

Connect & Empower - 6 Week Women's Group
Participant Registration

Name: _____ Date: _____

Phone #: _____

Address: _____

Email: _____ DOB: _____

Age: _____

Marital Status: Single Married Widowed Divorced

Emergency Contact:

Name: _____

Phone Number: _____

What is your highest level of education?

What is your current occupation? How long have you worked there?

If you are in a relationship, please describe the nature of your relationship.

Describe your current living situation. Do you live alone, with family, with others, etc?...

Have you ever been diagnosed with a mental health disorder? If so, what?

Have you ever seen a mental health provider?

Are you currently seeing a mental health provider? If so, who?

Does your family have a history of mental illness?

Do you have suicidal thoughts?

Do you have urges or thoughts to harm someone else?

Have you ever been hospitalized for a psychiatric issue? If so, when?

Do you use recreational drugs? If so, how often?

What are your goals for joining this group?

Do you have any experience with horses? Please explain.

Is there anything else you feel the need to share about your history?

Participant Liability Release & Confidentiality

Participant Name: _____ Date: _____

I acknowledge the potential risks for equine activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to me are greater than the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors or administrators, I hereby waive and release forever all claims for loss or damages of any kind against Worthy Stables, it's Board of Directors, Instructors, Therapists, aids, volunteers and employees for any and all injuries and losses that I/my son/my daughter/my ward may sustain while participating in the Worthy Stables program. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at Worthy Stables voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Worthy Stables and the property owners are materially relying on this waiver and assumption of risk in allowing me to participate in activities at Worthy Stables.

Participant Signature: _____ Date: _____

Photo and Video Release:

_____ I consent to and authorize:

_____ I do not consent to nor do I authorize:

the use and reproduction by Worthy Stables of any other audio/visual materials taken of me for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

Participant Signature: _____ Date: _____

Possible Reasons for Participant Discharge

Please be advised of the following reasons that may lead to discharge from the therapy program.

1. The client has reached all of their goals and is ready to graduate.
2. Inability to follow directions is interfering with progress toward goals.
3. Uncontrolled and/or inappropriate behavior that constitutes a safety risk to self, other group members, staff, and/or horse.
4. Three scheduled appointments are missed without prior cancellation.
5. Non-payment of fees as originally agreed.

Participant Signature: _____ Date: _____

Barn Rules

1. Closed toed shoes must be worn at all times at the facility.
2. Only service animals may accompany guests.
3. Please ask which horses may be pet and only hand feed if instructed by a staff member.
4. Horses will be mounted and ridden in the arena or round pen only unless arrangement has been made to ride in empty paddocks.
5. Boarders may ride in open areas after hours or when no guests are present.
6. Children under 14 must be accompanied by an adult to handle any horse.
7. Helmets will be worn by minors and are highly recommended for adults.
8. Posted barn hours will be adhered to unless special arrangements are made 72 hours in advance.
9. If you open a gate or door, close it behind you.
10. Do not open gates or doors unless you have been instructed to do so.
11. The office is off limits without a staff member present.
12. No smoking in barn or arena area. Smoking is only permitted in parking area.
13. Place your trash in designated trash or recycling cans.
14. Riders and guests must sign a liability release before handling any horse.
15. No climbing on gates, fences, or railing.
16. Therapy horses will be properly groomed and cooled before and after all use.
17. Do not borrow any tack, tools, or other items without asking.
18. No cussing, please.
19. Do not come to the facility while under the influence of alcohol or drugs.
20. Be kind and respectful to all humans and animals present. Encourage one another and help us keep our horses healthy and happy so that we can all enjoy our time together.

Rules are in place for the safety and enjoyment of our guests, horses, volunteers, and staff. If you do not understand any of the rules, please ask any staff member to clarify. We would be happy to do so. Repeated failure to adhere to them will result in being asked to leave the premisses. Any guest or participant expelled from any program due to bad behavior will not receive a refund for lessons remaining in the session.

I, _____, have read and understand the rules of Worthy Stables and commit to follow them.