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Application to Participate in Equine Facilitated Sessions

Name of Client/s _____

Address _____

Phone _____ **Email** _____

I/We hereby apply to participate in Horse Assisted Healing with Emma Ward in sessions on the terms and conditions as follow

By attending and/or participating in this training or session you knowingly and freely assume all such risks, known and unknown and you voluntarily enter at your own risk.

1. Horses have different temperaments and natures. All horses are potentially unpredictable, especially if frightened, hurt or mistreated. Participation in activities involving horses involve risk of injury as activities with horses are deemed a 'significant high risk' by our community and the Legal system.
2. **The Horse Assisted Healing** Facilitator will take all care possible and follow clear safety guidelines for the benefit of clients and horses.
3. The Client will be offered a 'safety guideline' by the facilitator which supports clients in being safe, aware and making safe choices in all sessions with horses.
4. The client agrees not to deliberately frighten, hurt or mistreat the horses and to follow safety guidelines offered by the facilitator.
5. Certain risks are involved including but not limited to unforeseen collisions and accidents.
6. Knowing the potential inherent risks, the client accepts that **Horse Assisted Healing** Facilitators at **Horse Assisted Healing** do not accept any liability for accident, damage or injury to the client/s or property.
7. **Horse Assisted Healing and Emma Ward** makes no warranty of any kind, expressed or implied, as to the nature, habits, and disposition of any horse involved in **Horse Assisted Healing** sessions or activities.
8. All directions by **Horse Assisted Healing with Emma Ward** must be observed.
9. Participants are responsible for wearing suitable weather appropriate clothing, long pants, and appropriate footwear, fully covered hard shoes or boots with flat heels.
10. **Horse Assisted Healing with Emma Ward** sessions can be 'on the ground' or mounted/riding sessions. If mounted or riding sessions are offered, client/s must wear a helmet that will be provided.
11. If participants do not comply with conditions set out in this application, or in the opinion of **Horse Assisted Healing** facilitator, engages in misconduct, discourteous or hazardous behaviour, then participation in the **Horse Assisted Healing** session will cease and participation in future sessions will be reviewed or cancelled.
12. In the event of an accident of any kind, client/s must report this to the **Horse Assisted Healing** Facilitator immediately.
13. In the event of serious accident or injury where an ambulance or medical treatment is required, the client/s are responsible for any costs that may be incurred.

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HORSE ASSISTED HEALING with EMMA WARD

signature _____ Date _____

This form expires 12 months after date of signing.

Parent's/guardian's Signature (if applicable) _____

Address _____

Phone/s _____

Please print double sided