



Equine Facilitated Learning (EFL) Intake Form

Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

DOB: _____ Weight: _____ E-mail: _____

Home/Cell Phone: _____ Work Phone: _____

(Please Specify)

If under 18, please complete the following:

Legal Guardian/s: _____ Email: _____

Home/Cell Phone: _____ Work Phone: _____

(Please Specify)

In case of emergency, notify: _____

Relationship: _____ Contact number: _____

Please share what you are hoping to get out of your Equine Facilitated Learning session(s):

CANCELLATION POLICY

We are honored to offer our programs to you. We have seen great impact in the lives of those who have decided to participate.

Our Therapists and Equine Specialists take pride in making sure they are prepared to offer you the best sessions possible. There is much forethought and preparation involved in making sure your session has the right people, horse(s), place, and materials ready. You can cancel or reschedule an appointment at any time if you provide 24 hours' notice. If you cancel an appointment with less than 24 hours' notice, or fail to show up, you will be charged the KAP Equine Services Corp. Session Fee for the appointment.

Please initial:

_____ I understand and agree to being charged the KAP Equine Services Corp session fee if I cancel with less than a 24 hour' notice or no show.

LIABILITY RELEASE

Executed and signed in the STATE OF _____ COUNTY OF _____

(Please print legibly as we use information provided for mailings)

I, _____, acknowledge and accept that horseback riding, care and maintenance of animals, and care and maintenance of the ranch grounds and equipment, involve the risk of personal injury. By my signature (and, in case of a minor, the parent's or guardian's signature) they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against KAP Equine Services Corp. located at 10626 FM 429 Kaufman, TX 75142, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliates with any of them in any manner (collectively, herein 'KAP Equine Services Corp.'), for any injury, liability or damages which may occur while performing in any activity on said property. I agree to indemnify, defend, and hold harmless KAP Equine Services Corp., or any person or entity whose land a KAP Equine Services Corp. related activity crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand activities with animals and/or riding on horses involve possible danger and I participate at my own risk.

I understand that horseback riding and any other activity on the property of KAP Equine Services Corp. related activities involve being in remote areas for extended periods of time, far away from communication, transportation, and medical facilities; that these areas have many natural and man-made hazards which a

participant cannot anticipate, identify, modify, or eliminate; that horses and other animals can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding can involve such activities as crossing creeks, galloping over uneven terrain, and being in unfamiliar places under adverse weather conditions which could result in injury to me and/or to the horse I am riding.

I agree to take all responsibility for myself and the animal I am caring for and/or riding. I am aware that wearing a certified safety helmet is a good protective measure against head injury, and further understand that helmets are required for all horse riders. My signature below constitutes acceptance of the above terms and conditions.

Medical Release

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I have read and fully understand this liability release. I understand that the Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code), and KAP Equine Services Corp. is not liable for an injury to or the death of a participant in equine activities resulting in the inherent risks of equine activities.

Photo Release

I do____do not____ (check one) consent to and authorize the use of reproduction by KAP Equine Services Corp. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program

Signature

I read and fully understand this liability release._____

Participant Name (please print)

Participant/Parent/Guardian Name (please print)

____Date

Contact and Emergency Information

Street Address, City, State, Zip

—

Phone NumberEmail

—

In case of emergency, notify:

Name

—

Phone #

—

Please list any known allergies or medical conditions we should be aware of:
