

GENERAL INFORMATION:

Name:	Date of Birth:	
Address, City, State:	Phone Number:	
PARENT/GUARDIAN INFO	RMATION (IF APPLICABLE)	
Name:	Date of birth:	
Email:	Phone Number:	
Address, City, State:		

Why are you interested in Stirrup Hope?

What are your primary needs/reason for application?

Are there any medical issues that we need to be aware of?

Will you be accompanied by a counselor, therapist or psychologist? Please include name and phone number

Have you ever ser	rved in the U.S.	Armed Forces?
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Application Process and Participation Policy

Age Requirement:

The age requirement for participants is 8 years old. There is no upper age restriction

Application Process: To begin the application process, please read, sign and return these forms:

- Liability Release
- Participant Application
- Authorization for Emergency Medical Treatment
- Release of Information/Photo Release Form

Scheduling: Stirrup Hope EFL, offers individual sessions on a weekly basis Sessions are individualized and vary between visits and participants Sessions last for one hour There is a **one time** application fee of \$25 (make donation via website or in person) Sponsorships are available

Cancellations: We appreciate a 24 hour advance notice of a cancellation. Emergencies are to be expected and are understood. We reserve the right to not reschedule after the 2nd cancellation and 2nd noshow.

Weather cancellations will happen, especially when animals are involved. Stirrup Hope will coordinate with participants to reschedule sessions.

Arrival Time: The time of the session begins at the scheduled time. If a participant is late, the session will still end on time. If a participant is early, sessions still begin and end at the scheduled time.

If using Google Maps, the directions may take you to Wild Cat Road. This is NOT the correct entrance. Please enter the front gate on Woodville Road

Safety: Safety is top priority at Stirrup Hope.

All family members and other observers must abide by safety rules and sign a liability waiver. Anyone entering a pasture or enclosed donkey paddock needs to sign liability waiver. Closed toe shoes are REQUIRED.

No feeding of treats unless permission has been given and treats must be in a bucket. Some of the animals have dietary restrictions and not following this rule could cause harm to our therapy partners.

Statement of Participation Eligibility or Dismissal

Stirrup Hope Equine-Facilitated Learning offers services to people of all ages, walks of life and needs. Eligibility for participation in our program is based upon the individuals ability to participate meaningfully and safely.

Sessions are adapted to each participants needs. To ensure safety for all, participants, facilitators, volunteers and our animal partners, Stirrup Hope reserves the right to determine the ability to accept an applicant due to the availability of resources and/or safety concerns.

Stirrup Hope EFL, reserves the right to discontinue sessions with participants if it is deemed to be in the best interest of Stirrup Hope EFL and the individual participant.

Acknowledgement of Process and Participant Policy



Stirrup Hope Equine-Facilitated Learning 2151 Woodville Road Florence, SC 29501

I have read , understand and acknowledge the process and policies set forth in the above and precious pages

Date:_____

Signature (Participant, Parent or Legal Guardian)