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10626 FM 429

Kaufman, TX 75142

(972) 962 – 2828

info@jakeesrr.org

\*Email Forms to: info@jakeesrr.org

**EFMHL INTAKE FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Specify)

If under 18, please complete the following:

Legal Guardian/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Specify)

In case of emergency, notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please share what you are hoping to get out of your Equine Faciliated Mental Health session(s):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CANCELLATION POLICY**

We are honored to offer our programs to you. We have seen great impact in the lives of those who have decided to participate.

Our Therapists and Equine Specialists take pride in making sure they are prepared to offer you the best sessions possible.There is much forethought and prepartion involved in making sure your session has the right people, horse(s), place, and materials ready. You can cancel or reschedule an appointment at anytime if you provide a 24 hours’ notice**. If you cancel an appointment with less than 24 hours’ notice, or fail to show up, you will be charged the Jake E’s Session Fee for the appointment.**

**Please initial:**

\_\_\_\_\_\_\_\_\_\_I understand and agree to being charged the Jake E’s session fee if I cancel with less than a 24 hour’ notice or no show.

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**LIABILITY RELEASE**

**Executed and signed in the STATE OF TEXAS / COUNTY OF KAUFMAN**

(Please print legibly as we use information provided for mailings)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge and accept that horseback riding, care and maintenance of animals, and care and maintenance of the ranch grounds and equipment, involve the risk of personal injury. By my signature (and, in case of a minor, the parent’s or guardian’s signature) they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against Jana Ewing Syvrud and Jake E’s Riding Round Up located at 10626 FM 429 Kaufman, TX 75142, their family , heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliates with any of them in any manner (collectively, herein ‘Jana Ewing Syvrud and Jake E’s Riding Round Up), for any injury, liability or damages which may occur while performing in any activity on said property. I agree to indemnify, defend, and hold harmless Jana Ewing Syvrud and Jake E’s Riding Round Up, or any person or entity whose land and Jana Ewing Syvrud and Jake E’s Riding Round Up related activity crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand activities with animals and/or riding on horses involves possible danger and I participate at my own risk.

I understand that horseback riding and any other activity on the property of Jana Ewing Syvrud and Jake E’s Riding Round Up related activities involve being in remote areas for extended periods of time, far away from communication, transportation, and medical facilities; that these areas have many natural and man-made hazards which a participant cannot anticipate, identify, modify, or eliminate; that horses and other animals can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding can involve such activities as crossing creeks, galloping over uneven terrain, and being in unfamiliar places under adverse weather conditions which could result in injury to me and/or to the horse I am riding.

I agree to take all responsibility for myself and the animal I am caring for and/or riding. I am aware that wearing a certified safety helmet is a good protective measure against head injury, and further understand that helmets are requires for all horse riders. My signature below constitutes acceptance of the above terms and conditions.

**Medical Release**

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I have read and fully understand this liability release. I understand that the Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code), and equine professional is not liable for an injury to or the death of a participant in equine activities resulting in the inherent risks of equine activities.

**Photo Release**

**I do\_\_\_\_do not\_\_\_\_** (check one) consent to and authorize the use of reproduction by Jake E’s Riding Round Up of any and all photographs and any other audio/visual materials take of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**Signature**

I read and fully understand this liability release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Parent/Guardian Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Contact and Emergency Information**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email

In case of emergency, notify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone #

Please list any known allergies or medical conditions we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Consent to Treatment**

I understand that during counseling, issues may be discussed that could be upsetting in nature but that this would be a part of the therapeutic process. I understand that records and information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information. I understand that state and local laws require that my equine therapy team report all cases of abuse or neglect of minors or vulnerable adults. I understand that state and local laws require that my equine therapy team report all cases in which there exists a danger to others or myself. I understand that there may be other circumstances in which the law requires my equine therapy team to disclose confidential information. I have read and understand the above conditions of my treatment and agree to their content.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_