



**Information Collection Statement**

All of the information collected by these forms is collected so that we can provide the best services for your needs. Information is collected for the purposes of these programs and will only be shared between Clannad Counselling & Consulting Inc. and Rohan Wood Stables. Information will not be distributed to any third party organization unless written informed consent is obtained.

The only exception is when we are required by law to provide information (for example, harm to self or others or by court order).

|  |  |                       |
|--|--|-----------------------|
| <b>Date:</b>   |  |                       |
| <b>Participants Full Name<br/>(First, Middle, Last):</b> |  | <b>Date of Birth:</b> |
| <b>Physical address:</b>                                 | <b>Mailing Address (if different):</b>   |                       |
| <b>Phone Number:</b>                                     | <b>May we leave a message?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                       |
| <b>Other Phone Number:</b>                               | <b>May we leave a message?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                       |
| <b>E-mail Address:</b>                                   |  |                       |



|  |  |
|--|--|
| <b>Participants Full Name:</b>   |  |
| <b>Which Equine Supported Wellness Group are you registering for?</b>  |  |
| <input type="checkbox"/> Natural Instincts (\$45/week)<br>16 + years old<br>Monday Evenings – 7:15-8:30p.m.                | <input type="checkbox"/> Session 1: May 3, 10, 17, 31<br><input type="checkbox"/> Session 2: June 7, 14, 21, 28        |
| <input type="checkbox"/> Reining in Our Resources (\$75/week)<br>18 + years old<br>Friday Mornings – 10:30a.m. – 12:00p.m. | <input type="checkbox"/> Session 1: April 30, May 14, 21, 28<br><input type="checkbox"/> Session 2: June 4, 11, 18, 25 |
| <input type="checkbox"/> Herd (\$75/week)<br>13-16 years old<br>Friday Mornings – 9:00-10:30a..m.                          | April 30, May 14, 21, 28   |
| <input type="checkbox"/> Stable Ground (\$75/week)<br>18+ years old<br>Friday Mornings – 9:00-10:30a.m.                    | June 4, 11, 18, 25   |

Please note: Payment of 50% of fee is required at time of registration. Remaining 50% of fee can be paid in lump sum, installments, etc. Payment plans can be discussed on an individual basis. Payment is required to be paid in full by the third week of programming.

Payments can be made by EFT/EMT sent to [info@clannad.ca](mailto:info@clannad.ca) or via credit card by calling (902) 365-3363 or completing this section of the form:

|   |                   |
|---|-------------------|
| Name on Card:   |                   |
| Card Number:  |                   |
| Expiration Date:  |                   |
| CVV (3 numbers on the back):  |                   |
| By signing here, I grant Clannad Counselling & Consulting Inc. permission to manually process 50% of payment fee associated with my registration. |                   |
| Signature:  | Date:<br>DD/MM/YY |



**Medical Information**

\*Please note: This information is only being collected in case of a medical emergency\*

|   |  |
|---|--|
| <b>Participants Full Name:</b><br>First, Middle, Last   |  |
| <p>Do you have any medical problems that you feel would be relevant for us to know about?<br/>         If yes, please list them.</p> <p>Are you taking any prescription medications?<br/>         If yes, please list them.</p> <p><b><i>In the unlikely event of an emergency where the Participant needs to be seen by a medical professional (paramedics, etc), the facilitators and staff need to know if the Participant takes any medications. In the event of an emergency, the emergency contact will be contacted.</i></b></p> |  |

**Emergency Contact Information**

|                    |  |                          |  |
|--------------------|--|--------------------------|--|
| Name:              |  | Relation to Participant: |  |
| Home Phone Number: |  | Cell Phone Number:       |  |

|                               |  |
|-------------------------------|--|
| Provincial Health Card Number |  |
|-------------------------------|--|

|   |
|---|
| Does the participant carry an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Reason: |
|---|

|   |
|---|
| Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>To what? |
|---|



**Participants Full Name:**

**Please initial each box after reading. This waiver is valid for the stated calendar year: 2021.**

**Rohan Wood Stables & Clannad Counselling & Consulting Inc. Waiver and Disclaimer Policy**

|  |  |
|--|--|
|  | <p><b>1)</b> I understand that the named Participant in Rohan Wood Stables (RWS) and Clannad Counselling &amp; Consulting Inc. and its activities and programs is completely voluntary, and I confirm that I have familiarized myself with the program and activities in which the Participant will be participating.</p>  |
|  | <p><b>2)</b> I recognize that certain hazards and dangers are inherent in RWS' &amp; Clannad's Equine Assisted activities. These activities include, but are not limited to, equestrian vaulting, horseback riding, leading horses, equestrian games and stable management. I acknowledge that although RWS and Clannad have taken safety measures to minimize the risk of injury to clients, participants and their property, RWS &amp; Clannad cannot guarantee that the clients/participants or their property will be free from injury or damage. I, release Rohan Wood Stables, and Clannad Counselling &amp; Consulting Inc. and their respective boards, directors, staff, agents and volunteers from any loss, personal injury, or damage that I/the named Participant or my/his/her property suffer. I acknowledge the importance of clients &amp; riders knowing and abiding by RWS's and Clannad's rules, regulations, and procedures for the safety of clients &amp; riders.</p> |
|  | <p><b>3) Medical Waiver:</b> In case of emergency, I hereby give permission to any staff or facilitators of RWS or Clannad to provide me/the named Participant with the proper and necessary first aid and medical treatment. My signature on this application shall give such staff or facilitators of RWS or Clannad the right to approve and obtain medical attention necessary for my welfare and good health including, but not limited to, ordering injection, anesthesia or surgery. In such situation, RWS or Clannad will attempt to contact the Emergency Contact Person as soon as possible. I agree to be responsible for any expenses that may result from such medical services including but not limited to, any ambulatory charges.</p>  |
|  | <p><b>4) COVID-19 Waiver:</b> I hereby agree that I/the named Participant will not take part in any form of programming or therapeutic session should I have any of the currently known COVID-19 symptoms, as outlined by Public Health. Every visitor to RWS will complete a waiver and screening upon arrival at RWS indicating that at the time of arrival, they do not have any symptomology and meet all criteria to safely participate in any programming or therapeutic sessions.</p>   |
|  | <p><b>5) Release of Information</b> I hereby give permission for the information on all forms required by this program (Intake, Registration, Additional information, surveys, feedback forms, etc) are to be stored and used for RWS' and Clannad's purposes. I understand that the information will be used for direct mailings for Participant follow-up and will not be shared to any other outside organization unless informed consent is received.</p>  |



|   |                                |  |
|---|--------------------------------|--|
| <p><b>6) Bodily Contact Policy:</b> Due to the nature of working with horses or in the event of a mounted activity, I understand that Equine Specialist and trained facilitators may need to assist the named Participant when mounting or riding a horse. It may be necessary for them to lift the named Participant, correct the posture by placing hands at the front or back of the trunk, or to correct leg and hand positions. Any bodily contact provided by trained staff will be taken with the utmost discretion.</p> |                                |  |
| <p><b>7) Behavior Policy:</b> Any behavior that puts the named Participant &amp; other participant (s), horse(s), volunteers or staff at risk such as aggression, violence, unsafe riding practices, bullying, sexual aggression and any other behavior deemed inappropriate at the facilitator's discretion will be asked to leave the arena with the possibility for grounds of immediate dismissal from the program.</p>   |                                |  |
| <p><b>** You cannot participate in programs without this signature**</b></p>  |                                |  |
| <p>Date:<br/>DD/MM/YY</p>   | <p>Participants Full Name:</p> |  |
| <p>Signature:</p>   |                                |  |

**Picture/Video Release**

|  |                           |
|--|---------------------------|
| <p>I, _____ permit the use of videos and/or pictures of myself, the name Participant in promoting Rohan Wood Stables and Clannad Counselling &amp; Consulting Inc.'s Equine Supported Wellness, Equine Assisted Learning and other Equine Assisted Activities for future purposes.</p> |                           |
| <p>Signature:</p>  | <p>Date:<br/>DD/MM/YY</p> |

**Consent to Receive E-mails**

|  |                           |
|--|---------------------------|
| <p>By signing below I am consenting to receiving promotional emails, newsletters and updates from Rohan Wood Stables and Clannad Counselling &amp; Consulting Inc.</p> |                           |
| <p>Signature:</p>  | <p>Date:<br/>DD/MM/YY</p> |



**Confidentiality Policy**

**This policy only needs to be completed if you are attending Equine Supported Wellness programs.**

I, \_\_\_\_\_ recognize that through participation in group Equine Supported Wellness facilitated by Rohan Wood Stables and Clannad Counselling & Consulting Inc. will entitle me to certain information about other participants in the program and should be treated as confidential. All information shared and de-briefed during a session will only be discussed with the personnel of Rohan Wood Stables and Clannad Counselling & Consulting Inc.

**Personal Information**

- No personal information is gathered without your permission.
- To protect your privacy, we share this information with other Clannad Counselling & Consulting Inc. and Rohan Wood Stables staff working with you, only as needed.
- We only share information with persons outside Clannad Counselling & Consulting Inc. and Rohan Wood Stables with your written permission (or that of a guardian, where applicable).
- The only exception is when we are required by law to provide information (for example, harm to self or others or by court order).

**Service Evaluation information**

- Clannad Counselling & Consulting Inc. and Rohan Wood Stables collects some information to make sure we provide the best services possible.
- Any feedback you provide is confidential.

Clannad Counselling & Consulting Inc. provides you with a Service Users Bill of Rights. Information about confidentiality and collection of personal information is contained in the Bill of Rights.

Please read the Bill of Rights and sign below to indicate that you received it. Address any questions with the person welcoming you. This sheet will be kept in your file.

|                    |                   |
|--------------------|-------------------|
| Signature:         | Date:<br>DD/MM/YY |
| Witness Signature: | Date:<br>DD/MM/YY |

**In order to guarantee registration, you must return completed registration forms to Clannad Counselling & Consulting Inc:**

|         |   |
|---------|---|
| E-Mail: | info@clannad.ca                             |
| Mail:   | 535 Main Street, Kentville, N.S., B4N – 1L4 |
| Fax:    | (902) 365-2630                              |