



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 by our Life Skills Program Director, Kristin Macchi.

Should you have any questions regarding the application process, enclosed forms or would like to arrange a visit please contact Terry Snow, Program Director at terry@binafarm.org or 508-479-6232

When you have completed your application, either mail it to:

The BiNA Farm, 66 Charles Street, #301(make sure 301 is on it), Boston, MA 02114 or fax the application and all releases to: 508-907-6253

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,

Terry Snow
Program Director

Coryn 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 for people with cognitive, physical, psychological and developmental disabilities. We bring together those with and without special needs while offering a menu of therapeutic modalities tailored to the individual client in an inclusive community. TBF creates an environment that enables our clients to thrive personally and 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.
- Treat all clients, their families, friends, staff and animals with respect, dignity, kindness and compassion.

LOCATION

The BiNA Farm offers certain programs at The Dana Hall Riding School Center in Wellesley and a private barn in Sherborn, MA. 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 either Terry Snow, Program Director at terry@binafarm.org or Coryn Bina, Executive Director at coryn@binafarm.org for further information. For volunteer opportunities please contact Maura Gilbert, Volunteer Coordinator at Maura@binafarm.org or go to our website at www.binafarm.org

66 Charles Street, #301
Boston, MA 02114



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
- Equine Activity Release and Hold Harmless Agreement
- Dana Hall Riding School Center Student Waiver and Information Sheet
- 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 by calling Terry Snow at 508-479-6232 as soon as the absence is anticipated so we may provide sufficient notice to staff and volunteers. 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.

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.

Food and Beverages: Certain programs, such as the Inclusive Circle 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, 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., 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.

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: _____



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. 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