



EQUUSOMA® Student Agreement

Portions of this agreement have been adapted from Somatic Experiencing® International due to the degree of integration of the SETM model in EQUUSOMA®.

Informed consent is essential and based on my right to self-determination. I choose to participate in the EQUUSOMA® training and any related event (webinars, master classes, consultations, personal sessions, etc.) voluntarily, knowingly, and intelligently. I understand the risks and benefits of participation, and I agree to all the terms and conditions outlined in this agreement while a student and following my completion of the training program.

PLEASE INITIAL IN THE BOX NEXT TO EACH SECTION.

CONFIDENTIALITY

I agree to abide by standard norms of confidentiality and not disclose any information that was shared with me about any person or animal during the course of my involvement with EQUUSOMA®. I am aware that the names and emails of students and assistants within each cohort or at each event will be shared within the group for the purposes of facilitating communication. I agree to not disclose any names and emails to anyone else beyond the event or group. I understand that EQUUSOMA® events are 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 address student needs and concerns.

AUDIOVISUAL

I understand that unauthorized recordings (audio, video, or otherwise) are not permitted at any EQUUSOMA® event. I agree to not disclose, duplicate, reproduce, publish, or distribute to any third party any information or materials related to any EQUUSOMA® event. I agree that Sarah Schlote and the Schlote Psychotherapy Professional Corporation will not be liable or responsible for any unauthorized recording of EQUUSOMA® trainings or related events, or use or exploitation thereof. I understand that there is a separate audiovisual release pertaining to authorized recordings of EQUUSOMA® events.

EXPERIENTIAL LEARNING, PRACTICE ROUNDS AND DEMONSTRATIONS

EQUUSOMA® trainings are highly experiential in nature. While they include top-down lecture and discussion components (with slides and videos), the trainings also emphasize personal growth and transformation through body awareness, nervous system tracking, subtle attunement to state shifts, and growing organic capacity for self-regulation in a bottom-up way. I understand that the subjects of trauma, attachment, and relational rupture and repair in horse-human contexts are deeply personal and that I might find myself uncomfortable or activated at times as my system processes emotions and sensations in new ways. For this reason, trainings are supported by an assisting team to provide relational safety and a container for the experience. EQUUSOMA® trainings are as much about “being” as they are about “doing”, and although there are techniques and practical pieces to learn about, the practitioner’s nervous system is the main tool we use. As a result, the training is different from trainings that focus on cognitive knowledge, protocols, and skill building without deeper embodiment.

Practice rounds typically consist of 1-2 assistants and a triad of students rotating between the role of practitioner, “lender” (i.e., lending your nervous system for the practice), and observer. Each role is active and intentional in different ways. While the practice rounds use the “lender’s” actual felt sense experience (not a made-up role play), the practice rounds are not therapy or a time to do deep personal work, even if the practices may wind up feeling “therapeutic” in some way. Demonstrations are when a student “lends” themselves to a faculty member or training assistant for the purposes of



demonstrating some of the material being taught to the rest of the students observing, whether a principle, technique, skill, process, or way of being in the work.

I understand that I am responsible for managing my own safety, and that I may opt to “pass” at any point on any individual or group activity or demonstration that I am not comfortable with. If I agree to participate as a subject in a demonstration or during practice rounds, I am doing so voluntarily and at my own risk. I acknowledge that demonstrations may be recorded to support student and team learning (practice rounds in breakout rooms are not recorded). Sarah Schlote and the Schlote Psychotherapy Professional Corporation are not liable for any unauthorized distribution of these recordings by anyone. Participation in demonstrations and practice rounds may involve being asked questions related to my trauma history, symptoms I may have, and challenges I would like supported. I understand that I have the right to change my mind and withdraw consent to participate in a demonstration at any time if I am not comfortable, without such withdrawal impacting my involvement in the EQUUSOMA® program, unless it is deemed that the program is not the right fit at the present time.

Sarah Schlote and the Schlote Psychotherapy Professional Corporation shall not be held liability or responsibility for and injury or damage from my participation or involvement in any demonstration or practice rounds, and I accept that any result or no result may occur due to my participation or involvement.

SESSIONS AND CONSULTATIONS

I understand that the purpose of receiving credited personal Somatic Experiencing® sessions is educational: to observe and experientially learn how SE™ principles are applied in practice so as to support my professional training and development. These sessions are not intended as formal psychotherapy but as experiential learning. Should the provider agree, a student might choose to enter into a formal psychotherapeutic relationship (with a contract, treatment goals, etc.) with the SE™ provider they have chosen to work with; however, this is not required for the purposes of EQUUSOMA® training.

Consultations are different from personal sessions, and consist of consulting with an approved provider to discuss the integration of EQUUSOMA® into your professional scope of practice (e.g., setting up your facility, case work, reviewing concepts).

I understand and agree that all my sessions and consultations with personal session and consultation providers are undertaken at my own risk. I understand that Sarah Schlote and the Schlote Psychotherapy Professional Corporation do not monitor, control, influence, or regulate approved providers. I hereby release Sarah Schlote and the Schlote Psychotherapy Professional Corporation and their related parties from any and all liability or responsibility for any acts or omissions of any provider and any claims related thereto. I understand that Sarah Schlote and the Schlote Psychotherapy Professional Corporation makes no representations or warranties about the characteristics or quality of the services I may receive.

INTELLECTUAL PROPERTY AND COPYRIGHT

I understand that Sarah Schlote and the Schlote Psychotherapy Professional Corporation are the exclusive owners and licensee of all materials utilized in the training, including but not limited to all printed, audio, video, digital, online, and other materials (“Materials”), with the exception of specific items that are being used under special licensing permission from Somatic Experiencing® International. These Materials also include all duplicates, reproductions, and derivatives of the Materials, as well as any materials, research, books, articles, and other works of authorship, as well as products and services, created by Sarah Schlote and the Schlote Psychotherapy Professional Corporation. Sarah Schlote and the Schlote Psychotherapy Professional Corporation retain all rights to all intellectual property utilized or referenced in the training or other events and Materials, including but not limited to the copyrights in the Materials and all associated trademarks. No Materials or any portion thereof are sold or otherwise transferred, and Sarah Schlote and the Schlote Psychotherapy Professional Corporation do not sell, give, grant or transfer any title, ownership right, or interest in or to any of the Materials.



I understand that materials shared with me by other students in the EQUUSOMA® training (for example, curriculum outlines, handouts, resources, videos, and marketing samples for the purposes of providing assignment feedback) remain the intellectual property of those students and that I cannot use their intellectual property without their written permission. I agree to not share any intellectual property belonging to Sarah Schlote, the Schlote Psychotherapy Professional Corporation, training assistants, approved providers, and other students in the program without their written permission.

TRADEMARK

The following information pertains to the EQUUSOMA® and Somatic Experiencing® trademarks:

Somatic Experiencing® is a registered trademark of the Foundation for Human Enrichment (administered through Somatic Experiencing® International), in the US, Canada, and other countries. Individuals who are in the process of completing (or who have completed) the EQUUSOMA® training program may not call themselves Somatic Experiencing® Practitioners or claim that they are trained in or offering Somatic Experiencing® unless they have done that training as well. The two processes are separate. It is, however, possible to explain that EQUUSOMA® itself is an approach that is grounded in Somatic Experiencing®. SEI has advised that terms like "Equine-Assisted Somatic Experiencing®" constitute trademark infringement and are not permitted. Individuals who are not trained in EQUUSOMA® but have taken or completed Somatic Experiencing® training and have the requisite additional scopes of practice could describe their work as "Somatic Experiencing® and equine-assisted psychotherapy" or "Somatic Experiencing® with horses" or "Somatic Experiencing®-based horsemanship", and so on.

EQUUSOMA® is a registered trademark of the Sarah Schlote and the Schlote Psychotherapy Professional Corporation in Canada, the United States, the European Union, and Australia, with other countries under way. Individuals who are in the process of completing (or have completed) the Somatic Experiencing® training program may not call themselves EQUUSOMA® Practitioners or claim that they are trained in or offering EQUUSOMA® unless they have done that training as well. The two processes are separate. Individuals who are trained in Somatic Experiencing® and offer equine-involved services of various kinds may not call their work EQUUSOMA® unless they have undertaken the EQUUSOMA® training specifically. An individual who has not taken EQUUSOMA® training but has read about the model and tries to incorporate its principles into their work may indicate that they use certain skills and frameworks inspired by EQUUSOMA®, but cannot claim to be "trained" in the method or claim to offer EQUUSOMA® sessions.

I understand that I may face legal action if I engage in copyright or trademark infringement, whether in regards to the stipulations outlined above, using the Materials or other proprietary information to create a similar training, choosing a name that bears resemblance to the EQUUSOMA® trademark, or other infringements. If I have created and deliver my own professional development training program that is separate from EQUUSOMA®, I will ensure that the distinctions between it and EQUUSOMA® are clear to reduce student confusion. I will not promote my program as being affiliated with EQUUSOMA® other than indicating my involvement with EQUUSOMA® in my bio. I acknowledge that my approved provider status for EQUUSOMA® is not an endorsement of my independent offerings.

LICENSING

The EQUUSOMA® training is offered with the licensing approval of Somatic Experiencing® International. Completing EQUUSOMA® training does not allow people to provide training in EQUUSOMA® to others or to use EQUUSOMA® training materials in developing their own training, as this would constitute both trademark and copyright infringement. A formal faculty train the trainer process must be completed in order to obtain a license to teach EQUUSOMA®. Students, faculty, faculty in training, assistants, and approved providers may be granted a revocable license to use the



methods and materials in the context of their direct client work (sessions, lessons, group workshops, private intensives, etc.), with proper citation.

Individuals who wish to provide an introductory presentation about EQUUSOMA® to inform others about the model and how they incorporate it in their work must submit a request to info@equusoma.com to obtain approval of their presentation materials and licensing approval at least 1 month prior to the date of the presentation. A licensing fee applies to those wishing to provide such presentations. I acknowledge that the Schlote Psychotherapy Professional Corporation reserves the right to approve or deny any application for a license, and that these these licenses are revocable at the sole and unfettered discretion of Sarah Schlote and the Schlote Psychotherapy Professional Corporation.

PUBLIC REPRESENTATION

I agree to appear and act in a professional manner at all times while participating at EQUUSOMA® events and/or interacting with EQUUSOMA® students, faculty, staff, assistants, approved providers, and other representatives, both within and outside each event.

Only approved faculty are permitted to teach EQUUSOMA®. If I wish to present about EQUUSOMA® in a public format (to promote my own services or the EQUUSOMA® model) I hereby agree and acknowledge that I must be pre-approved as a presenter by Sarah Schlote and the Schlote Psychotherapy Professional Corporation. I understand that if I am receiving payment to offer a presentation about EQUUSOMA®, that I will be required to inform the Schlote Psychotherapy Professional Corporation, pay a licensing fee, and have my materials reviewed.

I will abide by common professional standards around how I represent or advertise my professional services. This includes being truthful, accurate, and clear in my description of my services and areas of expertise. I will not make deceptive statements about my training, credentials, professional memberships, services, fees, success rates, education, experience, affiliations, publications, media presentations, and other descriptions pertaining to myself and my practice. I will be particularly careful around misusing neuroscience or pseudoscience information in order to influence potential clients. I will clearly state my level of EQUUSOMA® training and my scope of practice.

SCOPE OF PRACTICE

I will at all times be a fully paid and up-to-date member of a professional association maintaining an industry-standard code of ethics and/or standards of practice, **AND/OR** I will at all times maintain a fully paid and up-to-date professional license/registration with an applicable licensing or regulatory body. If I am a student within a particular professional scope of practice while also being a student in EQUUSOMA®, I will ensure that I abide by industry standards pertaining to my status as a student within my intended profession. If my profession is newer and has yet to create a professional association or regulatory/licensing body, I will research relevant ethics and standards that apply to similar professions and abide by these to the best of my ability. If I do not have a professional scope of practice within which to integrate EQUUSOMA®, I will seek one out and I understand that I may not be permitted to begin and complete the training and designation process until a scope of practice has been identified and developed.

I understand that I am responsible for ensuring that I have adequate professional insurance to cover the inclusion of EQUUSOMA® within my scope of practice.

I understand that attending the training does not ensure that all methods, principles or techniques taught within EQUUSOMA® 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.



TERMINATION OF TRAINING

The EQUUSOMA® training presumes participants have a mature level of interpersonal competency, good communication skills, and sufficient self-regulation skills to manage their own needs during the program.

I acknowledge that the Schlote Psychotherapy Professional Corporation reserves the right to approve or deny any application to be a student, assistant, approved provider, or faculty member, may revoke approval at any time, and approve or deny the participation of any person at any event, in its sole and unfettered discretion, with or without cause, and in accordance with its policies and/or the law. I acknowledge and agree that any revocation of approval or right to participate in any event does not give rise to any losses or damages at law, and I further acknowledge and agree that I shall not commence any action, application, or claim, or attempt to recover any such losses or damages.

In the event that Sarah Schlote or the Schlote Psychotherapy Professional Corporation or their authorized representatives request that I discontinue my participation or involvement with the training, I will immediately leave the training and the premises (or virtual platform) where the training is being held. I understand that I may receive follow-up post-event to debrief what occurred and to discuss next steps.

I understand that due to the nature of the EQUUSOMA® training, I may be required to complete additional steps before achieving a particular training level or completing the entire process and obtaining the EQUUSOMA® Practitioner designation. Progression through the steps as outlined (which may be subject to change) is not a guarantee of completion, as every student will integrate the material at different rates based on their nervous system and learning capacity. Any additional requirements will be considered on a case-by-case basis to support individual needs.

If Sarah Schlote or the Schlote Psychotherapy Professional Corporation revokes the approval of a personal session or consultation provider, they will immediately inform their existing student clients of their change in status and cease signing log forms. All sessions and consultations that were completed prior to the revoking of approval will still count towards the certificate requirements.

POLICIES AND PROCEDURES

I agree to abide by all EQUUSOMA® and Schlote Psychotherapy Professional Corporation policies, procedures, and guidelines as posted on the website at <https://equusoma.com>. All policies, procedures, and guidelines are subject to change without notice to me and will be periodically updated on the website. I understand and agree that it is my responsibility to check the website for updates and that I am nonetheless bound by all such policies, procedures, and guidelines.

EXPENSES AND FEES

I understand and agree that I am responsible for my own expenses, such as meals, lodging, travel, and other expenses related to attending EQUUSOMA® events. In the event that an event is cancelled, or if I withdraw from an event, Sarah Schlote and the Schlote Psychotherapy Professional Corporation shall not be held responsible for any of my incurred expenses. I have read and agree to the online training details, payment and cancellation policy outlined in the registration form.

I understand that approved providers of personal SETM sessions and consultations are generally allowed to set their own fees for their services that reflect their scope of practice, professional norms, geographic cost of living, overhead expenses, and any applicable taxes. I understand that some providers might offer a sliding scale rate at their own discretion. I understand that at certain events approved providers may all agree to charge the same standard flat fee during the course of a particular module to keep things simple.

 **POTENTIAL RISKS**

Attending events 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. These include but are not limited to the following:

- 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 participation in exercises, or from your own past experiences.
- 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 feel uncomfortable for people who are neurodivergent and/or who have experienced trauma, social anxiety, or interpersonal ruptures.
- Horses are powerful animals that may jump, run, buck, kick, bite, nip, or step on people or things. While there is no exposure to live horses in person during online modules, there may be live video streaming of horses when internet signal is available.
- Re-enactments of trauma patterns can occur in training situations, such as when students have a transference response towards a faculty member, training assistant, or approved provider (e.g., projecting expectations or repeating familiar relational patterns or themes stemming from past unmet needs or hurts). This can result in conflicts that are driven by survival activation that, if left unexamined, can affect learning and one's perspective of the training.
- Mistakes can occur when students practice applying concepts or techniques learned in the training with people and animals. This is a normal part of any learning curve. Students are encouraged to make use of the required consultation hours to continue to support their learning, as well as to complete the personal sessions, assigned readings, and other requirements in order to help integrate the material. Assistants and approved providers are also encouraged to seek out consultation from the faculty team as required to ensure ongoing competency. Students are encouraged to obtain as many personal sessions and consultations as required to support their learning and integration of the material. For some students, this may go beyond the minimum required number to complete the program.
- 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, where attending such a training may result in learning skills that help reduce such impacts and support resilience. If you have significant unresolved trauma, are currently facing a crisis, or are pregnant, we encourage you to discuss postponing your involvement to a later date with your therapist or health care provider.

 SOLICITATION

I agree, while in attendance at in-person or online EQUUSOMA® events, that I will not advertise or promote trainings, seminars, workshops, newsletters, or any other goods and services for myself or on behalf of any other individual or entity without prior written permission of the Schlote Psychotherapy Professional Corporation. The Schlote Psychotherapy Professional Corporation reserves the right to



approve or deny any such request at its own discretion. I may, of course, share a business card or professional contact information to facilitate communication with other students and team members.

WAIVER AND INDEMNIFICATION

I will at all times indemnify and hold harmless Sarah Schlote and the Schlote Psychotherapy Professional Corporation and their officers, directors, agents, successors, and assigns from and against any and all claims, actions, damages, costs, and expenses (including reasonable lawyers' fees) related to my acts or omissions in providing services using EQUUSOMA® as a student or in a professional capacity.

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 including legal expenses arising out of or resulting from my experience at EQUUSOMA® events and with training assistants and approved providers. I further agree to release, acquit and covenant not to claim against the Releasees for all actions, causes of actions, damages, or damages in law including negligence, 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 agents, successors, assigns or my executors or heirs whether on their own behalf or on my behalf, I agree to pay all associated legal fees, disbursements and costs on a full-indemnity basis.

SUMMARY

By submitting to this agreement, I certify that all information included in this agreement is true and complete. This agreement is the only agreement between me and the Schlote Psychotherapy Professional Corporation regarding my participation in EQUUSOMA® events as a student, supersedes any other similar agreement, and cannot be modified except in writing by the Schlote Psychotherapy Professional Corporation. I may enter further agreements in writing with Schlote Psychotherapy Professional Corporation regarding matters not covered in this agreement, but to the extent such agreements conflict with this agreement, this agreement shall prevail. This agreement is binding upon me and my heirs, executors, administrators, and legal representatives. This agreement is governed by the laws of the Province of Ontario and any dispute arising from this agreement or my relationship with the Schlote Psychotherapy Professional Corporation shall be submitted to binding arbitration in Guelph, Ontario, Canada. Any resulting decision may be entered and issued in a court of competent jurisdiction.

I confirm that I am fully capable of participating in human-equine interaction activities. I have read the above statement on some of the possible risks 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. 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 agree to be responsible for voicing my needs and concerns in a timely manner so that the training team can address them to the best of their ability. I will inform the training team of any limits with respect to my ability to safely engage in the event or specific activities, known to or reasonably foreseen by me, so that the team can support me to the best of their abilities. I also understand that the Schlote Psychotherapy Professional Corporation and its representatives reserve the right to refuse any person they deem incapable of meeting the rigors and requirements of the program.



I acknowledge that I have read this agreement in full. I further agree that I have had the opportunity to seek advice on this agreement, and that I fully understand its terms and the risks associated therewith, that I agree to abide by the terms set out above, and that I have signed voluntarily and freely without any inducement, assurance, guarantee or representation being made.

Name: _____

Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____