



DEAR PROSPECTIVE PARTICIPANTS OF THE BiNA FARM,

Thank you for your interest in The BiNA Farm, Inc. Enclosed you will find general information about our programs and multiple locations, the application process and required application paperwork. Only fill out the forms which apply to you. All prospective clients need to fill out the proper releases and waivers prior to participating. Once all the completed forms have been received by our office, you will be contacted about schedule start date and told what the session will cost. If there are no open slots you will be added to the wait list. All sessions must be prepaid. Many of our clients return each semester and openings may be limited. Please know that we do all that we can to integrate new participants whenever possible. This application packet does not include releases for our Equine Assisted Activities and Therapies as those applications can be downloaded from our website at www.binafarm.org. or we are happy to email you one.

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 or family members 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 or teachers 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.

MULTIPLE 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
- 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.

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: The BiNA Farm Center, 207 Union Street, Natick, MA 01760 or fax the application and all releases to: Fax: 508-651-2463 or scan and email to info@binafarm.org

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

THE BiNA FARM

LIFE SKILLS PROGRAMS AND CREATIVE AND COMPLEMENTARY THERAPIES

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, also includes: photo, liability and Dana Hall releases (*Everyone must complete*)
- Shipley Center Climbing Waiver/Release (*For those doing rock climbing only*)
- Equine Activity Release and Hold Harmless Agreement (*Recreational riders or horsemanship*)
- Authorization for Emergency Medical Treatment Form (*Everyone must complete*)

Scheduling: Life Skills Programs (Horsemanship and Sustainable Living) and Creative and Complementary Therapies (Yoga, Music, Art and Rock Climbing) 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 email your instructor directly or call Terry Snow at 508-479-6232. All participants, 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 for any outdoor programs, 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. If having an art class please wear clothes which can get messy.

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, money order or for your convenience if you choose to use PayPal or a credit card we will need to pass along the 3% processing fees so please contact the business office if you want to use that option for payment.

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). Deadlines are on the website.

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: _____



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

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: _____

Primary Caretaker's

Date: _____ 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