

# TRINITY CHALLENGE

## Intake Packet

### MISSION STATEMENT

Trinity Challenge offers an experiential approach to achievement and healing through Equine Assisted Counseling, Team Building and Adventure Based Programs. Life presents each of us with opportunities, often offered in the form of a challenge, which requires you to make a choice. Trinity Challenge strives to motivate others to take responsibility for the choices they make and accept the circumstances that are beyond their control. Only then can we begin to celebrate our strengths and identify opportunities for growth as we pursue an enriched attitude, connections and purpose.

### PROGRAM INFORMATION

#### Equine Assisted Counseling:

Our Equine Assisted Counseling services offer a unique therapeutic approach to healing that integrates the powerful spirit of the horse with traditional counseling skills. Our equine companions offer immediate, honest and unbiased feedback as you interact with them through *unmounted* activities and begin to increase your awareness of your own thoughts, feelings, words and actions. This experiential treatment approach provides you opportunities to enhance self-awareness and re-pattern unhealthy behaviors, feeling and attitudes.

#### Team Building & Adventure Based Programs:

Our Adventure Based programs offer clients the opportunity to work through challenges that are designed to engage participants in goal setting, planning, problem solving, decision making, communication. The experience allows for unhealthy behaviors to surface and more effective behaviors to be practiced in the moment to achieve success. Adventure Based programs also encourage individuals to exercise their personal strengths to benefit the community and identify opportunities for further growth and they improve interpersonal and intrapersonal communication.

We serve individuals and groups ages 6 & up, in all stages of life, military veterans, at-risk youth, substance abuse treatment programs, public and private schools, universities & MHMR.

### BEFORE ATTENDING

We ask that you complete all registration paperwork specific to your desired service before arrival. Please remember to wear proper clothing and footwear for your safety. Appropriate clothing includes closed shoes, clothing and jacket if appropriate for the temperature - that can get dirty/dusty. For your safety, please do not wear loose jewelry (necklaces, earrings, etc) that could become caught. Sun block should be worn in the warmer seasons and it is a good idea to bring water to summer sessions. Trinity Challenge is not responsible for any of your belongings left at the barn.

To protect the privacy of our clients we ask that you not visit the ranch without an appointment. If you would like to bring family or friends to meet the horses you may do so, but need to schedule a time with Trinity Challenge so that a staff member can be present. You may contact: Chris Covington, (325) 829-8281, [chris@trinitychallenge.com](mailto:chris@trinitychallenge.com).

We look forward to working with you. Please let us know if we can provide any additional information.

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### REGISTRATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Is it ok to text? \_\_\_\_\_

Email Address: \_\_\_\_\_

School/Occupation: \_\_\_\_\_

Parents or Guardians (if applicable):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of Trinity Challenge, LLC, a Texas Limited Liability Corporation ("TC"), permitting me to participate in TC-facilitated Experiential Learning activities and Animal Assisted Learning Activities of TC (the "Activities"), I voluntarily and knowingly execute this Release and Waiver Agreement (the "Agreement") with the express intention of extinguishing all obligations of TC, and its directors, officers, employees, agents, successors and assigns (collectively the "Releasees").

**Risk Assumption.** I understand that Experiential Learning can be dangerous and that the Activities may involve the risk of physical injury or property damage. Understanding that any physical activity involves a risk of injury, I understand that my (or my child's) participation in the TC program is entirely voluntary. I voluntarily accept and assume all risk of personal injuries (including without limitation, death) and/or damage to property (collectively "Injury or Harm") caused by or arising out of my (or my child's) participation in the Activities.

**Insurance.** I understand that TC does not assume any responsibility to provide me (or my child) with financial or other assistance, including without limitation medical, health or disability benefits or insurance of any nature in the event of Injury or Harm.

**Medical Release.** I certify that I am (my child is) in good health and that I do not (my child does not) have any physical ailment or condition which could be worsened or cause injury, illness or death from participating in the Activities. I give permission to TC, its Health Officer, and such other camp health personnel, as applicable, to administer over-the-counter medications as may be prudent and indicated when necessary to alleviate such common ailments as headaches, stomach aches, nausea, pain, allergies, etc. I acknowledge that to the extent I (or my child) have allergic reactions to any medications, I will notify TC prior to participation in the activities. In addition, in the event of an emergency, I authorize that emergency medical care be rendered to me and/or my child. I release Releasees and all officials and professional personnel from any Claim for Injury or Harm on account of medical treatment, first aid, emergency treatment or service rendered to me (or my child). I authorize TC to secure transportation as may be indicated or required via personal vehicle driven by an adult staff member or via ambulance or CareFlite, when necessary, to transport me (or my child) to a doctor or hospital for emergency services.

**Release and Waiver.** I expressly release, waive, discharge, and covenant not to sue any Releasee from all claims, demands, actions, judgments, and executions of whatsoever kind or nature, either in law or in equity, including without limitation, wrongful death and survival causes of action, (collectively the "Claims"), which I (or my child) ever had, now have, or may have in the future, or which my (or my child's) personal representatives, heirs, next-of-kin, executors, administrators, or assigns may have, or claim to have, against Releasees for all Injury or Harm caused by, or arising out of, my (or my child's) access to or viewing of or participating in the Activities.

**Photographic Release.** I grant and convey to TC all rights, title, and interest I may have in any and all photographs, images, video, or audio recordings of me (or my child) or my (or my child's) likeness or voice made by TC or its agents or employees in connection with my (or my child's) participation in the Activities including (but not limited to) any royalties, proceeds, or other benefits derived from such materials.

I expressly agree that the risk assumptions, releases, waivers and indemnities contained in this Agreement are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that they apply to any and all Claims, **WHETHER OR NOT RESULTING FROM THE NEGLIGENCE OF ONE OR MORE RELEASEE**. If any portion of the Agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I have carefully read this Agreement in its entirety, understand and know the contents of this Agreement, and sign this Agreement as my own free act. I have not been influenced by any declarations or representations of any Releasee or Releasee agent. I understand and intend that my execution of this Agreement be binding on me (and my child) and my (and my child's) personal representatives, heirs, executors, next-of-kin, administrators, and assigns. I understand and acknowledge that TC is acting in reliance upon the agreements and representations made by me in this Agreement in permitting me (my child) to participate in the Activities and that were I not willing to abide by the terms of this Agreement, such opportunity to participate would not be allowed. This Agreement contains the entire agreement between me and TC. The terms of this Agreement are contractual and not a mere recital. I understand that no one, including any Releasee, has the authority to change any term of this Agreement.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN THE FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE, WAIVER AND INFORMED CONSENT BY READING IT BEFORE SIGNING IT.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian (of participants age 17 & under): \_\_\_\_\_

**Emergency Contact (in case parent or guardian is not available):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal History:**

Is participant currently in the care of a mental health professional? YES or NO

Please describe treatment history:

\_\_\_\_\_

Any legal charges, history of abuse or assault? If yes, please explain

\_\_\_\_\_

What triggers negative reactions? How are negative reactions exhibited?

\_\_\_\_\_

Any other issues we should be aware of?

\_\_\_\_\_

Goals for Treatment:

Peer Interaction \_\_\_ Social Skills \_\_\_ Behavioral Improvements \_\_\_ Other: \_\_\_\_\_

Please describe goals for treatment: \_\_\_\_\_

\_\_\_\_\_

Medications (Please list names and state side effects that may effect time with the horses, such as, whether the medication impacts balance, sensitivity to sunlight, etc)

\_\_\_\_\_

**Religious/Spiritual Information:**

Do you consider yourself to be religious? YES or NO

If yes, describe your faith? \_\_\_\_\_

If no, do you consider yourself to be spiritual? YES or NO

Describe: \_\_\_\_\_

*Is there any health reason to limit the client's activities? YES or NO Please explain below:*

*Please check any areas of medical concern and explain in the Comments section:*

**Areas**

**Comments**

\_\_\_ Mental Health Diagnoses \_\_\_\_\_

\_\_\_ Auditory \_\_\_\_\_

\_\_\_ Visual \_\_\_\_\_

\_\_\_ Speech \_\_\_\_\_

\_\_\_ A seizure disorder? \_\_\_\_\_

Allergies / Asthma \_\_\_\_\_

hay \_\_\_ bee stings \_\_\_ dust \_\_\_ mold \_\_\_ Does the client carry an epi pen? \_\_\_

\_\_\_ Learning Challenges \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_