

Hidden Acres – “Respite Ranch”

A Rejuvenation Session

Relax and unwind with horses...

*Two dates available for 2016-
Sat, April 30th * Sun, June 26th
Each session: 2-5pm (check in at 1:45pm)*

Life can be busy and sometimes stressful. Treat yourself to some horse “therapy.”

Horses are sensitive and intuitive by nature and we are naturally drawn to their quiet strength. Just being around them can have a calming effect.

Give yourself the time to pause and unwind at the farm as Hidden Acres staff leads you through a series of ground activities with the horses, which are designed to help you relax and practice mindfulness. Reconnect with your authentic self and the environment!

The focus of this session is relaxation and self care. A great opportunity for parents, caregivers and those involved in helping others.



Join us at Hidden Acres Farm, 45 Gabriel Dr., Naugatuck, CT 06770

Experience with horses is not required. Workshop attendees will take part in hands-on ground exercises (not riding) guided by Certified Instructors and Equine Specialists. To register, complete bottom portion & return with payment. Space is limited. Session cost: \$75 per person. Some scholarships may be available. Questions? Email hiddenacres2@gmail.com.

COMPLETE AND RETURN BOTTOM PORTION

Please register me for Respite Ranch on (select one): Sat, Apr 30th ___ or Sun, Jun 26th

Name: _____ Tel. _____

Address: _____ Zip _____

Email _____ Occupation _____

(select one) I have no horse experience ___ Some horse experience ___ Significant horse exp. ___

Please make check payable & return to: Hidden Acres TRC, PO Box 1879, Naugatuck, CT 06770

www.hiddenacrestrc.org

**HIDDEN ACRES THERAPEUTIC RIDING CENTER, LLC
SPECIALTY PROGRAM
LIABILITY RELEASE & AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Participant Name: _____ D.O.B. _____ Age: _____
Weight: _____ Height: _____ Diagnosis/Disability(if applicable): _____
Street Address: _____ Town _____ zip _____
Home Phone: _____ Cell _____ Email _____
Parent/Guardian/Contact Name: _____
Billing address (if different from part.) _____
School/ Institution Presently Attending: _____ How did you hear about us: _____

Demographic Info. As a non-profit, Hidden Acres relies on funding sources that require this information.
Please check: Male Female Veteran yes No
Household Income: below \$15,000 \$15,000-24,999 \$25,000-39,999 \$40,000-54,999 \$55,000+
Ethnicity: white African-Amer. Asian Nat. Amer. Hispanic Other

EMERGENCY INFORMATION - In the Event of an Emergency:

Preferred Medical Facility: _____
Primary Emergency Contact: _____ Relationship: _____
Phone: () _____ Alternate name &ph: _____
Health Insurance Co: _____ Policy #: _____

Please list any food or other allergies, medications, or current health concerns: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & CONSENT PLAN

In the event that 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 Hidden Acres Therapeutic Riding Center to: Secure and retain medical treatment and transportation, if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) listed cannot be reached.

Date: _____ Consent Signature _____
Client, parent or legal guardian

PHOTO & PR RELEASE (please check one) I hereby consent to and authorize, or I do not consent to, nor do I authorize, the use and reproduction of any and all photographs and other audiovisual materials taken of me by Hidden Acres Therapeutic Riding Center, LLC for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: _____ Signature: _____
Client, parent or legal guardian

LIABILITY RELEASE (Required): _____ (Part.Name) would like to participate in the Hidden Acres Therapeutic Riding Center, LLC Program. I acknowledge the risks and potential for risks of horseback riding and equine activities including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Hidden Acres Therapeutic Riding Center, LLC its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release for in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____ Signature: _____
Client, parent or legal guardian