

Inspire Equine Therapy Program
1743 Doncaster Road, Clearwater, FL 33764
(727) 348-7104
info@inspireequinetherapyprogram.org
<http://www.inspireequinetherapyprogram.org>

EQUINE FACILITATED LEARNING PROGRAM PARTICIPANT APPLICATION FORM

(Please print or type all information)

PARTICIPANT FULL NAME _____

AGE _____ DATE OF BIRTH _____ GENDER (MALE/FEMALE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WHO TO CONTACT _____ RELATIONSHIP _____

PHONE NUMBERS _____
(HOME) (WORK) (CELL)

EMAIL ADDRESS _____

REFERRING PROGRAM _____

In Case of Emergency:

In case of emergency, Inspires policy is to immediately call 911 and to then contact the name indicated below if not already on site.

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone Cell Phone Work Phone

Consent Plan: (Circle One) I Do / I DO NOT consent to emergency medical treatment. This authorization includes x-ray, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician on duty. This provision will be invoked if the emergency contact is unable to be reached and the volunteer listed above is unable to make decisions for him/herself. If you DO NOT consent to emergency medical treatment, please indicate the procedures you wish to have followed in the event of an emergency

Signature of Responsible Party Printed Name Date

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Informed Consent

This document contains information about equine facilitated activities, the policies and services provided by Melissa Yarbrough, BCBA of Inspire Equine Therapy Program. These policies will help promote a trusting and productive relationship. Please read carefully and please let us know if you have any questions.

Participation in Equine Facilitated Activities

Equine Facilitated Activities consists of work and relational development between participant, equine facilitated activities practitioner, and equines (horses). With equine facilitated activities, the aim is to develop your communication and relationship building skills through natural horsemanship techniques on the ground. Equine facilitated activities are a client centered, holistic, and existential perspective. Sharing your experiences in a supportive environment will help you to overcome emotional, behavioral, and relationship difficulties you may be experiencing in your life. It focuses on felt senses, relational development and adapting to client needs in a session. Equine facilitated activities emphasize working in partnership with the participant in order to raise awareness of the way experiences of the world around the participant are processed. Difficulties may have risen due to fixed patterns of behavior and participants may become 'stuck'. By being mindful of these issues, it enables participants to exercise real choice, heal wounds, and gain access to participants full potential and releasing their true self. As a trained equine facilitated practitioner, participants are provided with the highest level of professional skills corresponding with training and experience.

The first few sessions will involve an evaluation of participants needs. If at any point during the session, it is assessed that equine facilitated activities is not effective in helping the participant reach their goals, alternative options will be discussed to find the most appropriate course of action for the participant.

Equine facilitated activities are voluntary and you may withdraw at any time. It is understood that the equine facilitated activities provided by Melissa Yarbrough, BCBA at Inspire Equine Therapy Program are **NOT** psychotherapy or counseling. It is also understood that Melissa Yarbrough, BCBA holds certification in equine facilitated learning from The Herd Institute, and is a Board Certified Behavior Analyst, but is **NOT** a licensed professional counselor or psychotherapist.

Please Initial: _____

Confidentiality

Melissa Yarbrough, BCBA and her equine facilitated activities adhere to very strict confidentiality standards and maintains confidentiality about participation in equine facilitated activities, the information disclosed in equine facilitated activities, and participant equine facilitated activities records with the following exceptions. In an effort to provide the participant with the best service, information may be shared with other clinicians for consultation or for supervision purposes. All requests for information about equine facilitated activity sessions to be shared with another provider, agency, or primary therapist/counselor/psychotherapist, must be made in writing.

Melissa Yarbrough, BCBA has a legal obligation to disclose confidential client information, even without consent, in the following situations:

Melissa Yarbrough, BCBA may use or disclose information about the participant without consent or authorization in the following circumstances, either by policy or because legally required:

- **Emergency:** If the participant is involved in a life-threatening emergency and permission cannot be obtained, information will be shared if it is believed the participant would have wanted it to be done or if it is believed it would be helpful to the participant.
- **Child Abuse Reporting:** If there is reason to suspect that a child is abused or neglected, it is required by Florida law to report the matter immediately to the Florida Department of Social/Child Protective Services.
- **Adult Abuse Reporting:** If there is a reason to suspect an elderly or incapacitated adult is abused, neglected, or exploited, it is required by Florida law to immediately make a report and provide relevant information to the Florida Department of Welfare or Social Services.
- **Serious Threat to Health or Safety:** If the participant discloses a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and there is belief that the participant has the intent and ability to carry out that threat immediately or imminently, it is legally required to take steps to protect third parties. These may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s) if under 18; (2) notify a law enforcement officer; or (3) seeking participant's hospitalization.
- **Records of Minors:** Florida has a number of laws that limit the confidentiality of the records of minors. Melissa Yarbrough, BCBA abides by all laws pertaining to records of minors.

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Litigation Limitation

Due to the nature of equine facilitated activities and the fact that it often involves making a full disclosure with regards to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings attorney, nor anyone else acting on the participant's behalf will call upon Melissa Yarbrough, BCBA to testify in court (subpoena) or at any other proceedings, nor will a disclosure of any of the equine activities records be requested. This includes session summaries and similar documentations. It is expected not to use information given during the session for the participant's own legal purposes or against any of the other parties in a court or judicial setting of any kind. However, if it agreed upon during the initial session that legal proceedings will take place, participant is expected to pay for the proceedings including, but not limited to, court appearances, lawyer consultation, and reviewing and writing reports.

Please initial: _____

Financial Agreements

Participants are expected to pay by cash or check prior to or at the start of service. Either payment in full for whole session or per month will be the only terms of payment. The cost for an individual equine facilitated activity session is \$75.00; family equine facilitated activity session is \$150.00; and participation in group sessions is \$55.00. Documents needed for court proceedings are charged at a rate of \$500 per hour; if there is a mandated court proceeding presence for any reason, participant will be billed at the rate of \$1000.00 per hour including travel and wait time (please see Litigation Limitation above). There is no participation in any healthcare insurance for this service. A receipt can be provided upon request for the session, for participant's records, and for use to submit for reimbursement from participant's insurance provider. Please be aware that equine facilitated activities are **NOT** psychotherapy or counseling and Melissa Yarbrough, BCBA is **NOT** a licensed professional counselor (LPC) or psychotherapist in Florida, therefore there is a chance it will not be reimbursed. If participant refuses to pay their debt, the right is reserved to use an attorney, or collection agency to secure payment.

Please initial: _____

Session Agreements and Cancellation Policy

Equine facilitated activity sessions are scheduled for a specific amount of time. Individual sessions are 60 minutes; family and group sessions are 90 minutes. Participant is expected to show up on time for sessions. If participant is late, participant may not be able to have a full session, but will be charged as such. **Cancellation is required at least 24 hours before scheduled lesson time.** Payment is still due if participant cancels the lesson. If facilitator cancels the lesson due to weather or illness, that lesson fee will carry over to the following month or session. Melissa Yarbrough, BCBA reserves the right to terminate sessions with the participant if there is a breach in safety or if there are violations of policies set forth in this form.

Please Initial: _____

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EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENT: That _____, who is known to Inspire as a visitor, volunteer, participant, employee or guest, (hereinafter referred to as "Constituent"), for and in consideration of participation in any Inspire Equine Therapy Programs and presence on any Inspire property and for other good and valuable consideration in hand received by Constituent, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Inspire Equine Therapy Program., a Florida nonprofit corporation, 2001 KJ Trust Agreement Utd. 2-11-11, Apharo to the Son and it's successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "Inspire") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Constituent has or may have in the future from the signing of this release until the end of such Constituent's participation in an Inspire program or presence on Inspire property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against Inspire for, upon or by reason of any matter, cause or thing whatsoever, from the time of Constituent participation in any Inspire program or being present on any Inspire property until such time as Constituent is not participating in any Inspire program or from a date forward that such Constituent is not present on any Inspire property, such release and hold harmless of Inspire specifically includes, but not by way of limitation, the following:

- 1) All equine activities at the property leased by Inspire located at 1743 Doncaster Rd, Clearwater, Pinellas County, Florida, including, handling, care, grooming, leading, riding, driving of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on Inspire property;
- 2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by Inspire or death or injury of person occurring on Inspire property or claim for damage to any Constituent's personal property brought upon any Inspire property by Constituent.
- 3) Constituent grants Inspire the right and authority to perform a background check on Constituent in advance of Constituent's participation in any Inspire activity or presence on Inspire property and Inspire may make future checks on background from time to time during the Constituent's involvement in any Inspire program or presence on Inspire property. Constituent releases Inspire from any claim, cause of action or damages based upon Inspires authorized background check(s).
- 4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Constituent who takes transport in any Inspire agent vehicle as part of a sponsored Inspire program occurring outside of the Inspire property.

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

PHOTO AND NAME RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) Inspire Equine Therapy Program, a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "Inspire") the following permission:

Photo and Name Release:

_____ The undersigned hereby grant(s) Inspire to take or have taken, still and moving photographs and films including television pictures of _____ (print full name) and use of full name and consents and authorizes Inspire, its advertising agents, news media, and any other persons interested in Inspire and its work, to the use and reproduction of the photographs, films and pictures and full name without limit, the generality of the foregoing newspapers, television media, social media, Inspire website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of the aforementioned name or photographic images.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Inspire to use or be in use or be used the aforementioned name and such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Date

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COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

I, _____, am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Inspire Equine Therapy Program; attending an event; and/or receiving face-to-face services from Inspire Equine Therapy Program during the time of a pandemic outbreak, and /or Florida Governor's or Pinellas County's declaration of a "stay-at-home" order(s). I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Inspire Equine Therapy Program and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization. I am aware of the options that may be available for remote services including, telephonic and video telehealth, as allowed by insurances and State Licensing Board recommendations, during this Pandemic outbreak. I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Inspire Equine Therapy Program; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic. Inspire Equine Therapy Program will engage in regular cleaning of the facility, horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Inspire Equine Therapy Program.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: _____ DATE: _____