

Therapist-Assisted Horsemanship™ Clinic

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Registered Psychotherapist and Somatic Experiencing Practitioner

Consent and Waiver Form

Welcome to the clinic! I look forward to supporting your personal growth and learning during your horsemanship lesson with Todd Owens. I am a Registered Psychotherapist (#3402), Canadian Certified Counsellor (#0476) and Somatic Experiencing® Practitioner in private practice, and I also frequently deliver professional trainings, client workshops, and specialize in equine-assisted trauma recovery. For more information, please visit my websites at: www.healingrefuge.com and www.equusoma.com.

My Role

My role in the clinic is educational. I will be teaching concepts and skills related to emotional intelligence and body awareness, and providing individual guidance and support during your coaching lesson with your horse. **Participation in this clinic does not constitute a formal client-therapist relationship between us.** However, should you be interested in follow up support after the clinic, that would be a separate process we could discuss further provided it's the right fit and scheduling allows. Alternately, I can provide referrals to other options for specialized follow-up support if necessary.

Intake Interview

In some cases, an intake interview may be required prior to confirming participation in the clinic to ensure that this is the right fit for you at this time, and also to ensure I fully understand your needs and goals so I can be more effective with you during the clinic. This interview can take place by phone, video call, or in person, and would consist of getting a better sense of some of the personal challenges that come up for you when you are spending time with your horse. This interview is not a psychotherapeutic assessment. The intake interview is \$160 + HST per hour, pro-rated to the length of the interview. Payment can be made by credit card (Square), PayPal, eTransfer, or cash (in person only). Please note that there is a 48-hour cancellation policy, or 100% of the fee applies.

Group Setting and Confidentiality

Although the clinic is not psychotherapy, you will nonetheless be disclosing personal information about yourself to me. As a result, information you share with me will be held in strict confidence in accordance with privacy legislation. No information will be released to a third party without your prior written authorization. Exceptions to confidentiality include but are not limited to my legal and/or ethical obligations to inform appropriate authorities if you are at risk of harming yourself or someone else, and if a child or elderly person is at risk of harm or in need of protection.

There are two other exceptions to confidentiality in the clinic setting:

- Given that I will be co-facilitating the lesson with Todd Owens, I will be discussing your background, needs and goals with him beforehand so that he is aware of what we will be working on. He will also become privy to personal information about you by virtue of his being present during the lesson. If Todd is currently your horsemanship instructor, it is important that you reflect on your comfort level in sharing more personal information about yourself in this context. If there is anything you do not wish for me to share with him, please let me know.
- It is more difficult to completely ensure confidentiality in a group setting, due to the presence of spectators / participants. Some ways we can mitigate this include:
 - Asking that spectators do not share about your experience with others outside the clinic.
 - Letting spectators know that audio/video recordings are prohibited.
 - Letting me know if there is anything specific that you do not want me to share with the spectators or speak to during the course of your lesson.
 - Turning off our microphones during a specific portion of the lesson to preserve your privacy until you are comfortable turning them on again.

These parameters aside, as a student in the clinic you have the right to choose, to pause the lesson or call a time out, and to take the time you need to integrate your learning within your allotted time. You have the right to refuse a particular approach, technique or skill if you are not comfortable with it. Should the horsemanship lesson stop entirely to focus on what is coming up for you, that is also ok.

Statement of Consent

I have read and fully understand the information contained in this document. I understand the goals and potential benefits of attending this clinic, and acknowledge that no guarantees have been or can be made to me about the outcomes of attending this clinic. Any and all questions I have regarding the contents of this document have been answered to my satisfaction and I would like to proceed with participation in the clinic.

Name and Signature: _____ Date: _____

Waiver

Our goal is for participants to have a safe and fun experience. However, equine-related activities are not risk free. The same elements that contribute to the unique character and fun of equine activities can cause loss or damage to equipment, bodily injury, illness, or in extreme cases, permanent trauma or death. We do not want to reduce your enthusiasm for the experience, but we want you to be informed of the possible risks, which include but are not limited to:

1. Horses, which are powerful and potentially dangerous animals, may change their behaviour at any time and may jump, run wildly, buck, kick, bite, or step on people or things;

2. Horses may collide with other horses or objects or trip, stumble or fall even if being led, ridden or driven, or attended to;
3. Negligence (which means, in general terms, a failure to exercise ordinary or proper care) of other riders or horse owners, property owners, my own failure to ride or work with my horse safely, within my ability or within designated areas;
4. Equipment may fail;
5. Weather conditions can change and can sometimes be dangerous;
6. Clinic locations can sometimes be in remote areas, injuries or illness may occur, and it may be a considerable distance to doctors, hospitals, or any other type of assistance.

Please initial:

_____ I understand and acknowledge that no amount of caution, experience or instruction can eliminate all of the risks involved and I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage and damages or less resulting there from.

_____ I agree to forever indemnify, release and hold harmless Sarah Schlote, the Schlote Psychotherapy Professional Corporation and their officers, directors, representatives, independent contractors, associates, affiliates, agents, employees, volunteers, and successors (“the Releasees”) from all claims, demands, causes of action, damages, losses, injuries, and expenses arising out of or resulting from participation in this clinic. I further agree to release, acquit and covenant not to sue the Releasees for all actions, causes of actions, damages, or damages in law or remedies in equity of whatever kind.

_____ I hereby waive any and all rights I may now or ever have to make any such claims. I hereby agree that if the Releasees are forced to defend any action, lawsuit or litigation initiated by me, my executors, or my heirs on my behalf, my heirs or executors and I agree to pay all associated legal fees if they successfully defend such action, lawsuit, or litigation, on a solicitor-client basis.

_____ I acknowledge that I have read this waiver in full and that I fully understand its terms and the risks associated therewith, and that I have signed voluntarily and freely without any inducement, assurance, guarantee or representation being made.

Name and Signature: _____

Name and Signature of Witness: _____

Date: _____