BRIDGEPOINT
CENTER FOR EATING DISORDERS

Trauma Informed Equine Assisted Learning
Retreat for Eating Disorder Recovery

Horses do the work of teaching and healing. Equine-Assisted Learning is a powerful, professional and effective approach, proven to have a positive impact on individuals of all ages.

The program will incorporate equine therapy into a BridgePoint-style retreat to begin trauma-informed healing of eating disorder behaviours. The focus of horses teaching and healing is not riding or horsemanship although horse care is sometimes a part of the activities.

Equine Assisted Learning is a highly effective, interactive modality involving a certified equine assisted learning coach, multi-disciplinary team, participants and horses. The participants engage in activities with the horses and are given an opportunity to explore and process connected thoughts, feelings and behaviors. Sessions are about self-discovery, relationships and communication. This offers unique opportunities for growth that are often not available through other methods and modalities.

The goals of the program are to increase the quality of life by providing enhanced trauma-informed programming and recovery of eating disorder behaviours by providing tools for healing to increase health outcomes and quality of life.

Participants will stay onsite at our innovative eating disorder recovery center in Milden, Saskatchewan. All food and accommodation will be provided.

Cost: Free of charge for Saskatchewan residents with a valid Saskatchewan Health Card

Program Prerequisites:

- Medical and psychiatric stability; previous completion of Module or Retreat
- No allergies to dust or horses
- Stamina to participate in activities in close proximity to horses and in potentially adverse weather conditions

Program Dates: April 25-28th,

To Apply: Fill in Part A and supplementary paperwork. Read and sign liability waivers and photo releases.

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Trauma Informed Equine Assisted Learning
Supplementary Paperwork

1. **Equine Assisted Learning is an effective approach proven to have positive impact each individuals unique life journey. What is your intention in attending this Equine assisted learning retreat?**

_____
_____
_____
_____
_____
_____
_____

2. **Please list and explain the roadblocks you identify that are currently in the way of moving forward in your journey**

_____
_____
_____
_____
_____
_____
_____

What should I bring??

Clothing layers for weather conditions
Closed toe shoes mandatory (boots preferred)
Water bottle and/or coffee mug
Sunscreen, bug spray
Umbrella
Rain slicker
Hat
Lunch kit
Journal

Please return completed form as legibly as possible and return to: Intake Co-ordinator, BridgePoint Center
Box 190 Milden, SK. S0L 2L0 Fax: (306) 935-2251 Email: bridgepoint@sasktel.net Phone: (306) 935-2251

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PART A - Basic Information (Filled out by applicant)

Program applying for:	
Dates:	
Client name:	
Date of Birth:	
SHSP Number:	
Current Address:	
	Box/Street **City, Province** **Postal Code**
Phone Numbers: Home	**Work:**
Cell:	
Client email address:	
Next of Kin: Name:	
Relationship:	Next of kin will be contacted in emergency situation
Address:	
	Box/Street **City, Province** **Postal Code**
Phone Numbers: Home:	**Work:**
Cell:	
Counsellor's name:	
Phone:	**Email:**
Physician's name:	
Phone:	**Email:**
Date:	
Signature:	

BridgePoint is a Scent Free Facility

BridgePoint Center Inc.
Box 190, Milden, Saskatchewan S0L 2L0
Phone: (306) 935-2240 Fax: (306) 935-2241
Email: bridgepoint@sasktel.net Website: www.bridgepointcenter.ca

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PART A - Getting to know you

1. a) What are your supports?

b) If you are working with a counsellor what issues are you currently working on?

2. Do you have any health issues or concerns?

3. Do you have any allergies?

4. Describe your current experience with food.

5. What other information would you like us to know about you?

Printed Name:	
Signature	
Current Phone Number:	Date:

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ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me _____ (the Participant) with and for the benefit of BridgePoint Center Inc., its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes travel offsite, interaction and being in close proximity to horses during programing in accordance to instructions provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

_____ **1**. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to: (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects; (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.

_____ **2.** I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".

_____ **3.** I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".

_____ **4.** In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree: (a) to waive all claims that I have or may have in the future against the "Host"; (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".

_____ **5.** I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".

_____ **6.** I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".

_____ **7**. I hereby grant permission to BridgePoint Center Inc. to use photographs and/or video of me taken during programming in publications, news releases, online, and in other communications related to the advertising and funding of the program. Efforts will be made to ensure confidentiality unless otherwise discussed.

Name_____ Signed this _____ day of _____, 20____

(Signature of Participant) _____