



Unbroken Equine-Facilitated Healing
1025 County Rd. 463
Elgin, TX 78621
(512) 309-5020
www.unbroken.org

NEW PARTICIPATION APPLICATION

***This application is to be filled out and submitted online or in person by all potential therapy clients, volunteers, workshop participants, or anyone else who wishes to engage in equine-related activities at Unbroken Equine-Facilitated Healing, referred to hereinafter as "Unbroken".*

APPLICANT INFORMATION

Name: _____

DOB: _____ Age: _____ I identify as: ___M ___F

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____

(cell) _____ Ok to text? _____

Email: _____

Parent(s)/Guardian(s) (if under 18):

Name: _____

Name: _____



Unbroken
EQUINE-FACILITATED HEALING

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Relationship: _____

Phone: _____

Email: _____

Relationship: _____

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MEDICAL/HEALTH FORM

Note: Physician's approval is not required for this program as you will not be riding the horses during treatment. However, you will still be outside in sometimes hot or cold weather, physically active, on your feet, walking around on potentially uneven terrain, and at times it may be necessary to move quickly to avoid an unsafe situation. Please note on this form any medical or health-related areas of concern that our treatment team should be aware of before beginning services so that we may best accommodate your needs and help keep you safe and comfortable.

<u>Areas</u>	<u>Comments/Explanation</u>
___ Mental Health _____	_____
___ Auditory _____	_____
___ Visual _____	_____
___ Speech _____	_____
___ Seizure Disorder _____	_____
___ Allergies/Asthma _____	_____
	If yes, does client carry epi-pen? ___ Y ___ N
___ Other: _____	_____



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Please note any current medications that could possibly affect client’s ability to function in sessions: _____

In Case of Emergency please contact:

Name: _____

Relationship: _____

Phone: _____ Email: _____

EMERGENCY RELEASE: In the event emergency medical aid/treatment is required due to illness or injury while participating, I authorize Unbroken to:

1. Secure and retain medical treatment and transportation if needed.

2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospitalization, medication and any treatment deemed “life saving” by the physician. This provision will only be invoked if the parent/guardian or emergency contact person listed cannot be reached.

I have read the above release and permit Unbroken to act as stated above in an emergency and to contact the above emergency contact(s).

Printed Name

Signature

Date



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LIABILITY RELEASE

I am a willing participant in therapeutic services at UNBROKEN. I acknowledge the risks and potential for risks associated with working around horses. I understand that I will be working with and around horses. I feel that the possible benefits to myself are greater than the risk assumed. I, the undersigned, and/or parent/guardian of applicant, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against UNBROKEN, its owners, managers, therapists, employees, representatives, volunteers, owners of property on which UNBROKEN operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in any way growing out of the acts of UNBROKEN, its owners, managers, therapists, employees, representatives, volunteers, owners of property on which UNBROKEN operates, successors or assigns.

WARNING: TEXAS FARM ANIMAL LIABILITY ACT:

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL (EQUINE) PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL (EQUINE) ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL (EQUINE) ACTIVITIES.

Signature of Applicant or Parent/Guardian if under 18



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PHOTO RELEASE

____ I consent

____ I do NOT consent

You have the right to consent or not consent to and authorize the use and reproduction by Unbroken of any and all photographs and any other audio/visual materials taken of applicant for promotional material, educational activities, exhibitions, or for any other use for the benefit of Unbroken.

Signature of Applicant or Parent/Guardian if under 18

STATEMENT OF CONFIDENTIALITY

APPLICANT understands that all information, both written and verbal, regarding clients and confidential business matters at UNBROKEN, shall be held in strict confidence at all times except as needed with the facility staff for therapy and/or business purposes. APPLICANT understands that a breach of confidentiality is grounds for dismissal and may also result in legal prosecution.

Signature of Applicant or Parent/Guardian if under 18

****ATTENTION**:** *If you are interested in receiving therapeutic services at Unbroken, please proceed to the **Intake and Goals** form. If you are applying to come to the facility in a volunteer, workshop or training participant capacity, you are finished with the application.*