

Freedom Farm
11500 Ferman Avenue SW
Waverly, MN 55390
952-955-2505
info@freedomfarmmn.org www.freedomfarmMN.org

Hope & Healing with Horses 2024 Participant Checklist

Note: Please fill in all forms completely to ensure that participants are able to begin lessons on schedule.

___ **1. Read, sign and date the 'FREEDOM FARM 2022 POLICIES'.**

Please read it carefully!

___ **2. Complete, sign and date the 'Participant's Application and Health History'**

___ **3. Complete, sign and date the 'Authorization for Emergency Medical Treatment Form'**

___ **4. Read, sign and date the 'Release and Agreement'**

- Freedom Farm recommends each participant have their own helmet.
** Helmets must be approved ASTM/SEI Certified **
- Freedom Farm must coordinate volunteers, horse handlers and horses to provide each student with a safe and effective therapy session. We feel that scheduling is paramount to meeting not only our students' needs, but also those of our staff and volunteers. Participants *of all abilities achieve the greatest benefits from consistency in their lessons.* We ask that all our participants make a commitment to attend all scheduled lessons.
- Freedom Farm operates as a non-profit organization and has financial responsibilities to you and business suppliers. The policies were approved by the Freedom Farm Board of Directors. They are in place to ensure Freedom Farm's continued success.

Thank you for your continued commitment to Freedom Farm. Please call (952-955-2505) or email (info@freedomfarmmn.org) if you have further questions.

Freedom Farm 2024 Policies

2024 Lessons

Payment Policy

- \$95 per lesson
- Special Billing – Please call to let us know what is needed.

Helmets, boots/tennis shoes and long pants are required for all participants.

Absence & Cancellation Policy

Please give 24 hour notice whenever possible. This is very important so we have enough time to inform volunteers.

Freedom Farm reserves the right to deny participation in any program activity that, in the professional opinion of the Freedom Farm staff, presents a risk to the safety and/or well being of the horses, staff, volunteers and/or other participants.

PHOTO POLICY: Photos taken at Freedom Farm of participants/volunteers other than yourself or your child may not be posted to Facebook or other social media sites. Please respect the privacy of all participants & volunteers.

I have read and understand the above policies.

Signature _____

Date _____

Please return to Freedom Farm. Thank you.

Photo Release

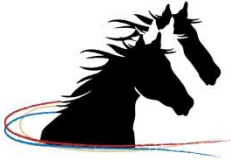
I DO DO NOT consent to and authorize the use and reproduction by Freedom Farm of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center (including website, Freedom Farm Facebook/Instagram & newspapers).

Signature: _____ **Date:** _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ **Date:** _____



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SEND TO FREEDOM FARM

2024 Participant's Application and Health History (Page 1 of 2)

Participant: _____

DOB: _____ Age: _____ Gender: M F Height: _____ Weight: _____ T-shirt size _____

Home Address: _____ City: _____, MN Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Please add info@freedomfarmmn.org to your safe list.

Parent work phone: _____

Parents/Legal Guardian (BOTH NAMES): _____

Address (if different): _____

Referral Source: _____ Phone: _____

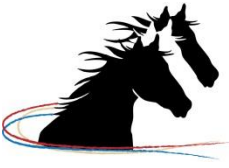
How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognitive			
Allergies			EpiPen? Yes No



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2024 Participant's Application and Health History (Page 2 of 2)

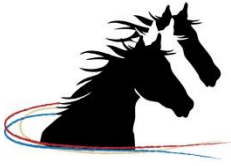
MEDICATIONS *(include prescription, over-the-counter; name, dose and frequency)*

Describe your abilities/difficulties in the following areas **(include assistance required or equipment needed)**:

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interests, relationships – family structure, support systems, companion animals, fears/concerns, etc)

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)



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2024 Authorization for Emergency Medical Treatment Form

Participant Name: _____ DOB: _____ Phone: _____

Address: _____ City _____, MN, Zip _____

Physician's Name & Clinic: _____ Preferred Hospital: _____

Health Insurance Company: _____ Policy #: _____

List all Allergies (medication, food, etc.): _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 **Freedom Farm** to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

****PLEASE CHOOSE ONE****

Consent Plan

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) above is unable to be reached.

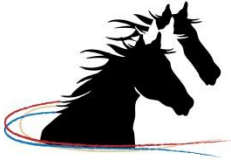
Non-consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ **Signature:** _____
 Client, Parent or Legal Guardian

Office Use Only: GW Email Call List



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2024 Release and Agreement

1. I, _____, the undersigned or my minor child, (herein called Releasor), in consideration of being permitted to use the facilities and services of Bjorklund Training Stable/Freedom Farm for himself/herself, spouse, my minor child, legal representatives, heirs and assigns, HEREBY RELEASES, WAIVES AND DISCHARGES BJORKLUND TRAINING STABLE/FREEDOM FARM, (HEREIN CALLED RELEASEE) THE OWNERS AND LESSEES OF BJORKLUND TRAINING STABLE/FREEDOM FARM INCLUDING TOM BJORKLUND AND SUSAN BJORKLUND THEIR AGENTS, EMPLOYEES AND VOLUNTEERS, FROM ALL LIABILITY TO THE RELEASOR, THEIR SPOUSE, LEGAL REPRESENTATIVES, HEIRS AND ASSIGNS, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DAMAGES RESULTING THEREFROM ON ACCOUNT OF INJURY TO RELEASOR'S PERSON, EVEN INJURY RESULTING IN DEATH OF THE RELEASOR, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASOR OR OTHERWISE WHILE THE RELEASOR IS RIDING, WORKING, OR FOR ANY PURPOSE USING THE FACILITIES, EQUIPMENT OR SERVICES OF BJORKLUND TRAINING STABLE/FREEDOM FARM.
2. I agree to indemnify Bjorklund Training Stable/Freedom Farm, Tom Bjorklund, Susan Bjorklund and each of them from any loss, damage or cost they may incur due to the participation or use of the facilities, equipment and services of Releasee due to the presence of myself or my minor child in or upon the property owned, located at or controlled by Bjorklund Training Stable/Freedom Farm whether caused by the negligence of the Releasees or otherwise.
3. I fully understand any involvement with horses involves some risk of harm or injury to myself, my minor child, my horses or my other property and that risk of damage or injury is a normal incident of involvement with horse-related activities and I hereby agree that risk is borne by me an/or my minor child and not by Bjorklund Training Stable/Freedom Farm, Tom Bjorklund or Susan Bjorklund, or their officers, members, agents, employees or volunteers.

THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGNED THIS RELEASE AS MY OWN FREE ACT.

Releasor (Parent/Guardian) _____

Minor Child _____ Date _____