

Dear Prospective Participants of the BINA Farm Center,

Thank you for your interest in BINA Farm Center. Enclosed, you will find general information on our programs and the application process. Prospective participants need to fill out all applicable releases and waivers prior to participating.

MISSION

BINA Farm Center brings together individuals with and without special needs by offering a variety of inclusive enrichment programs that help them to both thrive personally and make their best contribution towards the communities in which they live. BINA provides a comprehensive therapeutic and recreational environment utilizing Equine-Assisted Activities and Therapies, Vocational Training Programs and Creative and Complementary Therapies for children and adults with physical, developmental and emotional challenges.

Application Process: The following forms are mandatory prior to participation, and must be fully completed:

- Registration & Release Form
- Emergency Medical Treatment Form
- Health History
- Consent for Release of Information
- Participant's Medical History & Physician's Statement (the letter to the Physician regarding this form is enclosed)
- Therapist Form (OT/PT) (if applicable)
- Mental Health Data Form (if applicable)
- Release of Liability for the BINA Farm, Inc., Dana Hall School, & J.P.C., LLC Release and Hold Harmless Agreements
- Dana Hall School Karen Stives '68 Equestrian Center Waiver and Information Sheet

Each form must be signed by the appropriate party, and are not valid unless they are signed and dated.

Scheduling: BINA's programs run in sessions, and there are 4 seasonal sessions throughout the year. Lessons/classes are scheduled for the same day and time each week for the length of a session.

Attendance and Cancellation: BINA expects consistent attendance by all participants. If you are unable to attend a regularly scheduled lesson, notification must be made by contacting our office at 508-651-2462 or via email to info@binafarm.org. If you are cancelling with less than 24 hours' notice or cancelling a weekend lesson, please call your instructor directly so sufficient notice may be provided to staff and volunteers. Make-up lessons and refunds are not provided for cancellations by participants.

Attire: Participants should dress weather appropriate and always wear long pants (even during summer), with sturdy-soled boots or shoes with a ¼ heel. Jackets and gloves are required for cold weather as the indoor arena is not heated. Riders must wear ASTM-SEI Certified horseback riding helmets.

Weight Limit: Each horse in our herd has a veterinarian assigned weight limit based on a number of factors including the horse's age, size, fitness, and health. Participants must maintain a weight under BINA's weight limit in order to participate in mounted activities.

Should you have any questions regarding the application process, enclosed forms, arranging a visit, or the wait list status, please contact us at 508-651-2462 (BINA). **When you have completed your application, either mail it to our office at BINA Farm Center, 207 Union Street, Natick, MA 01760, fax it to 508-651-2463 or scan and email it to info@BINAfarm.org.**

Sincerely,
Dale Wechsler McCarthy
Executive Director

REGISTRATION AND RELEASE FORM

Participant's Name _____ Date of Birth ____/____/____ Age _____

Employer/School _____

Primary Contact Name _____

Check one: Parent Guardian Executor Residential Mgr. Other: Specify _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone () _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

E-mail _____

Please indicate all days and specific times that you are available for lessons:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO RELEASE: By engaging in activities at the BINA Farm, Inc. and Dana Hall School, I understand that I/my child/my ward may be photographed or videotaped, and I hereby give the BINA Farm, Inc. and Dana Hall School the unqualified right to take and use such pictures and/or recordings, and grant the perpetual right to use the same, without compensation, for any legitimate business purpose.

I Consent I Do Not Consent Date: _____ Signature _____

If participant is under 18 years of age, parent/guardian signature is required

BINA FARM CENTER STATEMENT OF PARTICIPANT ELIGIBILITY OR DISMISSAL:

Eligibility for participation in the BINA Farm's programs is based solely upon an individual's ability to participate meaningfully & safely, provided the necessary resources are available including: an instructor, horse, volunteers & class available which meets an individual's needs. Due to the nature of Equine-Assisted Activities & Therapies, there are individuals for whom BINA's programs are deemed inappropriate during the evaluation process & are not accepted for enrollment or not eligible to continue in BINA's programs. This determination is made on the basis of physical, behavioral & other limitations in accordance with BINA's policies (including weight limit) and PATH International's Standards Manual. Individuals accepted into BINA's programs are required to take part in periodic progress reviews & follow BINA's rules & procedures. During these reviews, or as the result of unusual occurrences during a program session, BINA professional staff may find that continuance in the program for a given individual is inappropriate. For this reason, BINA Farm reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of the BINA Farm and/or the individual concerned. BINA Farm reserves the right to cancel, end or change a person's participation in any program if their behavior is a threat to their health & safety or to another participant, staff member or animal.

Date: _____ Signature _____

If participant is under 18 years of age, parent/guardian signature is required

AUTHORIZATION TO COMMUNICATE WITH PARENT/GUARDIAN (for participants 18 and over):

I am over 18 and I authorize BINA Farm and its employees to communicate with my parent/guardian to assist in planning effective programming for me. I understand that personal information, including information relating to my health, may be discussed in these conversations.

Date: _____ Signature _____

Participant Signature (if over 18)



EMERGENCY MEDICAL TREATMENT FORM

Name: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Physician's name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Authorization for Emergency Medical Treatment: In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize the BINA Farm, Dana Hall School, and J.P.C., LLC to secure and retain medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in the emergency medical treatment.

Date: _____ Consent Signature: _____

Participant (If over 18), Parent or Legal Guardian

*If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.

HEALTH HISTORY

The safety of our participants is the utmost priority at BINA, and answering the following questions honestly will help us to provide a safer, more individualized, and valuable experience for you.

Name: _____ DOB: _____

Diagnosis (if applicable): _____ Date of Onset: _____

Please indicate current or past areas of concern in the following areas:

	Y	N	Comments		Y	N	Comments
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Date of last seizure: _____	Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	
Visual	<input type="checkbox"/>	<input type="checkbox"/>		Muscular	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory	<input type="checkbox"/>	<input type="checkbox"/>		Balance	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language/Communication	<input type="checkbox"/>	<input type="checkbox"/>		Orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>		Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Circulatory	<input type="checkbox"/>	<input type="checkbox"/>		Attention	<input type="checkbox"/>	<input type="checkbox"/>	
Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>		Emotional/ Psychological	<input type="checkbox"/>	<input type="checkbox"/>	
Auditory	<input type="checkbox"/>	<input type="checkbox"/>		Pain	<input type="checkbox"/>	<input type="checkbox"/>	

Other Health Issues Please list any other health issues not addressed above, including past/prospective surgeries.

Physical Function Describe any challenges with joints, mobility, spine, and any other areas of concern.

Cognitive/Learning Skills (i.e. Learning disabilities, processing challenges, etc.)

Goals (i.e. riding skills, behavioral changes, physical improvements, paying attention) Please be specific:

Describe any previous horseback riding experience: _____

To the best of my knowledge, the above information is up to date and accurate.

Date: _____ Signature: _____

Participant (If over 18), Parent or Legal Guardian

LETTER TO THE PHYSICIAN REGARDING PHYSICIAN STATEMENT

Date: _____

Dear Health Care Provider:

Your patient _____
Participant's Name

is interested in participating in supervised equestrian activities. Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities and therapies, please feel free to contact us at 508-651-2462(BINA) or email info@BINAfarm.org.

In order to safely provide this service, our center requests that you complete/update the attached *Medical History and Physician's Statement Form*. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Please indicate whether any of the following conditions are present by checking the boxes below:

Orthopedic

- Atlantoaxial Instability - include neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Fusion/Fixation
- Spinal Instability/Abnormalities

Neurologic

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chiari II malformation/
- Tethered Cord/Hydromyelia

Other

- Age - under 4 years
- Indwelling Catheters
- Poor Endurance
- Skin Breakdown

Medical/Psychological

- Allergies
- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions (e.g. RA, MS)
- Fire Setting
- Heart Conditions
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder

Completed by:

Name/Title _____	MD DO NP PA Other _____
Signature _____	Date _____
Address _____	
Phone: (_____) _____	License/UPIN Number _____

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

BINA Farm Center accepts THIS FORM ONLY, and it must be completed, signed and dated.

Participant _____ DOB: _____ Height: _____ Weight: _____

Diagnosis _____ Date of Onset _____

Past/Prospective Surgeries _____

Medications _____

Seizure Type _____ Controlled: Y N Date of Last Seizure _____

Shunt Present: Y N Date of last revision _____

Special Precautions/Needs _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive devices _____

For participants with Down Syndrome:

AtlantoDens Interval X-rays, date _____ Result: + --

Neurologic Symptoms of AtlantoAxial Instability _____

This participant is up-to-date on all the following routine childhood immunization:

	Yes	NO	Date:
Measles			
Rubella			
Tetanus			
Pertussis			
Polio			
Diphtheria			
Other:			

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participating in Equine-Assisted Activities and Therapies. I understand that the BINA Farm Center will weigh the medical information against the PATH Intl.'s existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

****VALID ONLY IF SIGNED AND DATED****

Name/Title _____ MD DO NP PA Other _____
 Signature _____ Date _____
 Address _____
 Phone: (_____) _____ License/UPIN Number _____

THERAPIST FORM (OT/PT/SPT – if applicable)

Please fill in applicable information that may be incorporated into the riding program. Thank you.

Name: _____ DOB: _____

Diagnosis: _____

VisualMotor/PerceptualMotor: _____

Sensory Processing: (areas of concern/sensitivity): _____

Motor Skills: (fine motor, motor planning) _____

Joint Evaluation: _____

Functional Ability & Reflex Limitations: _____

Self-Care: _____

Adaptive Equipment (mobility, discreet trial training, ADL, Augmentative communication, PECS, etc.): _____

Sitting balance: (include static/dynamic surfaces): _____

Behavior: _____

Safety Awareness: _____

Therapy Goals: _____

Successful Intervention Strategies used: (sensory modalities, behavioral rewards, etc.) _____

Primary Therapist Signature: _____ Date _____

Print Name/Address/Phone _____



MENTAL HEALTH DATA FORM (If applicable)

Client's Name _____

Presenting Problems

Diagnosis (DSM-IVTR)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V (GAF) _____

History

Current Medications

Drug	Dose	Route	Time	Purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Psychiatric Treatment History

Where When Diagnosis

Current Therapy: _____

Outpatient Therapy: _____

Inpatient Therapy: _____

Therapist/Treatment Coordinator Signature _____ Date _____

Print Name/Address/Phone _____

Release of Liability for The BINA Farm, Inc., Dana Hall School & J.P.C., LLC

This is a legal document. Please seek legal counsel if you don't understand the content prior to signing.

This Participation Agreement (the "Agreement") is made and entered into this [redacted] day of [redacted] 20[redacted], by and between The BINA Farm, Inc., the Dana Hall School & J.P.C., LLC (collectively with The BINA Farm, Inc., the "Farm"), and [redacted] ("Participant"), and if Participant is a minor, Participant's parent or guardian, [redacted] ("Parent"). In return for use, today and on all future dates, of the property, facilities and services of the Farm, Participant (and, if applicable, Parent), intending to be legally bound, hereby expressly agree to the following:

1. Insurance. It is the sole responsibility of Participant (and/or, if applicable, Parent) to carry full medical and liability insurance coverage on Participant's horse (if not provided by the Farm) and full property and liability insurance coverage on Participant's personal property. It is the sole responsibility of Participant (and/or, if applicable, Parent) to pay any medical costs and expenses arising from Participant's use of or presence upon the Farm's property or facilities or any property or facilities of other persons made available to the Farm for use by Participant.
2. Inherent Risks and Assumption of Risks. Participant (and, if applicable, Parent) acknowledges that there are inherent risks, including the risk of grievous bodily harm, associated with horseback riding and/or interacting with horses, including, but not limited to, the propensity of horses to behave in ways such as running, bucking, biting, kicking, stumbling, rearing, falling or stepping and the unpredictable reactions horses may have to such things as sounds, sudden movement and unfamiliar objects, persons or other animals. Participant (and, if applicable, Parent) further acknowledges that the behavior of any animal is contingent to some extent upon the ability of Participant. Participant (and, if applicable, Parent) further acknowledges that there are inherent risks, including the risk of grievous bodily harm, associated with the Farm's other program activities, which include rock climbing, gardening, yoga, dance, music, art and swimming activities. Participant (and, if applicable, Parent) further acknowledges that there are inherent risks, including the risk of grievous bodily harm, associated with use of the Farm's equipment, which is given to wear and tear, and associated with presence upon the Farm's arenas, fields, pastures and/or other land.

Notwithstanding the foregoing, Participant (and, if applicable, Parent) feels that the possible benefits to, as applicable, himself/herself or his/her child/ward are greater than the risks assumed. Participant agrees to assume (and, if applicable, Parent permits Participant to assume) ANY AND ALL RISKS INVOLVED IN, OR ARISING FROM, Participant's use of or presence upon the Farm's property or facilities or any property or facilities of other persons made available to the Farm for use by Participant, including, but not limited to, the risks of death, bodily injury or property damage, the unavailability of emergency medical care, and the negligence or deliberate act of another person.

Participant (and, if applicable, Parent) warrants that a full and accurate disclosure of Participant's medical, physical, emotional and mental abilities and conditions has been made to the Farm and undertakes to inform the Farm immediately in writing should any such abilities or conditions change in any material respect or the information disclosed in the application forms change in any respect. Participant (and, if applicable, Parent) acknowledges that in no event shall the Farm be responsible for inquiring into Participant's medical, physical, emotional or mental abilities or conditions or any change in any such abilities or conditions.

WARNING

Under Massachusetts law, an equine professional 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 2D of Chapter 128 of the Massachusetts General Laws.

3. Release and Covenant not to Sue. Participant (and, if applicable, Parent) agrees to release the Farm and each of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, benefactors, employees, volunteers, agents, independent contractors, insurers and lessors (including the owner of the property upon which the Farm is located) from any and all liability whatsoever and agrees not to sue any of them for any claims, causes of action, injuries,



damages, costs or expenses (including consequential damages) that in any way arise from or are in any way connected with Participant's use of or presence upon the Farm's property or facilities or any property or facilities of other persons made available to the Farm for use by Participant, including, without limitation, those based on death, bodily injury or property damage, even if such death, bodily injury or property damage is caused by the negligence of the Farm, its employees, volunteers, representatives or agents.

4. Waiver of Duty. Participant (and, if applicable, Parent) acknowledges that the Farm shall not be responsible for any supervision of Participant at any time other than during Participant's scheduled lesson and shall not be responsible at any time for the supervision of any other person (including any minors) on the Farm. Regarding the Farm's supervision of Participant during Participant's scheduled lesson, Participant (and, if applicable, Parent) further acknowledges that the Farm will undertake sufficient efforts to determine Participant's ability to engage in any equine activity and that the equine professional(s) assigned to Participant by the Farm will have sufficient knowledge of Participant's equine and horseback riding skills as to release said equine professional(s) from any duty, to the extent such a duty may otherwise apply, to monitor Participant's equine activities.
5. Waiver of Statutory Provisions. Participant (and, if applicable, Parent) agrees to waive the protection afforded by statute or law in any jurisdiction (e.g., California Civil Code § 1542) whose purpose, substance and/or effect is to provide that a general release not extend to claims, material or otherwise, that the person giving the release does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the released party.
6. Indemnification. Participant (and, if applicable, Parent, jointly and severally) agrees to indemnify the Farm and each of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, benefactors, employees, volunteers, agents, independent contractors, insurers and lessors (including the owner of the property upon which the Farm is located) against any and all claims, causes of action, damages, judgments, costs or expenses (including attorney's fees) that in any way arise from or are in any way connected with Participant's use of or presence upon the Farm's property or facilities or any property or facilities of other persons made available to the Farm for use by Participant.
7. Rules and Regulations. Participant (and, if applicable, Parent) agrees to abide by all of the Farm's rules and regulations that may be in effect from time to time.
8. Horse Must Be In Proper Health. If Participant is using his or her own horse, or a horse not provided by the Farm, Participant (and, if applicable, Parent) warrants that the horse shall be free from infection and from contagious or transmissible disease. The Farm reserves the right to refuse access to or use of any horse that does not appear to the Farm to be in proper health or is deemed by the Farm dangerous or undesirable.
9. Limitation of Actions. Any action brought under this Agreement shall be brought within one (1) year of the incident or accident giving rise to such claim. Participant (and, if applicable, Parent) agrees that damages for any claim permitted under this Agreement shall be limited to actual expenses incurred and a maximum of \$250 for property damage and of \$10,000 for damages such as pain and suffering.
10. Governing Law. This Agreement is non-assignable and non-transferable and is made and entered into in the Commonwealth of Massachusetts and shall be enforced and interpreted under the laws of the same (without giving effect to the choice of law provisions thereof). When the Farm and Participant (or Parent, if Participant is a minor) sign this Agreement, it will be binding on all parties, subject to the above terms and conditions.

By signing this Agreement in the space provided below, Participant (or Parent, if Participant is a minor) acknowledges that he/she has read and fully understands the content of this Agreement and freely enters into it.

Participant Signature (If over 18)

Printed Name

Parent or Legal Guardian Signature (if participant is a minor)

Participant's Address

Phone

Liability Release for ALL Individuals Accompanying Participant to Lessons

Please fill out this form with the name, signature, and date for ALL individuals who may be accompanying the participant to lessons. This includes, but is not limited to, siblings, parents, extended family, caregivers, teachers, aides, and specialists. If the individual is over 18, he/she must sign his/her own name. For all minors under the age of 18, a parent/guardian signature is required.

Participant's Name:

First

Last

LIABILITY RELEASE: I acknowledge the risks of horseback riding and/or interacting with horses and of the other program activities, including rock climbing, gardening, yoga, dance, music, art and swimming, for which I may be present. I also acknowledge the risks posed by the equipment used in connection with such activities and the hazards that may be presented by the arenas, fields, pastures and/or other land on which such activities take place. Notwithstanding the foregoing, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound, agree to release The BINA Farm, Inc., the Dana Hall School & J.P.C., LLC (collectively with The BINA Farm, Inc., the "Farm") and each of the Farm's successors, assigns, subsidiaries, franchises, affiliates, officers, directors, benefactors, employees, volunteers, agents, independent contractors, insurers and lessors (including the owner of the property upon which the Farm is located) from any and all liability whatsoever and agree not to sue any of them for any claims, causes of action, injuries, damages, costs or expenses (including consequential damages) that in any way arise from or are in any way connected with my use of or presence upon the Farm's property or facilities or any property or facilities of other persons made available to the Farm, including, without limitation, those based on death, bodily injury or property damage, even if such death, bodily injury or property damage is caused by the negligence of the Farm, its employees, volunteers, representatives or agents. I acknowledge that I have read this Liability Release in its entirety, that I understand its terms and that I have signed it voluntarily and with full knowledge of the effects thereof.

I agree that I will supervise any other minors under the age of 18 also brought to the premises. Initial

I understand that I, the participant, and all guests MAY NOT approach and/or touch any animal without the supervision of BINA Farm staff. Initial

Adults Over the Age of 18:

- | | | | |
|----|--------------|-----------|------|
| 1. | | | |
| | Printed Name | Signature | Date |
| 2. | | | |
| | Printed Name | Signature | Date |
| 3. | | | |
| | Printed Name | Signature | Date |
| 4. | | | |
| | Printed Name | Signature | Date |

Minors under the age of 18:

- | | | | |
|----|--------------|---------------------------|------|
| 1. | | | |
| | Child's Name | Parent/Guardian Signature | Date |
| 2. | | | |
| | Child's Name | Parent/Guardian Signature | Date |
| 3. | | | |
| | Child's Name | Parent/Guardian Signature | Date |
| 4. | | | |
| | Child's Name | Parent/Guardian Signature | Date |