

Equine Facilitated Psychotherapy [EFP]

PARTICIPANT PACKET

Hello, and thank you for your interest in Triple Play Farm!

Within the contents of this packet, you will find all the necessary forms that need to be completed so you may be considered for equine-assisted activities. Please make sure all forms are COMPLETE before you send in your application, otherwise the process will take longer. Once we receive your application by fax, mail or hand, we will confirm with you that all forms are filled out correctly and have been received. Your application will then be reviewed by our staff, and you will be contacted to move forward to the next step.

Please review the checklist below before submitting your application. This will ensure your application is complete and ready for review.

PART ONE

- ☐ Profile & Health History
- ☐ Consent for Release of Information
- ☐ Authorization for Emergency Medical Treatment

PART TWO

- ☐ Well-Being Agreement
- ☐ Liability & Marketing Release
- ☐ Participant Guidelines

PART THREE {Only required if requested by treatment team}

- ☐ Physician's Letter
- ☐ Physician Statement & Medical History
- ☐ Prescription & Medical Team Consent

Please do not hesitate to contact us directly with any questions or concerns. We look forward to meeting you very soon!

Sincerely,
The Team at Triple Play Farm

P.S. For more info, visit our web site at www.tripleplayfarm.com



PART ONE > PARTICIPANT APPLICATION > **Profile & Medical History**

Date of Application: ____ / ____ / ____

Name (First/Middle/Last): _____

DOB: ____ / ____ / ____ Age: ____ Gender: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail: _____

If participant is under the age of 18:

Parents/Guardians(First/Middle/Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail: _____

How did you hear about Triple Play Farm? _____

Have you participated in an equine-assisted activities program before? YES NO

If yes, please explain: _____

ELIGIBILITY VERIFICATION

I certify that the participant meets the eligibility requirements outlined below.

To be eligible to participate in equine-assisted activities at Triple Play Farm, individuals:

1. Must be eight(8) years of age or older.
2. Must provide an accurate and verified health history.
3. Must show proof of initial approval for services by a personal or Triple Play Farm health professional.
4. May not have a history of having uncontrolled Grand Mal seizures.
5. Must be willing to acknowledge and adhere to all TPF farm rules and regulations for participants.

*We reserve the right to refuse any participant based on our ability to safely accommodate his/her needs.

*We also reserve the right to refuse or discontinue any participant for whom the program is deemed by us not to be beneficial.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]

PART ONE > PARTICIPANT APPLICATION > **Profile & Medical History**

In an effort to appropriately and safely meet the needs of every participant, we ask that you please provide an accurate health history, and verification from a health professional if requested.

Please indicate if participant has an issue and/or surgeries in any of the following areas by checking "yes" or "no." If "yes," please comment.

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Emotional/Mental Health			
Behavioral			
Bone/Joint			
Learning Disability			
Independent Ambulation			
Crutches			
Braces			
Wheelchair			
Other:			

Date of last Tetanus Shot: _____

Please complete the following if participant is affected by the following conditions:

CONDITION	YES	NO	QUESTIONS
Is participant affected by seizures?			Date of last seizure: _____ Are they controlled? _____ How frequent? _____
Does participant have any tactile sensitivities?			Examples: _____
Does participant have any allergies to dust, hay, animals, pollen or seasonal environments?			Examples: _____
Does participant have Down Syndrome?			Negative X-Ray for Atlantoaxial Instability? _____ Date of last X-Ray: _____ Negative symptoms for Atlantoaxial Instability? _____



PART ONE > PARTICIPANT APPLICATION > **Profile & Medical History**

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency)

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. work/school including grade completed, leisure interests, relationships- family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. why are you applying for participation? What would you like to accomplish?)

I verify that this health history is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]



PART ONE > PARTICIPANT APPLICATION > **Consent for Release of Information**

I hereby authorize: _____
[medical person or facility]

to release information from the records of: _____
[name]

The information is to be released to: _____
[equine therapy person or facility]

for the purpose of developing an equine activity program for the above named participant.

The information to be released is indicated below:

- ☐ Medical history
- ☐ Mental health diagnosis and treatment plan
- ☐ Individual Habilitation Plan (I.H.P.)
- ☐ Classroom Individual Education Plan (I.E.P.)
- ☐ Psychosocial evaluation, assessment and program plan
- ☐ Cognitive-behavioral management plan
- ☐ Other:

This release is valid for one year and can be revoked, in writing, at my request.

Participant Signature: _____

Print Name: _____

If applicable:

Parent/Guardian Signature: _____

Relation to Participant: _____

Date: _____

Please send materials to: _____



PART ONE > PARTICIPANT APPLICATION > **Authorization for Emergency Medical Treatment**

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Triple Play Farm, I authorize Triple Play Farm to:

- Secure and retain medical treatment and transportation if needed;
- Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Name (First/Middle/Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____

General Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if I am not on the premises at the time, cannot be reached.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]

Parents/Guardians (PRINT NAME): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

NON-CONSENT PLAN

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property utilized by Triple Play Farm. In the event emergency medical aid/treatment is required, I wish the following procedure to take place: _____.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]

Parents/Guardians (PRINT NAME): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

PART TWO > PARTICIPANT APPLICATION > **Well-Being Agreement**

Personal Responsibility, Comfort, Safety, and Confidentiality

Horsemanship requires a high degree of **awareness, integrity, and self-determination**. Using the principles of good horsemanship, our commitment to each other is:

I agree to take **responsibility for myself** today, thus contributing to the well being of the group.

Specifically, I agree to be aware of my **physical needs** and act on them appropriately. Being outdoors with horses may make me hungry and thirsty, hot or cold. There may not be time for group breaks, or a scheduled break might not come soon. I will fulfill my needs at my own pace. If I leave the group for any reason, I will tell someone where I'm going. If someone tells me s/he is taking a break and is not back in a reasonable amount of time, I'll alert one of the facilitators.

I agree to be aware of my **emotional needs** and act on them appropriately. Being with horses may evoke a wide array of emotions: joy, sadness, fear, excitement. I will help create an atmosphere of trust and tolerance where emotions can be freely expressed without fear of censorship or reproach.

I agree to set **my own limits** in any activity in which I feel physically or emotionally unsafe. I should feel challenged but not traumatized. If I feel unsafe with the behavior of the horses or fellow participants or with the environment, I will call for a time out. If I hear someone else call time out, I will immediately stop what I'm doing; I will assess where I am in relationship to the horses and human participants. I will move away from the discomfort zone and I will look to the facilitators for direction.

I agree to **respect the privacy** of everyone's words, actions, and processes. Our interactions with the horses and with each other may reveal thoughts and behaviors that require medical-quality confidentiality. I agree that while it is all right to talk about my own experience and about the general proceedings with people outside the group, it is not okay to discuss another individual's personally identifiable information.

Signature _____
Printed Name _____
Date _____

Adapted from Barbara Rector, Adventures in Awareness

READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in any nature-based or equine and animal-assisted activities, use of the Discovery Trail or other farm activities made available to me by Triple Play Farm (19516 Kistler Farm Rd, Davidson, NC 28036), and/or the use of the property, facilities and services of Triple Play Farm and its affiliates, I agree for myself and for the members of my family, to the following:

- I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Triple Play Farm and/or their affiliates, contractors, employees, representatives and agents.
- I recognize that there are certain inherent risks associated with the above described activities and I assume full responsibility for personal injury to myself and my family members and our property. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Triple Play Farm, Kristen and Thomas Batchelor, and its members, officers, managers, agents & employees for any injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Triple Play Farm, whether caused by the fault of myself, my family or other third parties.
- I agree to indemnify and defend Triple Play Farm, Kristen and Thomas Batchelor, and their members, officers, managers, agents & employees against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Triple Play Farm.
- I agree to pay for all damages to the facilities, animals, or equipment of Triple Play Farm caused by my or my family's negligent, reckless, or willful actions.
- Any legal or equitable claim that may arise from participation in the above shall be resolved under North Carolina law.

Additionally, the undersigned assumes the unavoidable risks inherent in all equine-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator. In consideration, therefore, for the privilege of riding and/or observing and/or engaging in an equine activity offered by Triple Play Farm, the undersigned does hereby agree to hold harmless and indemnify Triple Play Farm, and Kristen and Thomas Batchelor, also known as the equine activity sponsors, their agents and assignees and further release them from any liability or responsibility for accident, damage, injury or illness to the undersigned or to any horse owned by the undersigned or to any family member or spectator accompanying the undersigned on the premises.

“Inherent risks of equine activities” shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to:

PART TWO > PARTICIPANT APPLICATION > **Liability Release – Page 2**

the propensity of any equine to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to property in their vicinity;
the unpredictability of an equine's reaction to such things as sound, sudden movement and unfamiliar objects, persons
or other animals;
certain hazards such as surface and subsurface objects;
collisions with other equines, animals, people and objects;
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 equine or act within his or her ability.

I understand that it is required that I wear an approved safety helmet at all times when mounted on a horse during any activity offered by Triple Play Farm.

WARNING: Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury or the death of a participant in equine activities. Chapter 99E of the North Carolina General Statutes.

MARKETING RELEASE

Additionally, I **DO** or/ **DO NOT** consent to and authorize the use and reproduction of any and all photographs, video, other audio/visual materials and written or spoken testimonial/quotations of and by me and/or my family for promotional materials, educational activities, exhibitions, grant-writing or for any other use for the benefit of the organization. **Note:** Photographers working on behalf of Triple Play Farm operate with the highest level of integrity, promising never to publish a photograph without the permission above, or one that shows an individual in a vulnerable or otherwise poor state of being. Social media posting without express permission from the Director is not allowed by any employee, volunteer or affiliate of the named organizations.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.

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

► Signature _____
Printed Name _____
Address _____
Telephone _____
Email _____

PART TWO > PARTICIPANT APPLICATION > **Participant Guidelines**

Our goal is to provide a safe and beneficial experience for our participants, horses and staff. Please review the following guidelines to help us keep our program safe, efficient and effective.

General

- All new participants will be evaluated prior to acceptance in the program.
- Once a participant is accepted, on-going evaluations will determine if equine-assisted activities continue to be beneficial and our horses/staff are able to safely and effectively accommodate the participant.
- All releases, medical and consent forms must be updated annually prior to participation.
- Out of respect for other participants, please do not arrive more than 10 minutes prior to your session.
- For participants under the age of 18, a parent, teacher or guardian must remain on the property, no closer than 200' from the session in progress.
- Payment is due at the time services are rendered.
- Please do not bring your own personal pets.
- **NO SMOKING!**
- Please adhere to all posted barn rules.

Cancellations & Weather

- Cancellations made less than 24 hours in advance of session or event are subject to full fees being charged.
- If the weather is below 32 degrees or above 92 degrees, sessions may be canceled on an individual basis.
- in the event of rain or storms, sessions may be canceled on an individual basis.

Attire & Equipment

- Knowing that sessions take place in a farm environment and may involve a variety of outdoor tasks, all participants should dress accordingly.
- Closed toe shoes are required.
- Approved helmets must be worn at ALL TIMES WHILE MOUNTED.

Grounds for Dismissal

- Any use of drugs or alcohol
- Any possession of weapons, including but not limited to firearms and knives
- Any action that violates local, state or federal law
- Threats or acts of physical violence
- Mistreatment of animals on the property
- Acts of vandalism / destruction of property
- Disrespect towards another person and/or animal

PART THREE > PARTICIPANT APPLICATION > **Physician's Letter**

NOTE: If requested by Clinician or Triple Play physician, please send this letter, in addition to the following 2 pages to your General Physician.

Date: _____

Dear Health Care Provider:

Your patient, _____ [name] is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation

Other

Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – i.e. Photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please contact the center at the address/phone indicated above.

Sincerely,

PART THREE > PARTICIPANT APPLICATION > **Physician Statement & Medical History****NOTE: This section MUST be filled out by your General Physician unless otherwise instructed.**

Name (First/Middle/Last): _____

DOB: ____ / ____ / ____ Age: ____ Height: ____ Weight: ____ lbs. Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Diagnosis: _____ Date of Onset: _____

Date of last Tetanus Shot: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y / N Date of Last Seizure: _____

Shunt Present: Y / N Date of last revision: _____

Mobility: Independent Ambulation Y / N Assisted Ambulation Y / N Wheelchair Y / N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + / -

Neurologic Symptoms of Atlanto Axial Instability: _____

Please indicate current or past special needs in the following areas, including surgeries:

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Tactile Sensation			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Neurological			
Immunity			
Muscular			
Orthopedic			
Allergies			
Emotional/Mental Health			
Pain			
Behavioral			
Bone/Joint			
Learning Disability			
Other:			

PART THREE > PARTICIPANT APPLICATION > **Prescription & Medical Team* Consent**

NOTE: This section must be filled out by your General Physician, and signed off on by your alternate medical professionals including, but not limited to: PT, OT, Orthopedic Surgeon, and others, if requested.

Prescription for Equine-Assisted Activities [may or may not include mounted activities]

Prescription, where appropriate for evaluation and treatment by a Mental Health Professional, Physical, Occupational and/or Speech Therapist in conjunction with Triple Play Farm.

Name (First/Middle/Last): _____

Diagnosis: _____ Date of Onset: _____

Recommended Frequency _____

Precautions (all riders must wear helmets) _____

Physician's Signature _____ Date _____

Address: _____

Phone: _____ License/UPIN Number: _____

...

Please have at least one additional medical professional (PT, OT, orthopedic surgeon, psychiatrist, neurologist, etc) consent to this prescription if requested by Triple Play Farm.

ADDITIONAL MEDICAL PROFESSIONAL #1

Given the above diagnosis and medical information, this participant is not medically precluded from participation in equine assisted activities and/or therapies. I understand that the PATH Intl. center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. center for ongoing evaluation to determine eligibility for participation.

Name: _____ MD / DO / NP / PA / Other: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

TRIPLE PLAY FARM STAFF/CONSULTING HEALTH PROFESSIONAL

Based upon review of the health history provided by the participant, he/she is not medically precluded from participation in equine assisted activities and/or therapies at Triple Play Farm.

Name: _____ MD / DO / NP / PA / Other: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____