

## INTRODUCTION TO EAL SOCIAL SKILLS GROUP

Your child has been accepted to the **Equine Assisted Learning Program**. This program series has been specially targeted and designed to facilitate the building of personal development skills, while using 'Horse Sense'.

There will be a total of 12-16 sessions, depending on which group your youth will be approved for. Approval and group selection is provided by the Program Director.

Group programs usually have 2 additional sessions on the schedule, allowing for weather cancellation. The graduation celebration will be the LAST session. Parking is provided along the right side of the street or in the lot across the street from the driveway of 205 Hillcrest Drive.

Our program is delivered outdoors with no shelter while we are with the horses. The kids should arrive with the necessary footwear and clothing for the fluctuating weather conditions in the Kootenays. Please note a session will only be cancelled, due to adverse weather, at our discretion.

The Equine Assisted Learning Program is offered at the private residence of Leah, Dave and Alexandra Hope. You are always welcome to watch the sessions and sit in the chairs provided. The fencing is electric throughout the property and care and attention to other children is mandatory. We would be happy to answer questions that you may have at the end of the session, as our attention must be on the participants.

We acknowledge the anticipation many participants have to be early. We ask that participants arrive no earlier than 5 minutes prior to the session. If you anticipate being late, please call. We plan to run exactly one hour, so we must start and end on time and the kids must be ready to start and be picked up accordingly.

Most importantly- LET'S HAVE FUN!



Leah Hope  
Program Director  
Equine Assisted Learning Advanced Facilitator

This is important information about our professional services and business policies. Although these documents are long and sometimes detailed, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

This is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Little Oasis Equine Matters has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

EAL is a program designed to be administered to youth. We are committed to a child and family centred program that identifies a child's needs and strengths as a basis for building skills and competencies in the youth.

The goal of EAL is to enable youth at risk to lead a happy productive life as an accepted member of society.

**PRIOR TO THE FIRST SESSION THE FOLLOWING FORMS ARE REQUIRED TO BE RETURNED TO THE PROGRAM DIRECTOR:**

Where applicable and/or required:

- Intake/referral for services
- Consent for release of information
- Photo/media consent form

Mandatory forms:

- Application/ profile form
- Liability waiver

All forms must be properly filled out, signed and returned to Little oasis Equine Matters before the program begins.

### Fees and payment policies

The cost for each session is \$50.00/\$65.00 depending on the size of the group, plus GST. The sessions run for 12-16 sessions.

Due to the unique needs of the groups, absences will not be reimbursed.

Fees for sessions are required to be paid prior to the start of each EAL session. There are a number of community funding resources available. Any arrangements with alternative funding sources must be approved prior to the start of each EAL session. This is the responsibility of the parent/primary caregiver or referring organization.

## Participant and Parental Involvement

If your child is unable to attend, please make sure that you **phone or text 250.368.1539**. This is a team approach; absences impact the group as well as staffing of the horses and volunteers. Please let us know if you are interested in participating in the sessions, as we often can use an extra body for the exercises. Our experience has been that children obtain better results when there is parent/primary caregiver involvement and support. To obtain the best results, caregivers are expected to assist in the program as follows:

- Ensure the child is able to attend all sessions
- Arrange for suitable attire for child with weather considerations as sessions run in all weather
- Ensure the child is well rested and suitable snacks/water are available prior to session
- Maintain a quiet voice if watching the session and conversing with other parents
- Please refrain from interacting with your child once they are in the pen with the horses.

**WE MAKE EVERY EFFORT TO PROCEED WITH EVERY SESSION.**

## Confidentiality

The team agrees to keep all confidential information that is provided to it during the course of sessions confidential and not disclose any such information without the consent of the Primary caregiver(s) except only those situations where the disclosure is necessary to preserve the health and well being of the child or where the team is required under a legal obligation to disclose confidential information.

## Acceptance

The child will be enrolled in the EAL program by the Primary caregiver(s) signing this letter where indicated, returning it to Little Oasis Equine Matters.

Upon acceptance of this agreement, the undersigned hereby acknowledges that they have thoroughly read and completely understand the terms and conditions of this agreement.

Accepted this the \_\_\_\_\_ day of \_\_\_\_\_

Primary caregiver of \_\_\_\_\_

Parent/Caregiver signature(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Witness: \_\_\_\_\_

**General Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address and Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about the Little Oasis Equine Matters EAL Social Skills Program?

\_\_\_\_\_

**Referral Information:**

Reason for referral: \_\_\_\_\_

Referred to facility by: \_\_\_\_\_

I authorize you to contact my referring professional to notify him/her that I have arrived to initial session. Y or N

**Release of Information:**

Best contact number to reach you at: \_\_\_\_Home) \_\_\_\_ (Cell) \_\_\_\_ (work)

May we leave message on voicemail? \_\_\_\_ (yes) \_\_\_\_ (no)

Do we have your permission to leave a message with anyone who might answer the phone number you have indicated? \_\_\_\_ (yes) \_\_\_\_ (no)

**I give LITTLE OASIS EQUINE MATTERS PROGRAM DIRECTOR permission to discuss my care or release Private Health Information (PHI) to the following:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

## RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant or deny permission to Little Oasis Farms to use the image of my child \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Little Oasis Equine Matters [website](#).

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways  
(check all that apply):
  - Limited usage: I want my child's image used within the Little Oasis Equine Matters setting only (not in the larger community).
  - Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Little Oasis Equine Matters or in the larger community. One example of this could be videos in parent education classes.
  - Limited usage: I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Little Oasis Equine Matters for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian  
signature \_\_\_\_\_

Date \_\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Under the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

### The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of: \_\_\_\_\_

**Little Oasis Equine**

\_\_\_\_\_, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant.

**Initial Each Item below after Reading and Understanding each item:**

- \_\_\_\_\_ 1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
- \_\_\_\_\_ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
  - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
- \_\_\_\_\_ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
- \_\_\_\_\_ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
- \_\_\_\_\_ 5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
  - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
  - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
- \_\_\_\_\_ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- \_\_\_\_\_ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

#### Please Print Clearly

Infant Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian of Infant Participant) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Print Name of "Host" Witness to Signing and Initialing)

\_\_\_\_\_  
(Signature of "Host" Witness)

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**\*\*this portion to be signed in person and witnessed by Little Oasis staff**