



EQUUSOMA®
HORSE-HUMAN TRAUMA RECOVERY

EQUUSOMA® Level 2 Training (In Person) France 2022 Registration Form

Name: _____	Age: _____
Address: _____	
City: _____	Province/State: _____
Postal / Zip Code: _____	Country: _____
Traditional Territory or Treaty Land: _____	
Email: _____	Phone: _____
Gender expression: _____	Pronouns: _____

Please fill out details about your completion of EQUUSOMA® Level 1 (or N/A if not applicable):

- | | |
|---|--|
| <input type="checkbox"/> Year Fundamentals I completed: _____ | <input type="checkbox"/> Year assignment completed: _____ |
| <input type="checkbox"/> Year Foundations of SE™ completed: _____ | <input type="checkbox"/> Year personal sessions and consultations completed: _____ |
| <input type="checkbox"/> Year Fundamentals II completed: _____ | _____ |

Briefly summarize your professional scope of practice:

Please indicate if you have any food allergies or nutritional requirements:

Are you interested in signing up for catered lunches if this is possible? A separate fee applies.

- Yes
 No

Please indicate if you have any health needs that we need to take into consideration (e.g., allergies, injuries, mobility aids, service animal, etc.). *Note: these workshops take place on a rural property with animals and exposure to nature, varied terrain, and the local climate and elements, which are not variables that we can control.*

EMERGENCY CONTACTS

Please provide two emergency contacts, who will only be contacted if there is concern for your safety and well-being. This is due to the possible health risks listed in the agreement related to participating in events where trauma is a focus. Your emergency contact information will be kept confidential by the Schlote Psychotherapy Professional Corporation and its representatives.

Primary Contact Name: _____ Relationship: _____

Phone: _____ Email: _____

Secondary Contact Name: _____ Relationship: _____

Phone: _____ Email: _____

BIPOC SCHOLARSHIPS

EQUUSOMA® is committed to anti-racist and anti-oppressive practice, and supports interspecies social justice as part of a trauma-informed perspective. As a result, EQUUSOMA® is issuing two full scholarships per cohort for eligible students who identify as Black, Indigenous, or as another person of colour who faces inequities as a result of racialized trauma. To apply, please submit a short essay (500 to 1,500 words) outlining your background, your professional goals, and how you intend to apply EQUUSOMA® within your scope of practice.

We want to ensure that we are being mindful of how we are applying the scholarships in light of recent highly publicized cases involving misidentification and misrepresentation of ancestry. Given our desire to be respectful of this sensitive issue, please provide us with any details or clarification that supports your application in your essay.

The deadline to apply for a scholarship is June 1, 2022. Two full scholarship winners will be selected. Eligible participants who are not awarded a scholarship may be eligible for a reduced registration fee at the discretion of the Schlote Psychotherapy Professional Corporation.

I am applying for a scholarship (or reduced registration rate if not selected)

VARIOUS DISCOUNTS

If registering as a team of 2 people (offering services together in a co-facilitation model), each student obtains a 10% savings. If registering 3 or more people from your organization, please contact us to discuss a group discount. Due to PayPal settings, please do not pay for multiple tuitions in one payment (such as paying for two people or to attend two modules in one transaction). Please pay for each tuition separately.

Returning students who wish to repeat a module as a refresher receive a 75% savings.

I am registering with a co-facilitator: _____

I would like a group discount for _____ participants

I am a returning student: I originally completed Level 2 in _____ (year / location)

PAYMENT DETAILS

Tuition per module is \$1,950 CAD (no taxes apply). Payment options include:

Canadian online banking: eTransfer to sarah@sarahschlote.com

International global money transfer: contact support@sarahschlote.com for details

Credit card # _____ Expiry: _____

CVC code: _____ Postal Code / Zip Code for card: _____

PayPal (we will send you a PayPal invoice)

DISCLAIMER

There may be changes in training structure and completion requirements that occur as a result of the model evolving or due to adapting to extenuating circumstances, like global pandemics. Every effort will be made to support students through these adjustments to program completion. We appreciate everyone's patience and grace as we adjust to unforeseen realities.

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. You are eligible for a 100% refund if cancelling more than 60 days from the first day of the training, and a 50% refund if cancelling between 30-59 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 30 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 2 years from the training you paid to attend.

If for whatever reason the trainer 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 Schlote Psychotherapy Professional Corporation and its representatives are not liable or responsible for any fees or lost wages incurred as a result of having to reserve time to attend the training should it be cancelled, or for any penalties or expenses incurred as a result of having to cancel your travel or accommodations. This includes, but is not limited to, cancellations due to the global COVID-19 pandemic or other unexpected circumstances.

Your signature indicates you have read, understand and agree to abide by this policy.

Signature: _____ Date: _____



EQUUSOMA®
HORSE-HUMAN TRAUMA RECOVERY

Photography, Audiovisual and Social Media Waiver and Release

EQUUSOMA® Level 2 training modules are held in person and may be photographed and/or recorded.

Your privacy is important to us and you may place some limits on this release below.

Please initial the box next to each item.

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

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

I understand that the Releasee cannot be held responsible for the final copy and photographs used by the news media, and cannot be held liable for any impacts resulting from the use of my likeness for the aforementioned purposes.

I understand that these materials become the property of the Releasee and will not be returned to me. I also understand that I will not be given any financial compensation or royalties for the use of my likeness for any of the aforementioned purposes.

I agree to release and forever discharge the Releasee and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone claiming on behalf of me, may have or claim to have against the Releasee in connection with this Release.

Check any or all that apply:

- I do not wish to be tagged in any posts, videos or photographs on social media.
- I do not wish to be identified by name in any publications where my likeness is featured in video or photography (with the exception of my face and name showing up in Zoom training videos).
- VIDEO RELEASE ONLY: I understand that my name and/or likeness may appear in recorded training videos but do not consent to any photographs of me to be used for the aforementioned purposes.

I have read and understand this consent and my questions have been answered to my satisfaction.

Name: _____

Signature: _____ Date: _____