stated above.

Today's Date: \_\_\_\_\_ Participant's DOB: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

EAL Clinician Signature: \_\_\_\_\_

EAL Clinician Printed Name: \_\_\_\_\_

- Ph.D.                       Licensed Professional Clinical Counselor                       Intern/CT
- Psy.D.                       License Professional Counselor                       License Independent Social Worker
- Licensed Social Worker                       Other: \_\_\_\_\_

When Applicable - Supervisor's Signature: \_\_\_\_\_

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