

***“Horses carry the Wisdom of Healing in their hearts
and offer it to any humans who possess the Humility to Listen.”***

The Wild Horse Connection

Hello,

Thank you for your interest in participating at Equine Assisted Learning and Therapeutic Experiences (EAL-TE). Equine assisted learning and therapeutic experiences are non-riding sessions that involve working with horses to better understand yourself.

Horses are extraordinarily sensitive animals. Horses are very aware of their surroundings and the energy that is around them. To survive, they need to be able to quickly read the environment for safety or threat. They are highly attuned to everything around them. Despite being prey animals (and for some of these equine helpers- also being rescues), they play, love to interact and learn, love, roll in the mud, and are able to regularly settle their hearts and bodies to enjoy life. They have so much to teach us.

In an equine assisted learning and/or therapeutic experience you will engage in activities guided by an equine specialist, mental health facilitator. You can do this individually or with a group. The activities will be designed in accordance with your goals and needs as well as the ways in which your equine specialist and mental health facilitator think will help promote your growth and learning.

Who is on your team?

- **Your equine helpers** (the horses)
- **An equine specialist** (a horse trainer with extensive experience training and working with horses) and **A mental health professional** (a psychologist trained in equine therapy and licensed to treat mental health issues). This might be one person or two.

The EAL-TE sessions take place at Spruce Meadow Farms (<https://sprucemeadowfarm.com/>) and the horses are beneficiaries of Phoenix Rising Rescue (<https://helpsavehorses.org/>). Part of your experience will be giving back to the horse that is doing such good work as your equine helper (the horse). You will learn how to be safe around your equine helpers, take care of the equine helpers (even clean out a stall), the rules of the barn, how to groom an equine helper, and even a little equine massage.

How to apply?

1. Fill out the application form completely.

Equine Assisted Learning and Therapeutic Experiences (EAL-TE)
Catherine Cook-Cottone, PhD, Licensed Psychologist
www.catherinecookcottone.com
(updated 3/2024)

2. Return the completed application to Catherine Cook-Cottone, PhD. 153 Mount Vernon Rd. Amherst, NY, 14226. or email to cpcook@buffalo.edu.

Please fill out the application to the best of your ability. The more information you can provide us about yourself the better. This allows us to find the best team fit, helps in lesson plans, healing and reaching our goals.

I will contact you as soon as your application is received. We also look at the best horse(s), equine specialist, and mental health professional, and volunteers for each participant. While you may be the last person on the waiting list, you may be the best fit for the next open spot. We will let you know as soon as we have an opening that we feel is a good fit, but you are welcome to check in with us from time to time.

We have a 24 hour cancellation policy. If you cancel within 24 hours of your session, you will be charged for your session.

We require payment at the beginning of each session. Note, that if payment is not received by the beginning of the following session, we will charge your card on file and your lesson time will be given to another participant.

For those with self-regulation challenges, hitting, hurting, swearing, or yelling at the horse or team members will not be tolerated. Our animals and our team members are our livelihood. We are not here to discipline; we are here for healing and helping each participant to reach their goals.

Equine Assisted Learning and Therapeutic Experiences does not discriminate based on disabilities, race, sex, age, religion, or ability to pay.

Equine Assisted Learning and Therapeutic Experiences Application

Date: _____

Personal Information Section:

Last Name: _____ First Name: _____

Preferred Name: _____

Male - Female - Gender Neutral – other: _____

Date Of Birth: _____ Age: _____ [] I am over 18 years of age

Height: _____ Weight: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City, State: _____

Zip Code: _____

The best way to reach me is: _____

Your Occupation: _____

Employer: _____

I am interest in:

[] Individual 60 minute sessions (\$150)

[] individual 90 minute sessions (\$200)

[] group sessions (I do not have a group; I would like to be added to an existing group- \$40 a person)

[] groups session (I have a group- \$40 a person)

[] contract for a workshop (price TBD)

I was referred by or heard about your program from-please list name and/or explain:

Therapeutic and Riding History of Participant:

What is the reason you are applying for the EAL-TE program?

If applicable, Diagnosis: _____

Do you use any of the following aids? Wheelchair - Cane - Braces - Walker - Crutches - Please describe any types of accommodation or assistance you need:

Have you ever been involved with horses, 4H, or equine therapy before? No - Yes If yes please explain, including for how long:

Please detail the other types of therapy you are doing or have done in the past:

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If you are in therapy now, who is your current therapist? (please write DNA- if this does not apply to you)

Therapist Name: _____

Address: _____

Phone: _____

I have spoken to my therapist about this program and have include a release of information so my therapist can communicate with Dr. Cook-Cottone. (please ask you therapist for a release of information, complete it and sign and include it with this application)

Were you referred by a medical professional or government agency? Yes - No

Detail the reason they referred you.

I have spoken to the referring medical professional or government agency about this program and have include a release of information so the referring party can communicate with Dr. Cook-Cottone. (please ask you therapist for a release of information, complete it and sign and include it with this application)

List other extracurricular activities you are in: (describe below)

Are you a veteran? Briefly describe you service below:

Tentative Program Goals

This section is for you to write what you are hoping to address during your EAL-TE sessions. Your equine specialist and/or mental health professional will work with you to modify or adjust these during intake to assure that your goals aligned with program offerings. Your input here will help us design your program and match you with a team and equine helper(s) (horse[s]).

Program Goals:

What are your short-term goals: (i.e., behavioral changes, self-regulation changes, improvements, -please be specific)

1.
2.
3.

What additional information can you share with us about the participant? (Use of aids, how to regulate, health concerns, likes or dislikes)

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EMERGENCY INFORMATION SHEET

Personal Information Section:

Last Name: _____ First Name: _____

Preferred Name: _____

Male - Female - Gender Neutral – other: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City, State: _____

Zip Code: _____

Emergency Contact and Information:

[] In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize EAL-TE personnel to:

1. secure and retain medical treatment and transportation if needed; and
2. release participant records upon request to authorized medical personnel.

In the event of an emergency contact: _____ Phone: _____

Second emergency contact: _____ Phone: _____

Physicians Name: _____ Phone: _____

Health Insurance Company: _____ Policy

#: _____

Consent:

Consent is given for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while of the property of Equine-Assisted Therapy, Inc. This authorization includes, x-rays, surgery, hospitalization, medication, and any treatment procedure deemed “lifesaving” by the physician. The provision will only be invoked if the participant is not responsive, and the emergency contact is unable to be reached. Consent

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Signature: _____ Date: _____

Photo Release

In consideration for being accepted into Equine Assisted Learning and Therapeutic Experiences (EAL- TE) programs and for the valuable benefits I receive from participating in the program and promoting the program, I _____, hereby authorize EAL-TE., its advertising agencies or the news media to have photographs, films, or other audio-visual materials taken of the participant for promotional material, educational activities, exhibitions or for any other use for the benefit EAL-TE program.

I hereby indemnify and hold Equine Assisted Learning and Therapeutic Experiences (EAL- TE) programs harmless against any and all claims of damages arising out of the use of any such photographs or films of me or audio-visual materials containing the participants' image.

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____ Date: _____

Participant Release and Indemnification Agreement

**WARNING
UNDER NEW YORK LAW, AN EQUINE
PROFESSIONAL OR EQUINE ACTIVITY
SPONSOR IS NOT LIABLE FOR AN
INJURY TO OR THE DEATH OF A
PARTICIPANT IN EQUINE ACTIVITIES
RESULTING FROM THE INHERENT
RISKS OF EQUINE ACTIVITIES,
PURSUANT TO SECTION 18-404
OF THE GENERAL OBLIGATIONS LAW.**

WARNING: UNDER NYS LAW, AN EQUINE PROFESSIONAL OR ANY EMPLOYEE/VOLUNTEER THEREOF, IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE NYS Law Section 18- 404.

I acknowledge and understand the inherent risks of equine activities and that horsemanship experiences can result in injury and even death. In consideration for being accepted into the Equine Assisted Learning and Therapeutic Experiences (EAL-TE) program and for the benefits I receive from participating in the program, I, _____, hereby consent to assume the risks of me participation in the horsemanship program sponsored by Equine Assisted Learning and Therapeutic Experiences (EAL-TE) program.

I hereby consent to assume the risks of my participation in the horsemanship program sponsored by Equine Assisted Learning and Therapeutic Experiences (EAL-TE) program. Accordingly, I hereby, intending to be legally bound for myself, my heirs, assigns, executors, and/or administrators, waive and forever release, acquit, discharge, and hold harmless, Equine Assisted Learning and Therapeutic Experiences (EAL-TE) program; the owners of the facilities and properties on which Equine Assisted Learning and Therapeutic Experiences (EAL-TE) program conducts its therapeutic and equine related programs and activities, including but not limited to, the City of Town and Country and the Town of Clarence, Spruce Meadow Farms, Phoenix Rising Rescue; the officers, directors, agents, employees, representatives, therapists, instructors, equine specialists, and volunteers Equine Assisted Learning and Therapeutic Experiences (EAL-TE) program; and any other person(s) associated with Equine Assisted Learning and Therapeutic Experiences (EAL-TE) program. therapeutic and equine-related programs and activities, and the successors and assigns of each and all of the above mentioned parties, from all manner of claims, demands, and damages of every kind and nature whatsoever I may now or in the future have against these parties due to any loss or personal injury, physical or mental condition, whether known or unknown to myself, and the treatment thereof, as a result of, or in any way connected with Equine Assisted Learning and Therapeutic

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[\(updated 3/2024\)](#)

Experiences (EAL-TE) program and equine-related programs or activities, or growing out of acts or omissions or caused by negligence or in any way incidental to Equine Assisted Learning and Therapeutic Experiences (EAL-TE) program therapeutic and equine related programs and activities. I have asked or have had the opportunity to ask any and all questions that I may have relating to the risks involved in therapeutic and equine related programs and activities. I fully understand and accept these risks.

Name: _____ Signature: _____

Date: _____

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SPRUCE MEADOW FARM
Release and Hold Harmless Agreement

The Undersigned assumes the unavoidable risks inherent in all horse related activities, including, but not limited to bodily injury and physical harm to horse, rider, and spectator.

In consideration, therefore, for the privilege of riding and/or working around horses at Spruce Meadow Farm, located at 10333 Keller Road, Clarence, New York, the Undersigned does hereby agree to hold harmless and indemnify Al & Karla Deacon and Spruce Meadow Farm and further release them from any liability or responsibility for accident, damage, injury or illness to the undersigned or to any family member or spectator accompanying the Undersigned on the premises.

Cancellation Policy: Student must give 24 hour notice of cancellation or they are responsible for the cost of their lesson; except in the event of illness or emergency.

I hereby give permission for my son/daughter to participate in the entire program, and permission for Spruce Meadow Farm to act in my behalf in case of sickness or emergency. I understand that photographs of my child from the camp season/farm activities are available for publication and that my positive statements about Spruce Meadow Farm may be used as testimonials in materials publicizing the programs. This application has my approval and consent

SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN

FOR (CHILD'S NAME)

STREET ADDRESS

CITY, STATE AND ZIP

PHONE

EMAIL

PLEASE PRINT NAME ABOVE

WARNING
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PROFESSIONAL OR EQUINE ACTIVITY
SPONSOR IS NOT LIABLE FOR AN
INJURY TO OR THE DEATH OF A
PARTICIPANT IN EQUINE ACTIVITIES
RESULTING FROM THE INHERENT
RISKS OF EQUINE ACTIVITIES,
PURSUANT TO SECTION 18-404
OF THE GENERAL OBLIGATIONS LAW.

Review, Attestation, and Confirmation Page

Final confirmation of understanding and agreement (please check all boxes and sign below).

Application

- I have completed all section of the application form and answered all questions honestly and to the best of my ability.
- I have included emergency contact information

Authorizations, Warnings, and Releases

- I authorize EAL-TE personnel to:
 1. secure and retain medical treatment and transportation if needed; and
 2. release participant records upon request to authorized medical personnel.
- I have included signed and completed release of information forms for my therapist and/or medical personnel/government agency (if applicable)
- I have completed the photo release form
- I have read and understand the NYS inherent risk equine warning.
- I have completed the Spruce Meadow Farm Release and Hold Harmless Agreement

Safety and Clothing

- Safety first- I agree to follow the instructions of the equine specialist and mental health professional at all times to keep you and the horses safe.
- I agree to wear barn clothing (e.g., Jeans and a top or coat that is sturdy and that is suitable for barn and horse work and its okay with me if it gets dirty or stained).
- I will wear closed toed shoes at all times (with horses and while in the arena). I am aware that horses might accidentally step on my foot and will wear appropriate footwear.

Printed Name: _____

Signature: _____

Date: _____