The BiNA Farm, Inc.

Life Skills Program and Creative and Complementary Therapies

Dear Prospective Participants of The BiNA Farm,

Thank you for your interest in The BiNA Farm, Inc. Enclosed you will find general information on our programs, the application process, and the required application paperwork. Everyone needs to fill out all the releases and waivers prior to participating. Once all the completed forms and payment for the program has been received by our office, you will be contacted.

Should you have any questions regarding the application process, enclosed forms or would like to arrange a visit please contact us at info@binafarm.org or call 508-651-2462 (BiNA)

When you have completed your application, either mail it to:
The BiNA Farm, 207 Union Street Natick, MA 01760 02114 or fax the application and all releases to: 508-651-2463.

Checks should be made payable to The BiNA Farm, Inc. and mailed to the above address or for your convenience we offer the use of PayPal via our website, please contact billing@binafarm.org prior to making payment so we can set that up for you. Being a non-profit, we do need to pass along the 3% fee that PayPal charges us in order for you to take advantage of that payment option.

Sincerely,

Coryn L. Bina
Executive Director

The BiNA Farm, Inc.

MISSION STATEMENT

The BiNA Farm (TBF) is committed to providing a comprehensive therapeutic environment utilizing Equine Assisted Activities and Therapies (EAAT), a Life Skills Program and Creative and Complementary Therapy Programs. We bring 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 to society.

ABOUT US

The BiNA Farm program consists of three components: Equine Assisted Activities and Therapies, Life Skills Programs and Creative and Complementary Therapies. Our programs do not focus on our clients' limitations but rather on what they can achieve. Our services are open to any person with a disability who could benefit from these special forms of therapy. These therapies do not replace other forms of treatment, but rather augment them and help our clients to reach their full potential. In fact, our instructors and therapists may work closely with the clients' physicians to create the best treatment plan.

The BiNA Farm is committed to the following goals:

- Providing a nurturing therapeutic environment that focuses on the unique challenges of each client.
- Creating an atmosphere that transcends the usual rehabilitative model.
- Bringing together those with and without special needs through a variety of enrichment programs for siblings, parents, caregivers and friends.
- Providing both short and long term support for our clients and their families by offering a comprehensive program.
- Treat all clients, their families, friends, staff and animals with respect, dignity, kindness and compassion.

LOCATION

The BiNA Farm offers programs at four locations: The Dana Hall Riding School Center located at 160 Grove Street, Wellesley, MA, The Massachusetts Hospital School at 3 Randolph Street, Canton, MA, a private barn at 34 Great Rock Road in Sherborn, MA and The BiNA Farm Center at 207 Union Street, Natick, MA 01760. Currently we are searching for a primary home in the Metro West area to expand our existing program. However, we will continue to offer portions of our program at these locations as they are a very important part of our integrated program.

CONTACT

Please contact us at info@binafarm.org or call 508-651-2462 (BiNA) for further information or visit our website at www.binafarm.org

207 Union Street
Natick, MA 01760

The BiNA Farm
Application Process & Participation Policies

Application Process: Available on-line or upon request, The BiNA Farm provides the required forms for participation, which must be fully completed and accepted by The BiNA Farm. The following forms are mandatory prior to participation:

- Registration & Release Form (photo, liability and Dana Hall releases)
- Shipley Center Climbing Waiver/Release
- Equine Activity Release and Hold Harmless Agreement
- Authorization for Emergency Medical Treatment Form

Scheduling: Life Skills Programs (Inclusive Circle, Horsemanship and Sustainable Living) and Creative and Complementary Therapies (Music, Art, Dance, Rock Climbing and Swimming) have a variety of schedules. Please check our website for dates and times of the program you are interested in.

Attendance: The BiNA Farm requests consistent attendance by all participants. If you are unable to attend a regularly scheduled session, notification should be made at least 24 hours in advance by calling 508-651-2462 and leaving a message so we may provide sufficient notice to staff and volunteer. If you are not able to give us 24 hours notice, please call Terry Snow at 508-479-6232. All participants, riders, clients and guests under 18 years of age must be accompanied by an adult and remain on the designated area of the property.

Attire: Participants should dress weather appropriate, shoes that can get wet are recommended and no open toe/heel shoes are allowed unless you are doing yoga or indoor programs which do not include horses.

Payment: All sessions must be prepaid. The tuition for any program is due one week before the first day of class unless a pre-arranged payment plan or scholarship has been established through individual arrangement with our business office. Payments can be made by check or PayPal.

Scholarship or Tuition Assistance Application: Through fundraising, The BiNA Farm is able to offer scholarships up to the amount of funds available, in the form of adjusted fees to those who demonstrate need. Participants may apply by requesting a Scholarship Application from the program or business office at 508-651-2462 (BiNA).

Food and Beverages: Certain programs have a designated time for a snack. Participants are asked to bring their own NUT/PEANUT-FREE, healthy snack and a non-soda beverage.

The BiNA Farm Statement of Participant Eligibility or Dismissal:

The BiNA Farm offers services to individuals with and without special needs. Eligibility for participation in The BiNA Farms' 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, other equine related activities and our other non-equine programs there are individuals for whom The BiNA Farms' programs are deemed inappropriate during the evaluation process and are not accepted for enrollment or not eligible to continue in The BiNA Farms' programs. This determination is made on the basis of physical, behavioral and other limitations.

Individuals accepted into The BiNA Farms' programs are required to follow The BiNA Farms' rules and procedures. The BiNA Farm 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 and/or the individual concerned.

The BiNA Farm 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.

Registration and Release Form

Life Skills Program and Creative and Complementary Therapies

Participant's name:_____Date of Birth:____/____/____

Age:_____Weight:_____Height:_____Disability:_____

School or Institution Presently Attending:_____Teacher's name:_____

Primary contact Name:_____

Check one: ____Parent ____Guardian ____Executor ____Residential Mgr. ____Other: Specify_____

Mailing Address: Street:_____

City:_____ State:_____Zip:_____

Home Phone: ( )_____ Cell Phone ( )_____

E-mail:_____

Business Name:_____Address:_____Bus Phone: ( )_____

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. 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

LIABILITY RELEASE (Required): _____(Name) would like to participate in The BiNA Farm programs. 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/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against the BiNA Farm, Inc.,Massachusetts Hospital School, Dana Hall School & Mt. Misery Farm., LLC., its Board of directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. I also agree that no minor shall be left on the property at all and it is my responsibility to remain at the site of all activities as parent, guardian or representative that I send with my child(ren).

The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.___Initial

Date:_____Signature_____
If participant is under 18 years of age, parent or guardian signatures are required.

Dana Hall School Waiver/Release of Liability

I understand and agree that DHSRC and all its employees will not be responsible for any accident that may occur. I hereby release Dana Hall and its employees from all claims, actions, judgments, damages, liabilities, costs and expenses relating to use of DHSRC, and I further agree to hold DHSRC and all its employees harmless and indemnify them against any legal proceedings, claims, actions, judgments, damages, liabilities, costs and expenses relating to any such accident or loss.

Massachusetts Chapter 128 Section 20

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 Sec. 20 of Chapter 128 of the general laws.

I have read all of the above, agree to, and understand its contents.

Parent's/Guardian's Signature: _____Date: _____

SHIPLEY CENTER CLIMBING WAIVER/RELEASE

In consideration of my being permitted by The Dana Hall School to climb at its facilities, I agree to the following waiver and release, and I make the following representations. ____ (initial)

I acknowledge the inherent extreme risks in rock climbing activities, including those that take place indoors. I realize that those risks include falls, equipment failure, bad decision-making, inattentive belayers, and holds that have become loose or damaged by other climbers. I understand that there are unforeseeable, freakish accidents, and I assume all risks associated with such accidents, even though I cannot foresee them. I agree to pay attention to the state of the ropes in the gym and that of the anchors, and to advise gym staff if I do any damage or notice any damage. I agree to abide by all gym rules, and if gym staff makes a specific request of or instruction to me, I agree to comply. ____ (initial)

I am physically fit and know of no medical or health reason why I should not participate in the activities that take place at The Shipley Center Rock Climbing Facility. ____ (initial)

I acknowledge the possibilities of, and agree to assume all risk of, any injury, no matter the nature or severity, **including paralysis, and death**, and no matter whether foreseeable or not, that may directly or indirectly result from my use of The Shipley Center Rock Climbing Facility or may occur while I am in the gym or while I am climbing anywhere, at any time. I hereby release Dana Hall School and its trustees, directors, officers, officials, employees and agents, wall builders, wall designers, hold manufacturers, lessors, insurers, and agents from any and all claims, causes of action, suits, losses, damages and liabilities by or on behalf of any person arising out of (i) the use or occupancy of or conduct upon the climbing wall or anything whatsoever done or omitted to be done in or about the climbing wall, or (ii) any accident, injury or damage whatsoever to any person arising out of User's use of the climbing wall, or occurring in or about the facilities or the Dana Hall campus, during their use by the User. **This release even extends to injuries that may occur through the NEGLIGENCE of gym employees or other parties released.** ____ (initial)

I understand that indoor climbing is not the same as outdoor climbing, and that additional skills are necessary for outdoor climbing that cannot be acquired on artificial walls. I agree to seek qualified instruction before attempting to climb outdoors. ____ (initial)

This release applies to and binds my personal representative, heirs, and my family. If a member of my family under the age of 18 accompanies me to the gym, I make this release on his or her behalf as well as my own, and I agree to assume responsibility for his or her safety.

Parents and guardians take note!
If I am a parent or guardian of a minor climbing at the gym, whether or not I am present when the minor is climbing, I agree to indemnify and hold harmless The Dana Hall School, and the other parties released, in the event a minor member of my family sues them or anyone of them. I understand that this means I will pay all fees, costs, and charges incurred by The Dana Hall School or any other party released, including attorney fees. ____ (initial)

This release is a binding legal contract.

I understand that this release is a contract. I sign it of my own free will. I also understand that this contract is severable; in other words, that if any part of it is held by a court of law to be unenforceable, the rest of it shall survive. ____ (initial)

Name of Climber: _____

Signature of Parent: _____

Date: _____ Primary Caretaker's Phone Number: _____

Address: _____

Email Address: _____

Accepted by: _____ on behalf of Dana Hall School.

Equine Activity Release and Hold Harmless Agreement for The BiNA Farm, Inc.

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., Massachusetts Hospital School, Dana Hall School & Mt. Misery Farm, LLC., understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. 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.

3. 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.

4. 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.

5. 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.

6. 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: _____ Company: The BiNA Farm, Inc.

Person voluntarily entering onto this Release and Hold Harmless Agreement:

_____

/s/ signature Date Printed Name

If minor, person representing himself/herself to the lawful Guardian under this

Release and Hold Harmless Agreement:

_____

/s/ signature Date: Printed Name

Authorization for Emergency Medical Treatment Form

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 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:_____

Client, Parent or Legal Guardian, signed in presence of center staff

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.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

_____

_____

_____

Date:_____Non-Consent Signature:_____

Client, parent or Legal Guardian, signed in presence of center staff