



**EQUUSOMA®**

HORSE-HUMAN TRAUMA RECOVERY

## EQUUSOMA® Fundamentals and Practical Intensives 2020 Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
 Postal / Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

You are a (**check all that apply**):  Mental health professional  Experiential learning facilitator or educator

Life coach  Other health, helping or healing professional  Equine professional  Horse owner

Somatic Experiencing® student or practitioner (or professional with related training)  Other student

Emergency contact: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship of this person to you: \_\_\_\_\_

Do you have any health conditions or physical limitations that we should be aware of? \_\_\_\_\_

Do you have any allergies or dietary needs? \_\_\_\_\_

What are you hoping to learn from the training? \_\_\_\_\_

### For Equine-Assisted Psychotherapy/Learning Professionals – what is your background? (**check all that apply, if applicable**)

- |  |   |
|--|---|
| <input type="checkbox"/> Adventures in Awareness (Barbara Rector)                | <input type="checkbox"/> HEAL (Leigh Shambo)                                      |
| <input type="checkbox"/> Equine-Assisted EMDR (Sarah Jenkins)                    | <input type="checkbox"/> HERD Institute (Veronica Lac)                            |
| <input type="checkbox"/> EAGALA  | <input type="checkbox"/> IFEEL EFHD and Psychotraumatology (Sun Tui)              |
| <input type="checkbox"/> Equine-Assisted Learning (Cartier/Dreamwinds)           | <input type="checkbox"/> LEAP   |
| <input type="checkbox"/> Equine-Assisted Learning (Equine Connection)            | <input type="checkbox"/> Natural Lifemanship (Tim Jobe & Bettina Shultz-Jobe)     |
| <input type="checkbox"/> Equine-Assisted Personal Development (Chris Irwin)      | <input type="checkbox"/> OK Corral Series (Greg Kersten)                          |
| <input type="checkbox"/> Equine Experiential Education Association (E3A)         | <input type="checkbox"/> PATH International                                       |
| <input type="checkbox"/> Equine-Facilitated Wellness (Pro-EFW Canada)            | <input type="checkbox"/> Psychodynamic Equine-Assisted Traumatology (Ilka Parent) |
| <input type="checkbox"/> Equine-Guided Education (Ariana Strozzi)                | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Equines in Therapy (Katarina Lundgren and Emily Kieson) | _____   |
| <input type="checkbox"/> Equine Psychotherapy Institute (Meg Kirby)              | _____   |
| <input type="checkbox"/> Eponaquest (Linda Kohanov)                              | _____   |
| <input type="checkbox"/> FEEL (Horse Spirit Connections)                         |   |
| <input type="checkbox"/> Gestalt Equine Psychotherapy (GEIR)                     |   |

### For Somatic Experiencing® Professionals – what is your background? (**check all that apply, if applicable**)

- |  |   |
|--|---|
| <input type="checkbox"/> SE™ Student (beginning or intermediate level) | <input type="checkbox"/> Somatic Experiencing® Practitioner (SEP)             |
| <input type="checkbox"/> SE™ Student (advanced level)                  | <input type="checkbox"/> Training in an SE™-related approach (describe below) |

How did you find out about the training? \_\_\_\_\_

Are you interested in joining our mailing list for future trainings? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there anything else we should know about you in order to support your learning as effectively as possible?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If registering as a co-facilitation team, who is your co-facilitator (the person with whom you will be leading sessions and/or workshops, if you are not offering services solo): \_\_\_\_\_

## Payment Options

The Fundamentals and the Practical Intensives are each 5 days in length. Each 5-day course is **\$1,675 CAD + Harmonized Sales Tax** (for residents of Ontario, Canada), or **\$1,507.50 + HST** (if registering with your co-facilitator). Tax for trainings held in Ontario is 13%; trainings held elsewhere in Canada are subject to the provincial or territorial tax. **For trainings held outside of Canada, no tax applies.**

For credit card and PayPal payments, a 4% handling fee (listed as "shipping fee" on PayPal) will be added. International bank transfers have an additional fee that can be paid in cash once at the training.

Please check which module(s) you are registering for:

2020 Fundamentals	2020 Practical Intensives
<input type="checkbox"/> France: April 27 – May 1	<input type="checkbox"/> France: May 4-8
<input type="checkbox"/> Ottawa, Canada: June 22-26	<input type="checkbox"/> Ottawa, Canada: July 27-31
<input type="checkbox"/> Pennsylvania, USA: August 24-28	<input type="checkbox"/> Australia: October 5-9

Please check your payment method:

- Canadian online banking: eTransfer to [sarah@healingrefuge.com](mailto:sarah@healingrefuge.com)
- International bank transfer: contact [reception@healingrefuge.com](mailto:reception@healingrefuge.com) for details
- Credit card # \_\_\_\_\_ Expiry: \_\_\_\_\_  
CVC code: \_\_\_\_\_ Postal Code / Zip Code for card: \_\_\_\_\_
- PayPal (please use the PayPal buttons on the registration page at [www.equusoma.com](http://www.equusoma.com))

## Payment and Cancellation Policy

Payment is required to hold your spot in the training. It is possible to pay in two instalments of 50% each, provided that the entire registration fee is received in full by the first day of the training. If you intended to register with a co-facilitator who ends up not registering, you will be required to pay the 10% that was discounted off your tuition.

You are eligible for a 100% refund if cancelling more than 90 days from the first day of the training, and a 50% refund if cancelling between 60-89 days from the first day of the training (a \$100 administrative fee is applied to process refunds). Regretfully, **no refunds are possible** for cancellations that occur within 60 days of the first day of the training. If you are unable to attend, these options are available on compassionate grounds:

- **Transfer credits**: You may transfer your spot to someone else to take the training you registered for. You would be responsible for finding your replacement and obtaining full reimbursement from this person. Alternately, if you would like us to fill your spot on your behalf, we will refund you 80% of your registration fee (minus the \$100 admin fee) if we are successful.
- **Banking credits**: We can "bank" your registration fee and apply it toward the cost of a future training occurring within 1 year from the training you paid to attend. There is no guarantee that a training will be available within a particular geographic area within the following calendar year.

If for whatever reason the trainer or the host facility needs to cancel the training, you will receive a full refund of your registration fee or deposit (or a pro-rated refund if the program has started and must be cancelled due to extenuating circumstances). The trainer and host facility are not liable or responsible for any cancellation fees associated with travel or accommodations bookings you may have made. Your signature indicates you have read, understand and agree to abide by this policy.

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



## EQUUSOMA® Consent and Waiver Form

Sarah Schlote, the assisting team and the facility owners have done everything possible to minimize risks, but attending trainings that have trauma and equines as a focus are not risk free. The same elements that contribute to the unique character and enhance the learning potential and benefits of such experiences can also lead to possible challenges and we want you to be fully informed. Please initial next to each item.

- Trainings that focus on trauma, attachment ruptures, or other challenging life experiences may trigger feelings or body sensations that may be uncomfortable. This can occur as a result of the process of learning the material, from hearing about other peoples' experiences (even if sharing is contained), from your  
\_\_\_\_\_ participation in exercises, or from your own unresolved patterns.
- Trainings that focus on the safe and effective use of self typically include an experiential focus that encourages participants to reflect and work on how the material affects them personally. This is to support  
\_\_\_\_\_ self-awareness, self-regulation, integration, attunement and embodiment.
- Group-oriented activities involve varying degrees of social engagement, personal disclosure and interpersonal contact that may be uncomfortable for different reasons, such as proximity of others, amount  
\_\_\_\_\_ of indoor space available, eye contact or being seen, group discussions and practices.
- Horses are powerful animals that may jump, run, buck, kick, bite, nip, or step on people or things.  
\_\_\_\_\_
- While all humans participating in the training are responsible for their own physical safety (and in so doing contribute to the overall safety of all involved), negligence can occur. This refers to a failure to exercise ordinary or proper care in relation to oneself, others, animals, equipment, objects, and the natural  
\_\_\_\_\_ environment, resulting in damage or harm.
- Equipment may fail.  
\_\_\_\_\_
- Weather or terrain conditions can change and can sometimes be dangerous.  
\_\_\_\_\_
- Trainings are held in rural locations. If injuries or illness occur, it may be a considerable distance to doctors,  
\_\_\_\_\_ hospitals, or any other type of assistance.

If you have serious health conditions, significant unresolved trauma or are pregnant, please consider the following:

- Research and anecdotal evidence indicate that stress and trauma can have an impact on a developing foetus. Attending a trauma training could unexpectedly bring someone into contact with their own unresolved trauma, which could have an impact on a developing foetus or could exacerbate complex health symptoms if left unaddressed. Also, a person's resilience can sometimes be diminished as a result of serious health issues or the physical and emotional effort of pregnancy, resulting in greater vulnerability or a reduced capacity to explore the complex topic of trauma without feeling overwhelmed. The opposite may also be true, however, where attending such a workshop may result in learning skills that help reduce such  
\_\_\_\_\_ impacts and support resilience.

Our aim is to model the trauma-sensitivity and skillfulness we are hoping to teach to training participants. However, if you have significant unresolved trauma or are currently pregnant, we encourage you to discuss the possibility of attending at a later date with your therapist or health care provider. Also, the EQUUSOMA® training is run with the support of an assisting team, whose role will be to contribute to the safety, containment and learning experience of the group. The assisting team will meet daily to debrief and ensure student needs and concerns are addressed in an appropriate manner.

## Participant Agreement and Informed Consent

I, \_\_\_\_\_ (name) consent to participate in the training. I am fully capable of participating in human-equine interaction activities. I have read the above statement on some of the possible risks in the training and feel that the possible benefits to myself are greater than the risks assumed. I also understand that no amount of caution, experience or instruction can eliminate all of the emotional and physical risks involved. I freely accept and fully assume all such risks, and the possibility of emotional discomfort, physical injury, death, and property damage resulting there from.

I recognize that there are special risks that could be associated with pregnancy or other health conditions, and recognize that it is my responsibility to discuss these with my physician or other health care provider and obtain their concurrence to participate in the training.

I will inform Sarah Schlote and/or the assisting team of any limits with respect to my ability to safely engage in the training or specific exercises, known to or reasonably foreseen by me. I also understand that Sarah Schlote reserves the right to refuse any person she judges to be incapable of meeting the rigors and requirements of participating in the training or certain exercises.

I have read the pre-requisites for the training (at [www.equusoma.com](http://www.equusoma.com)). I understand that acceptance into an EQUUSOMA® training does not ensure that all methods taught will be appropriate for inclusion in my professional practice. I acknowledge that this training will not qualify me to be a trauma therapist, Somatic Experiencing® Practitioner, or equine professional, and that I am responsible for operating within my professional scope of practice and for abiding by provincial/state and federal laws.

I agree to respect the confidentiality and anonymity of stories or personal information that may be shared during the course of the training by and about the trainer, assistants, other participants, and the animals.

I recognize that the material presented is the intellectual property of Sarah Schlote, with some material belonging to and licensed by the Somatic Experiencing® Trauma Institute, and that I may not reproduce or use it in any way without the prior written permission of Sarah Schlote or licensing by SETI.

I agree to forever indemnify, release and hold harmless Sarah Schlote, the Schlote Psychotherapy Professional Corporation, the training assistants, facility owners, horse owners, 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 Releasee is 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 consent and waiver form 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: \_\_\_\_\_

# Consent for Photography, Audiovisual and Social Media

I give permission to Sarah Schlote and the Schlote Psychotherapy Professional Corporation (operating as EQUUSOMA®) to collect, use and release photographs, film, sound recordings and any other audio and/or visual reproduction of me for the following purposes:

- For use in their written publications, websites, social media, marketing or other formats
- For use in educational videos and training materials
- For release to the media (such as for magazine, newsletter or blog articles, or other coverage etc.)

I understand that Sarah Schlote and the Schlote Psychotherapy Professional Corporation cannot be held responsible for the final copy and photographs used by the news media. I understand that I have the right to refuse consent and that my refusal will in no way affect any service I receive from Sarah Schlote. I have read and understand this consent and have had all my questions answered to my satisfaction.

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

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

## Participant Checklist

### Preparation

- I have completed and submitted my registration and waiver forms
- I have submitted payment in full (if paying in instalments, I will submit the final instalment by day 1)
- I have started the recommended readings (see list at [www.equusoma.com](http://www.equusoma.com))

### To Bring

- Training manual and flip book (if you have already attended Fundamentals)
- Passport (if out of country)
- Weather- and farm-appropriate clothing and footwear
- Sunscreen and bug spray
- Note pad or journal
- Antihistamine, epi pen or other allergy medications
- Travel mug
- Snacks\*
- Optional: Folding chair (camping/lawn chair) – facility will have seating, but feel free to bring one if you are local or driving to the area where the training is held

*\*Please advise if you have specific dietary needs or preferences so that we can plan accordingly. Please also bring your own sustenance, if necessary.*