

Equinect Membership form

Contact Details

Name:

DOB:

Phone number:

Email:

If the participant is under 18 (or without the capacity to complete) please tick to confirm you have parental authority or permission to complete on their behalf.

Emergency contacts

Name & relation:

Phone number:

Name and relation:

Phone number:

Medical history

Please inform us of any difficulties you may have so that the team can ensure your experience is as easy and enjoyable as possible.

What do you hope to gain from the experience?

This can include any of the activities you would like to try, goals, desired change in emotions, behaviours, thoughts etc.

Which part of Equinect is of interest to you?

- Equine interaction therapy
- Nature therapy
- Holistic therapies
- Self-development mental, emotional & physical
- Other (please specify)

The boring bit...

- We love (and we know you do to) capturing the special moments that happen during our sessions. To give everyone who attends access to these & to inspire others to join us, we can on occasion put pictures on our social media/website. Please tick here if you are happy for us to use photos that you may appear in.
- Data protection. Please tick here if you are happy for us to store these details for future visits. They will only be accessed by a team member in case of emergency or referral.
- Please tick here if you would like to receive occasional updates from Equinect regarding future events.
- I confirm to adhere to all instruction given by Equinect team members to ensure health and safety is maintained to a high standard for myself, others, the horses and property. I understand failure to do so may result in a request to leave the premises.

Equinect waiver and release of liability.

The undersigned participant, (the “participant” or “I”) desires to participate in the activities with Equinect, a non-profit organisation, including without limitation, being on property owned or used by Equinect and engaging with or being near horses (the “activities”). In consideration for being allowed to participate in the activities, the participant hereby agrees, on behalf of participant, and the participants personal representatives, assigns, heirs, and next of kin, and any other successors-in-interest who are bound by the terms of release, as follows:

1. RELEASE AND INDEMNITY.

I agree to release, hold harmless and indemnify Equinect and each of its trustees, volunteers, agents, employees, representatives, assigns, members, owners of premises, affiliated organisations, insurers and other acting on its behalf (“representatives”) from any and all present or future claims, losses, liabilities, costs, or expenses of whatever kind of nature including attorney’s fees (“liability”).

2. ACCEPTANCE OF RISK.

I understand that equine activities, including without limitation: Handling, being near horses & being on the property of Equinect have many dangers and risks that could result in personal injury, death and/or property damage

Date: _____

Signature: _____

Equinect