

BINA FARM CENTER

BRINGING PEOPLE TOGETHER



Healing With Horses

Therapeutic Riding and Horsemanship Program for Military Veterans and Active Military

***Program provided free of charge (Our way of saying "Thank you for your service.")*

On-going 8-week Programs

Located at the BINA Farm Center – 39 Miller Street, Norfolk, MA



"There is something about the outside of a horse that is good for the inside of a man." – Winston Churchill

- The **Healing With Horses** program uses both mounted and un-mounted equine assisted activities to assist in physical and emotional healing in a safe and peaceful environment. Participants will learn to become competent horsemen and women who are able to safely handle, care for and ride horses. In the process, they will regain confidence, build relationships with animals and humans, and experience the joy and pleasure in an activity that offers so many therapeutic benefits while improving quality of life.
- **Healing With Horses** helps participants with challenges including, but not limited to, Post Traumatic Stress, Traumatic Brain Injury, Depression, Anxiety, Amputations and other physical limitations.

**For more information or to register, please contact Eileen Polasky
at Eileen@binafarm.org or 508-651-2462.**



**AHERN FAMILY
CHARITABLE FOUNDATION**
Fighting for those who fought for us

www.binafarm.org

BFC's Healing with Horses program is
generously supported by a grant from
the Ahern Family Charitable





Dear Prospective Participants of the BINA Farm Center,

Thank you for your interest in the BINA Farm Center (BFC). Enclosed you will find general information on our programs, the application process and required application paperwork. Prospective participants need to fill out all applicable releases and waivers prior to participating.

MISSION

BFC brings together those with and without special needs by offering a variety of inclusive enrichment programs that will ultimately help them to thrive personally and to make their best contribution towards the communities they live in and society at large. BFC is committed to providing a comprehensive therapeutic and recreational environment utilizing Equine Assisted Activities and Therapies, a Life Skills & Vocational Training Program and Creative and Complementary Therapy Programs for children and adults with physical, developmental and emotional challenges.

VISION

Our vision for the future includes building a BINA Farm Center in the Metro West area. This will allow us to offer all of our programs in one state-of-the-art facility - a place where everyone can share in our engaging and challenging activities. Our unique mission sets us apart and allows us to play a transformational role that fosters tolerance, compassion and interaction with those of all ages with and without special needs.

Our services are open to those with special needs, as well as their siblings, children, caregivers and friends. Our programs and activities do not replace other forms of treatment, but rather augment them and help our participants to reach their full potential. BFC instructors & therapists may work closely with the participants' physicians and therapists to create the best individualized plan. Our programs focus on what our participants can achieve, rather than on their limitations.

The BINA Farm Center is committed to the following goals

- Providing a nurturing therapeutic environment that focuses on the unique challenges of each participant.
- Providing both short & long term support for our participants & their families by offering a comprehensive program.
- Treat all participants, their families, friends, staff and animals with respect, dignity, kindness and compassion.
- Creating an atmosphere that transcends the usual rehabilitative model.

We at BFC believe it is our responsibility to help wounded warriors heal in order to help ease their successful transition back into civilian life. We understand that the freedoms we enjoy as American citizens come at a great cost. Our soldiers have paid the price of our freedom, many suffering devastating injuries to body and mind. It is our duty to welcome our wounded veterans home and back into our communities and do all we can to help those in the recovery process so that they can go on to lead full, healthy, happy and productive lives. BFC's Healing With Horses Program is supported by grants allowing us to provide the program free of charge, our way of saying "Thank you for your service."

MULTIPLE LOCATIONS

- 55 Allen Street, Lexington, MA 02421
- 39 Miller Street, Norfolk, MA 02056
- The Dana Hall School, 160 Grove Street, Wellesley, MA 02482
- BINA Farm Center Offices, 207 Union Street, Natick, MA 01760
- We are currently searching for a primary home in the Metro West area to expand our programs; however we will continue to offer portions of our programs at all locations as they are a very important part of our mission.

Sincerely,
Coryn L. Bina
Executive Director and Co-Founder



HEALING WITH HORSES APPLICATION PROCESS & PARTICIPATION POLICIES

Application Process: Available online or upon request, the BINA Farm Center (BFC) provides the required forms for participation, which must be fully completed and accepted by The BINA Farm Center. The following forms are mandatory prior to participation:

- Registration & Release Form
- Participant's Application and Health History
- Authorization for Emergency Medical Treatment Form
- Consent for Release of Information
- Participant's Medical History & Physician's Statement (enclosed is also the letter to the Physician regarding this form)
- Release of Liability for the BINA Farm, Inc., Dana Hall School, and Kev-Bo Farms, LLC Release and Hold Harmless Agreements

Additional Forms:

- Therapist Form (OT/PT) - if applicable
- Mental Health Data Form - if applicable
- Mental Health Release Form – if applicable

Each form must be signed by the appropriate party. **(Note: the Participant's Health History & Physician Statement form must be completed and signed by a physician).** The Therapist and Mental Health Data Forms only need to be completed if the prospective participant receives those services.

Attendance and Cancellation: BFC expects consistent attendance by all participants. If you are unable to attend a regularly scheduled lesson, notification must be made by contacting our office at 508-651-2462 or via email to info@binafarm.org. If you are cancelling with less than 24 hours' notice or cancelling a weekend lesson, please call your instructor directly so sufficient notice may be provided to staff and volunteers.

Attire: Participants should dress weather appropriate and always wear long pants (even during summer), with sturdy-soled boots or shoes with a ¼ heel. Jackets and gloves are required for cold weather as the indoor arena is not heated. Riders must wear ASTM-SEI Certified helmets (helmets available for use by participants).

Should you have any questions regarding the application process, enclosed forms or would like to arrange a visit or check on the wait list status, please contact us at 508-651-2462 (BINA). **When you have completed your application, either mail it to our business office at BINA Farm Center, 207 Union Street, Natick, MA 01760, fax the application and all releases to 508-651-2463 or scan and email to info@BINAfarm.org**

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REGISTRATION AND RELEASE FORM

Participant's Name: _____

Branch of Service: _____ Status: _____

Deployment History: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone () _____

E-mail: _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO RELEASE: [] I Consent to and authorize [] I do not consent to nor do I authorize
The use and reproduction by the BINA Farm, Inc. or Dana Hall School of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program. [] Initial

BINA FARM CENTER STATEMENT OF PARTICIPANT ELIGIBILITY OR DISMISSAL

The BINA Farm offers services to individuals with and without special needs. Eligibility for participation in the BINA Farm Center's programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, horse volunteers and class available which meets an individual's needs. Financial consideration is not taken into account in determining the eligibility for participation. Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom the BINA Farm Center's programs are deemed inappropriate during the evaluation process and are not accepted for enrollment or not eligible to continue in the BINA Farm Center's programs. This determination is made on the basis of physical, behavioral and other limitations. Individuals accepted into the BINA Farms' programs are required to take part in periodic progress reviews and follow the BINA Farms Center's rules and procedures. During these reviews, or as the result of unusual occurrences during a program session, the BINA Farm Center professional staff may find that continuance in the program for a given individual is inappropriate. For this reason, the BINA Farm Center reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of The BINA Farm Center and/or the individual concerned. The BINA Farm Center reserves the right to cancel, end or change a person's participation in any program if their behavior is a threat to their health and safety or to another participant, staff member or animal.

Date: [] Signature []

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THE BINA FARM PARTICIPANT'S APPLICATION AND HEALTH HISTORY

Participant Name: _____

DOB: _____ Height: _____ Weight: _____ Gender: M F

Address (if different from above): _____

Phone: _____

Referral Source: _____ Phone: _____

How did you hear about the BINA Farm Center? _____

HEALTH HISTORY

Diagnosis _____ Date of Onset: _____

	YES	NO	COMMENTS
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS: (include prescriptions, 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, 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?)

Signature: _____ Date: _____



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM FOR CLIENTS

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 The BINA Farm, The Dana Hall School, J.P.C., LLC, & Kev-Bo Farms LLC 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.

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.

Date: _____ Consent Signature: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in 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 procedure to take place:

Date: _____ Non-Consent Signature: _____



CONSENT FOR RELEASE OF INFORMATION

(This form only needs to be filled out by you and given to any Doctors if they are mailing or faxing us your medical information. If you are picking it up directly and submitting it to us yourself, then you don't need to fill it out.)

I hereby authorize _____
Person(s) or Place(s) releasing information

to release information from the records of _____
Participant's name

DOB: _____

The information is to be released to The BINA Farm, Inc. for the purpose of developing an equine activity program for the above-named participant. The information to be released is marked below.

_____ Medical History

_____ Physical Therapy evaluation, assessment and program plan

_____ Occupational Therapy evaluation, assessment and program plan

_____ Mental Health Evaluation, assessment, and treatment plan

_____ Other: _____

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

Please send the indicated material to BINA FARM CENTER at 207 Union Street, Natick, MA 01760, fax to 508-651-2463 or scan and email to info@BINAfarm.org.



LETTER TO THE PHYSICIAN REGARDING PHYSICIAN STATEMENT (found on page 6)

Date: _____

Dear Physician:

Your patient, _____ (participant’s name) is interested in participating in supervised equestrian activities.

In order to safely provide this service, our center requests that you complete/update the attached *Medical History and Physician’s Statement Form*. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present and to what degree.

Orthopedic

- Atlantoaxial Instability - include neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Fusion/Fixation
- Spinal Instability/Abnormalities

Neurologic

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chiari II malformation/
- Tethered Cord/Hydromyelia

Other

- Indwelling Catheters
- Medications - i.e. photosensitivity
- Poor Endurance
- Skin Breakdown

Medical/Psychological

- Allergies
- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions
- Fire Settings
- Heart Conditions
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient’s participation in therapeutic equine activities, please feel free to contact the center at 508-651-2462(BINA) or email info@BINAfarm.org.

Sincerely,

Coryn L. Bina
Executive Director
Co-Founder
www.BINAfarm.org

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PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

This form must be completed and signed by the participant's physician.

Participant: _____ DOB: _____ Height: _____ Weight: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive devices _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that The BINA Farm will weigh the medical information given against the existing precautions and contraindications. I concur with a referral of the patient to a licensed/credentialed health professional (e.g., Pt, Ot, Speech, Psychologist, etc) in the implementations of an effective equestrian program.

Name/Title: _____ MD DO NP PA Other
 Signature: _____ Date: _____
 Address: _____
 Phone: (____) _____ License/UPIN Number: _____

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THERAPIST FORM (OT/PT/SPT – if applicable)

Please fill in applicable information that may be incorporated into the riding program. Thank you.

Name: _____ DOB: _____

Diagnosis: _____

Medications: _____

VisualMotor/PerceptualMotor: _____

Sensory Processing: (areas of concern/sensitivity): _____

Motor Skills: (fine motor, motor planning) _____

Joint Evaluation: _____

Functional Ability & Reflex Limitations: _____

Self-Care: _____

Adaptive Equipment (mobility, discreet trial training, ADL, Augmentative communication, PECS, etc.): _____

Sitting: balance: (include static/dynamic surfaces): _____

Behavior: _____

Safety Awareness: _____

Therapy Goals: _____

Successful Intervention Strategies used: (sensory modalities, behavioral rewards, etc.) _____

Primary Therapist Signature: _____ Date: _____

Print Name/Address/Phone _____

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MENTAL HEALTH DATA FORM (If applicable)

Client's Name: _____

Presenting Problems

Diagnosis (DSM-IVTR)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V (GAF) _____

History

Current Medications

Drug	Dose	Route	Time	Purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Psychiatric Treatment History

	Where	When	Diagnosis
Current Therapy: _____			
Outpatient Therapy: _____			
Inpatient Therapy: _____			

Treatment Coordinator/Therapist Signature: _____ Date: _____

Print Name/Address/Phone _____



**AUTHORIZATION FOR RELEASE OF MENTAL HEALTH RECORD
(Also known as Protected Health Information)**

PATIENT NAME _____ Date of Birth _____
Address (Mailing) _____ Phone _____

I authorize _____ (therapist/doctor) of
_____ (organization, if applicable) to use or disclose information (via phone, fax and email) from the mental health record of the individual named above, which may include information about psychiatric diagnosis and treatment and substance abuse issues to:

Name: Eileen Polasky (of the BINA Farm) Phone: 508-651-2462 (office) or 617-281-2535 (cell)
Address: 207 Union Street, Natick, MA 01760 Fax: 508-651-2463

Dates of Treatment: _____

Information to be released (Please describe): _____

Purpose of Disclosure: To evaluate the appropriateness of therapeutic riding lessons for the above-named individual

1. I understand that, unless withdrawn, this authorization will expire 180 days from the date of signature. A photocopy of this form will be considered as valid as the original.
2. I understand that I may revoke this authorization at any time by notifying the BINA Farm and/or my/my child's medical provider at the addresses indicated above, in writing, and this authorization will cease to be effective on the date notified except to the extent action has already been taken in reliance upon it.
3. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by Federal privacy regulations. However, other state or federal law may prohibit the recipient from disclosing specially protected information, such as substance abuse treatment information and mental health information.
4. I understand that my refusal to sign this Authorization will not jeopardize my right to obtain present or future treatment for psychiatric disabilities except where disclosure of the information is necessary for the treatment.
5. I understand that I can request a copy of this form after I sign it.

By signing below, I acknowledge that I have read and understand this Authorization.

Signature of Patient Date OR _____
Parent/Legal Guardian/Authorized Person Date

Relationship to Patient

BINA FARM CENTER

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**RELEASE OF LIABILITY FOR The BINA Farm, Inc., J.P.C., LLC, Dana Hall School & Kev-Bo Farm, LLC.**

This is a legal document, please seek legal counsel if you don't understand the content prior to signing.

This RELEASE of LIABILITY made and entered into this [REDACTED] day of [REDACTED] 20[REDACTED], by and between The BINA Farm, Inc., the Dana Hall School, J.P.C., LLC, & Kev-Bo Farms Corp, hereinafter designated as FARM, and [REDACTED], hereinafter designated as PARTICIPANT, and if PARTICIPANT is a minor, PARTICIPANT'S parent or guardian, [REDACTED]. In return for use, today and on all future dates of the property, facilities and services of the FARM, the PARTICIPANT, his heirs, assigns, executors, administrators and legal representatives, hereby expressly agree to the following:

1. Insurance. It is the responsibility of the PARTICIPANT to carry full and complete insurance coverage on his horse, personal property and himself.
2. Inherent Risks and Assumption of Risks. PARTICIPANT acknowledges there are inherent risks associated with equine activities, including, but not limited to the propensity of horses to behave in ways such as running, bucking, biting, kicking, stumbling, rearing, falling or stepping, and that horses may have unpredictable reactions to such things as sounds, sudden movement and unfamiliar objects, persons or other animals. PARTICIPANT further acknowledges that the behavior of any animal is contingent to some extent upon the ability of the PARTICIPANT. PARTICIPANT warrants that a full and fair disclosure of PARTICIPANT'S abilities has been made to the FARM. PARTICIPANT agrees to assume ANY AND ALL RISKS INVOLVED IN, OR ARISING FROM, PARTICIPANT'S USE OF OR PRESENCE UPON, THE FARM'S PROPERTY AND FACILITIES, or any land made available to the FARM for use by PARTICIPANT, including, without limitation, but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationery objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person. Also there can be gardening risks with use of gardening tools.

WARNING

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the General Laws.

3. Release and Covenant not to Sue. PARTICIPANT (and if applicable, PARTICIPANT'S parent or guardian) agrees to hold FARM and all of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees, agents and lessors (including the Owner of the property upon which FARM is located) completely harmless and not liable forever and release them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of PARTICIPANT'S use or presence upon FARM's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, even if such damages are caused by the negligence of the FARM, its employees, representatives or agents, except if the damages are caused by the direct, willful and wanton negligence of the FARM.
4. Waiver of Statutory Provisions. PARTICIPANT agrees to waive the protection afforded by and statute or law in any jurisdiction (e.g. California Civil Code § 1542) whose purpose, substance and/or effect is to provide that a general release not extend to claims, material or otherwise; which the person giving the release does not know or suspect to exist at the time of executing the release.
5. Indemnification. PARTICIPANT agrees to indemnify and defend the FARM and all of its successors, assigns, subsidiaries, affiliates, officers, directors, employees, agents and lessors (including the owner of the property upon which the FARM is located), against, and hold them harmless from any and all claims, causes of action, damages judgments, costs or expenses including attorney's fees which in any way arise from or are in any way connected with PARTICIPANT'S use of or presence upon FARM property and facilities, or any property or facilities of other persons made available to the FARM for use by PARTICIPANT.
6. Rules and Regulations. PARTICIPANT agrees to abide by all of the FARM'S RULES AND REGULATIONS which may be in effect from time to time.
7. Horse Must Be In Proper Health. If PARTICIPANT is using his horse, or a horse not owned by the FARM, the horse shall be free from infection, contagious or transmissible disease. The FARM reserves the right to refuse access or use of any horse that does not appear to the FARM to be in proper health or is deemed dangerous or undesirable.
8. Limitation of Actions. Any action brought under this Agreement shall be brought within one (1) year of the incident or accident giving rise to such claim. PARTICIPANT agrees that damages shall be limited to \$250 for property damage, actual expenses incurred, and a maximum of \$10,000 for damages such as pain and suffering.

9. Governing Law. This contract is non-assignable and non-transferable and is made and entered into in the State of Massachusetts and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with State Law, then that clause is null and void. When the FARM and PARTICIPANT (parent or guardian, if PARTICIPANT is a minor) sign this contract, it will then be binding on both parties, subject to the above terms and conditions.

By signing this form in the space provided below, PARTICIPANT (or PARTICIPANT’s Parent or Guardian, if applicable) acknowledges that they have read and fully understand the content of this form.

Participant Signature (If over 18) Owner’s Signature (if you are providing a horse)

Parent/Guardian Signature (If Minor) Emergency Contact Name Phone

Participant’s Address Phone

Equine Activity Release and Hold Harmless Agreement for the BINA Farm, Inc., Kev Bo Farms, LLC , J.P.C., LLC and Dana Hall School

1. I, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with the BINA Farm, Inc., Dana Hall School, J.P.C., LLC & Kev-Bo Farm, Corp., understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).
2. I acknowledge the risks and potential for risks related to any equine activities, rock climbing, gardening, yoga, dance, music, art and swimming activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed.
3. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release that Company, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with that Company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by the BINA Farm, Inc.
4. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.
5. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.
6. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional’s (s’) negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, to any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional’s directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.
7. Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of Chapter 128 of the General laws.

Date: [Redacted] Company: BINA Farm, Inc., Dana Hall School, J.P.C., LLC, & Kev-Bo Farms, LLC

Person voluntarily entering onto this Release and Hold Harmless Agreement:

/s/ signature

Date

Printed Name

The Boston Globe

OCTOBER 19, 2014

Therapy horses a calming influence on veterans

In Norfolk, female veterans find strength through learning to ride and care for horses

By [Brian MacQuarrie](#) | GLOBE STAFF OCTOBER 19, 2014

NORFOLK — Feet in the stirrups, hands on the reins, Karen Souza closes her eyes as a quarter horse named Rio carries her to a tranquil, peaceful place she has rarely visited.

Souza spent decades walled off emotionally after being sexually abused as a teenage soldier. She never formed a loving relationship, and she spoke only sparingly. But from that dark, bleak world, she has emerged to find a place of trust, and accomplishment, and the simple joy of working with a large, strong, patient animal.



WENDY MAEDA/GLOBE STAFF

Veteran Elisa Long of Pennsylvania rode in the indoor arena on Dream.

CONTINUE READING BELOW ▼

Souza is one of several female veterans who exhale and relax once a week at the BINA Farm Center, where they learn basic horsemanship and riding skills in a hands-on form of therapy. All of them are dealing with physical or emotional challenges.

But little by little, through grooming a horse or sitting in a saddle, anxiety and doubt are being replaced by laughter and confidence.

On this morning, 30 miles southwest of Boston, the veterans have been asked to shut their eyes and enjoy the slow, coordinated movement of their horses. It's a simple request, but one that needs more than a little courage from women who often have felt vulnerable and abandoned.

“Every time I come here, this flood of emotions comes over me,” says Souza, 52, who lives in Worcester in transitional housing for female veterans. “I just feel cleansed, and you take that feeling with you. It doesn’t go away.”

As more veterans cope with long-term disabilities such as post-traumatic stress disorder, public awareness about the problems and therapies to treat them has increased. Veterans programs such as the one at BINA Farm have surfaced in Massachusetts and elsewhere in recent years, following a long-held recognition that working with horses has therapeutic benefits for people with special needs.

“I want them to leave with skills and tools they can take out to the world,” says Eileen Polasky, program director at BINA Farm Center, a Natick-based nonprofit, with facilities in Norfolk and Wellesley. “For a lot of people, the horses are a way in.”

“
‘Horses offer empathy, trust, compassion, and stillness.’
”

The women gain a sense of responsibility that comes from caring for a horse, even for 90 minutes a week. There is a search for the gumption to try something new, perhaps after many years of extreme withdrawal. And there is a sense of growing self-esteem for women who sometimes feel branded as failures.

“There was a time when I wasn’t talking because I didn’t think that anyone would get it,” says Eadyie Davis of Marlborough, a 47-year-old Air Force veteran who suffered a traumatic brain injury in an accident during her military service. “Horses offer empathy, trust, compassion, and stillness.”

Now, seven sessions into the eight-week program, Davis is talking — a lot. She tests whether visitors know how many bones are in a horse, and how long horses sleep. “Did you know they’re afraid of us?” Davis asks.

Any fear on Davis’s part is not apparent. She pets Creek, helps adjust his bridle and halter, and chirps softly and soothingly to the palomino before nestling into the saddle. As Creek is led around the dirt floor by Pat Sheets, a volunteer from Roslindale, Davis is beaming.



WENDY MAEDA/GLOBE STAFF

Veteran Eadyie Davis of Marlborough shared a quiet moment with therapy horse Creek.

Katy Duffey, an instructor, choreographs the horses and riders from the center of the dirt floor. She's not strict with the women, but she's also determined to make the most of their time.

"OK, ladies, on the count of three, you want to come off the wall and reverse direction," Duffey says.

For these neophytes, this simple maneuver carries a bit of tension. But they manage, and after a few minutes Duffey brings her pupils to a halt. "On the count of three, I want to see a nice, smooth 'whoa.' "

Afterward, Army veteran Mary Stickney credits her draft horse, Hairy Potter, for a successful morning. "Hairy's pretty mellow. He'll do pretty much whatever I want him to do," Stickney says.

"These horses know their job. They know what they're here for," Polasky says.

Polasky did not want to begin a veterans program until she could offer the therapy for free. That chance came this year through a grant from the Ahern Family Charitable Foundation in Stoneham. Another, recent grant from the Middlesex Savings Charitable Foundation will allow many more men and women to participate next year.

Souza says the program has been life-altering. Plagued for years by mistrust, she had found even simple conversations difficult. Now, Souza is bubbling with enthusiasm as she runs a currycomb over Rio's coat.

"She has changed," says Michele Neumeier, a volunteer from Watertown. "She's talking, and she's open."

Souza, who says she was "scared to death" before her first ride, is embracing the transformation. After mounting a horse in her first session here, Souza burst into cathartic tears of joy.

"I'd always kept my emotions to myself. Growing up, it was no talking, no speaking, no nothing," Souza says. "My therapist tells me, 'You're so much better, so much more positive, more relaxed.' This is just extremely emotional for me."

And soothing, as well. After the session, standing among the horse stalls, Davis cocks her head, smiles, and asks, "I like that sound, do you hear it?"

It's the clip-clop of a horse's hooves.

Brian MacQuarrie can be reached at macquarrie@globe.com.