

# Client Information

## Client Contact Information

Client Name		Phone	
Address			
Email			
Have you had previous counselling or psychotherapy?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, what for?			
Hobbies/Interests			
Therapy Goals			

## Emergency Contact Information

Contact Name		Phone	
Location		Relationship to Client	

## Pre-existing Medical Conditions

Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy/Fits	<input type="checkbox"/>	Fainting/Dizziness	<input type="checkbox"/>	Disability	<input type="checkbox"/>		
Migraine	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	Back Issues	<input type="checkbox"/>	Heart/Blood Disorder	<input type="checkbox"/>	Injuries	<input type="checkbox"/>		
Are you currently under any medications								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, what?											
Do you have any allergies		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, what?					
Describe reaction											
Is it necessary for participant to carry their own medication at all times?								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes ...	Drug					Dose		Frequency			

## Consent to Medical Attention

This information is accurate. I authorize the Provider to administer first aid and call an ambulance if necessary for medical attention of myself/my child. I agree to bear any costs thereby incurred.

(To be signed by the Client or their Parent/Guardian if the Client is under 18 years old)

Signature	Date
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## Consent for Photography

From time-to-time unique situations occur during sessions that clients may wish to have recorded for future reference. A unique password-protected gallery can be created for clients to access these images.

**Note that these images will not be used for any other purpose without the express consent of the client.**

(To be signed by the Client or their Parent/Guardian if the Client is under 18 years old)

Signature	Date
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## General Explanation

- We use the international EAGALA model for Equine Assisted Therapy. EAGALA involves: Groundwork only (no riding), a qualified MHS (Mental Health Specialist), an ES (Equine Specialist), a professional Code of Ethics, Solution Focused Therapy.
- 24-hour cancellation policy. Full fee required if we're not notified at least 24 hours before session.
- We will cancel a scheduled session if a Total Fire Ban Day is forecast or if lightning, thunder and/or high wind result in safety concerns. Sessions will not be cancelled for rain.

## Confidentiality

- Equine Insight Inc. has a strict Privacy Policy. All client information is strictly confidential, subject to legal and ethical restrictions. The Privacy Policy is available from our web site.

## Liability Waiver

The purpose of this section is to acknowledge the nature of equine assisted growth and learning activities and to exclude Provider liability for any personal injury or death to the Participant who signed this form as acknowledgment of the terms and conditions of this agreement, or to other people in the care and control of the Participant, howsoever caused. By signing this form, you are waiving your rights to sue the Provider for losses relating to personal injury or death.

Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Equine Services, noted below, is required to ensure that the Equine Services it provides to you are rendered with due care and skill, and fit for the purpose for which they are commonly provided as is reasonable to expect in the circumstances.

The Participant acknowledges that the activity being undertaken is for the purposes of growth and learning with the aid of horses which can involve a significant degree of physical risk.

## Description of Services

Involvement in growth and learning activities involving close interaction with horses and ground activities. **No horse riding.**

Steps taken by Provider to avoid the danger of personal injury or death.

- Participant to be wearing enclosed footwear to enter the horse area.
- Participant to participate in an initial observation task.
- Staff member always watching horses interacting with the Participants.
- Qualified staff with up-to-date qualifications and at least one with a current First Aid certificate.
- First Aid kit available and mobile phone charged to facilitate emergency calls.

Steps to be taken by the Participant to avoid the danger of personal injury or death

- Participant to keep themselves safe and remain attentive at all times.
- Participant to promptly comply with directions of staff members.
- Participant to not act in an aggressive or intimidating manner toward horses or staff members.

## Acknowledgement

The Participant acknowledges that during all times they are attending the equine activity they do so at their own risk and that the Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find themselves in difficulty that they will stop the activity or request that the activity be stopped if appropriate, and that they will seek help, advice and/or assistance.

## Declaration and signature:

By signing this agreement, I understand that the Equine Services about to be provided to me as set out in this form can involve a significant degree of physical risk. By signing this agreement, I understand that I and my dependents waive our rights to sue the Provider, volunteers, officers and contracted personal for losses relating to me and or my dependent's personal injury or death while involved in Equine Insight's sessions howsoever caused.

Participant Name	
Signature	Date

(To be signed by the Parent/Guardian if the Client is under 18 years old)