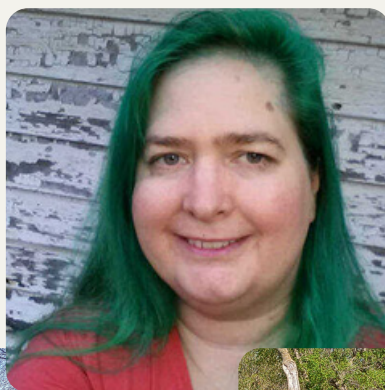




Healing Horse Touch Company

CLIENT WELCOME PACKET



What We'll Need From You



Please carefully read and sign all forms provided in this welcome packet before your session.



Arriving on time ensures you receive the full benefit of your experience and allows us to stay on schedule.



Approach each session with an open mind, ready to learn and connect with the horses.



Trust in your coach's expertise to guide you safely and effectively throughout the session.

Coaching Certification and Guidelines



Diana Kelley is a trained life coach.

In all of our interactions as client and coach, we agree to:

Engage in conscious communication with each other.

Offer mutual support and respect for each other's individual paths.

Be mindful and responsible for our own thoughts, words and actions.

Cultivate an environment oriented to personal growth.

Maintain honesty and integrity to ourselves and others.

Coaching Code of Ethics

As your coach, I agree to:

- **Confidentiality:** I will maintain strict confidentiality regarding all information shared during our sessions, respecting the privacy and trust of my clients..
- **Integrity:** I commit to providing honest and transparent guidance, refraining from any form of deception or manipulation. My aim is to support your journey with integrity.
- **Respect:** I will treat every client with respect, valuing individual differences and cultural diversity. I promote an environment of inclusivity and open-mindedness.
- **Professionalism:** I will conduct myself in a professional manner at all times, adhering to the highest standards of ethical conduct in the coaching and healing practices.
- **Informed Consent:** Prior to any session, I will ensure that clients are well-informed about the nature of the services offered, potential benefits, and any associated risks.
- **Client Autonomy:** I acknowledge and respect the autonomy of each client, promoting their right to make decisions regarding their own well-being.



Client Bill of Rights

At Healing Horse Touch, we are committed to providing a respectful and supportive environment. As a valued client, you have the following rights:

- 1 Right to Respect and Dignity**
You have the right to be treated with respect and dignity in all interactions.
- 2 Right to Confidentiality**
Your personal information and any details shared during sessions will be kept confidential, except when disclosure is necessary to prevent harm.
- 3 Right to Informed Consent**
You have the right to be fully informed about the nature and purpose of the coaching sessions, including any potential risks.
- 4 Right to Safe and Professional Services**
You are entitled to receive coaching services that are conducted professionally and with your safety as a priority.
- 5 Right to be Heard**
You have the right to express your concerns, provide feedback, and have your voice heard throughout the coaching process.
- 6 Right to Decide**
You have the right to make your own decisions and to discontinue the coaching services at any time.
- 7 Right to Clarity**
You have the right to understand and agree upon the terms of coaching, including the goals, tasks, and scheduling.
- 8 Right to Fair Treatment**
You have the right to be treated fairly and without discrimination, regardless of background or personal circumstances.
- 9 Right to Effective Communication**
You are entitled to clear and effective communication from your coach, including timely responses to your inquiries.
- 10 Right to Personal Growth**
You have the right to pursue personal growth and development in a supportive and non-judgmental environment.

Confidentiality Agreement



In all of our interactions as client and coach, we agree to:

- Engage in conscious and respectful communication with one another.
- Offer mutual support and honor each other's individual journeys.
- Be mindful and take responsibility for our thoughts, words, and actions.
- Foster an environment focused on personal growth.
- Maintain honesty and integrity in all interactions with ourselves and others.

As your coach, I am committed to upholding your privacy. I agree to keep all information shared during our sessions confidential, as allowable by law.

Our client-coach relationship is based on trust, and everything discussed during our sessions will remain private. I will not disclose any details of our conversations unless required to do so by law or if the information shared involves illegal or criminal activities.

I will not share your personal information with anyone without your explicit consent.

Exceptions to Confidentiality:

The only exceptions to this agreement arise if there is a reasonable belief that you or someone else is at imminent risk of serious harm. In such cases, appropriate action may be taken to ensure safety.

Coaching Intake Form

Personal Information

Name	Date of birth
Address	
Email	Phone number

Emergency Contact

Name	
Relationship	Phone number

Do you have any medical conditions or allergies we should be aware of?

Are you currently taking any medications?

(Please list medications and note if any may interfere with your participation in sessions)

Do you have any physical, emotional or mental limitations or concerns about your session?

(Please describe)

Is there any other information you'd like to share with me?

Have you ever worked with horses before? Yes No

If yes, please describe your experience:

What are your primary goals for coming to Healing Horse Touch??

(Please describe)

What specific outcomes or changes are you hoping to achieve?

Do you have any preferences or concerns regarding your sessions?

(Please provide details)

How did you hear about Healing Horse Touch?

Emergency Contact Form

Personal Contact Information

Please provide your personal contact information.

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Primary Care Physician

Please provide information about your primary care physician.

Physician's Name:

Practice Name:

Phone Number:

Address:

Insurance Information

Please provide your insurance information.

Insurance Company Name:

Policy Number:

Group Number (if applicable):

Name of Insured:

Emergency Contact Information

Please provide information for at least two emergency contacts. These individuals will be contacted in case of an emergency.

Emergency Contact 1:

Full Name:

Relationship to You:

Phone Number:

Address:

Emergency Contact 2:

Full Name:

Relationship to You:

Phone Number:

Address:

Summary

This document provides a template for an emergency contact form, gathering crucial personal, medical, and contact information. Completing this form ensures that necessary details are readily available in case of an emergency.

Allergy List

Please list any allergies you have, including reactions. If you have no known allergies, please write "None".

Allergy 1:

Reaction:

Allergy 2:

Reaction:

Medication List

Please list all current medications, including dosage and frequency. If you are not currently taking any medications, please write "None".

Medication 1:

Dosage:

Frequency:

Medication 2:

Dosage:

Frequency:

Medication 3:

Dosage:

Frequency:

Conditions

Please list any medical conditions that paramedics should be aware of in case you lose consciousness:

Emergency Contact List



- **Local Emergency Services (Fire/EMS/Police): 911**
- **Primary Veterinarian:** Edgerton Veterinary Clinic (507) 442-8387
- **Backup/Emergency Vet Clinic:** Rural Legacy Veterinary Clinic (507) 836-8594
- **Equine Transport Provider:** Benjamin Hooper (605) 480-1748
- **Facility Owner/Manager:** Robert Kelley (423) 367-1818; Benjamin Hooper (605) 480-1748; Diana Kelley (507) 220-8204

Emergency Vehicle Directions for emergency responders or visitors needing assistance quickly:

- **Address:** 190th Ave, Kenneth, MN
- **Cross street:** Northwest corner of Hwy 7 and 190th Ave
- **Directions:** From Hwy 75, turn onto Hwy 7 and drive 6 miles (you will pass through the town of Hardwick). Turn left onto 190th Ave. The property is the first on the left.

Barn Rules

These rules are designed to keep everyone, including the horses, safe and healthy. By following them, we create a foundation of peace and trust, which will enhance your experience with the horses.

- **Appointments Only:** Time with the horses is by appointment, and a signed liability waiver is required.
- **Show Respect:** Please do not criticize others for their methods (e.g., riding without a helmet, different training styles, barefoot vs. shod horses, western vs. English riding).
- **Supervision:** Children must be supervised by a responsible adult at all times.
- **No Smoking, Alcohol, or Drugs.**
- **No Running or Yelling:** These actions can startle horses.
- **Limit Profanity:** Please try to keep language respectful.
- **No Hitting:** Unless specifically instructed (which is extremely rare), no hitting people or animals.
- **Immediate Compliance:** If you're asked to move away from a horse, do so immediately. You can ask for the reason later.
- **No Food or Treats in Pockets:** Please do not carry food around the horses.
- **Do Not Feed Animals by Hand:** For safety reasons, use designated feeding methods only.
- **No Dogs:** Please leave dogs at home. Legitimate service dogs (as lined out in the ADA guidelines) are the exception. Disruptive dogs will be asked to be removed.
- **Respect Property Dogs:** Dogs live on the property; leave them alone.
- **Proper Footwear:** Closed-toe shoes are required (no flip-flops, sandals, or canvas shoes). If you don't have suitable shoes, you will need to stay outside the fence. If you cannot afford shoes, let us know and we'll work to find a solution.
- **Helmets Required:** Helmets are mandatory while riding. No exceptions. If you cannot afford a helmet, one will be provided.

(Signature) (Date)

WARNING

**UNDER MINNESOTA LAW, AN EQUINE
ACTIVITY SPONSOR OR PROFESSIONAL
SHALL NOT BE LIABLE FOR ANY INJURY TO,
OR THE DEATH OF A PARTICIPANT IN
EQUINE ACTIVITIES RESULTING FROM THE
INHERENT RISK OF EQUINE ACTIVITIES.**

Code of Minnesota Ch. 623, Art. 3§2

Equine Activity Agreement to Assume Risk & Waive Liability

This form must be completed for each participant.

Please read carefully before signing.

WARNING: Horse-related activities carry inherent risks. Serious injury or death may result from your participation. We do not guarantee your safety or the safety of any horse.

A. Rider Registration and Purpose of Agreement

I, the undersigned ("RIDER"), voluntarily agree to participate in horse riding or horse handling activities at 2015 190th Ave, Kenneth, MN 56147. This registration is valid for the current year.

RIDER: _____

B. Agreement Scope and Definitions

This agreement applies to me, the RIDER, my heirs, estate, and representatives. It is governed by Minnesota law. "HORSE" refers to all equine species, and "RIDING" refers to riding or being near horses. "RIDER" refers to any person interacting with a horse.

C. Risks of Activity

I understand that horseback riding and handling horses involve risks, including severe injury or death. These risks are not reduced by having an instructor or using a trained horse. Horse accidents are common and can happen to anyone, even experienced riders.

D. Nature of Horses

I understand that no horse is completely safe. Horses may react unpredictably, and even well-trained horses can behave according to their natural instincts, such as stopping suddenly, kicking, or running. Horses are inherently unpredictable and can be dangerous.

E. Rider Responsibility

I understand that as soon as I begin interacting with a horse, I am primarily responsible for my own safety. Following instructions and staying balanced is crucial, whether on the ground or riding.

F. Nature's Influence

The Kelley and/or Hooper families are not responsible for natural elements or other events that may cause a horse to react dangerously. This includes weather, animals, insects, uneven ground, or human activities like loud noises.

G. Insurance

If I need medical treatment, I agree that I and/or my insurance will cover all expenses. If my actions or the horse's actions cause injury or damage, I and/or my liability insurance will cover those costs.

H. Protective Headgear

I understand that I have been advised to wear an ASTM/SEI-approved helmet while near the horses, and that it is required while riding. Wearing the helmet may reduce the severity of head injuries or even prevent death.

I. Liability Release

In consideration of being allowed to participate, I, the RIDER, release and hold harmless the Kelley and/or Hooper families, their associates, and any property owners from any claims, liabilities, or legal actions resulting from injury, death, or property damage, even if caused by their ordinary negligence.

J. Attorney's Fees

If I take legal action against the Kelley and/or Hooper families or their associates, I agree to pay for their legal fees and related costs if they successfully defend themselves.

Final Statement

We appreciate your participation, but if you feel that any horse-related injury or death could result in a legal claim, we respectfully ask you not to participate in our activities.

Signatures

I/We, the undersigned, have read and understand the above agreement, warnings, release, and assumption of risk. All information provided is accurate.

RIDER (if over 5 years old): _____ Date: _____

PARENT/GUARDIAN (if under 18): _____ Date: _____

Terms and Conditions

These terms and conditions form part of your agreement with Healing Horse Touch Company

UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICE

All services provided fall under the Unlicensed Complementary and Alternative Health Care Practice section. For more information, please refer to:

<https://www.health.state.mn.us/facilities/providers/compalt/index.html>

FEES

There are no fees for our services. In lieu of payment, we appreciate your support through sharing our social media posts, volunteering for tasks, or making purchases in our online shop.

APPOINTMENTS

Scheduling requests must be submitted at least 48 hours in advance.

CANCELLATIONS

Cancellations must be made at least 24 hours prior to the scheduled appointment. Clients who fail to cancel and do not show up may be refused additional services.

SCOPE OF PRACTICE

Healing Horse Touch provides equine-assisted activities for emotional support and personal growth but does not diagnose, treat, or offer medical or psychological care. Clients are encouraged to seek licensed healthcare providers for medical or mental health needs.

MEDICAL DISCLAIMER

Please consult with your doctor before participating in any sessions if you have medical concerns.

LIMITED LIABILITY

Healing Horse Touch is not responsible for any injuries sustained during sessions.

RESULTS DISCLAIMER

Results from equine-assisted activities may vary for each individual. Healing Horse Touch does not guarantee specific outcomes or benefits from participation in our services.

COMPLAINTS

If you have a complaint and would like to discuss it, or wish to report it, please contact:

Minnesota Department of Health
Health Occupations Program
Office of Alternative and Complementary Health Care Practice
P.O. Box 64882
St. Paul, Minnesota 55164-0882

To learn more and print out a complaint form, visit
<https://www.health.state.mn.us/facilities/providers/compalt/complaints.html>

If you choose to file a complaint, your identity and other sensitive information will remain confidential.

By signing below, you agree with the information laid out in this document.

Name _____ Signature _____ Date _____

About Me



Name: _____

Nickname: _____

Age: _____

I am from: _____

My Dream Job:

My Interests

My Goals

ALL ABOUT ME



My full name is

This is me



I like to be called

I am

years old

I am from

My birthday is

For fun, I like to

My favorite things



When I grow up, I want to be

ALL ABOUT ME



My full name is

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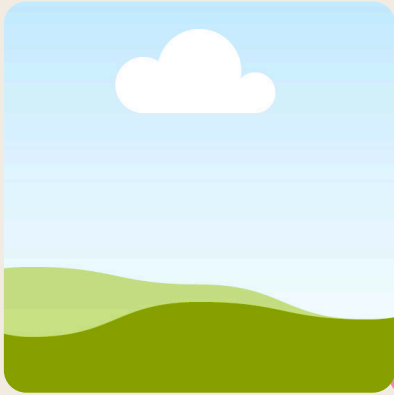
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