

**Horse Feathers Veterans Program at Ray of Light Farm
Participant Application**

Name:
Phone: Cell:Home:Work:
Address:
Email Address:

Have you ever been convicted of a felony? Yes ☐ ☐ No
If yes, explain:

Have you ever been convicted of a sexual offense? ☐ Yes ☐ No
If yes, explain:

Have you ever been convicted of animal cruelty or neglect? ☐ Yes ☐ No
If yes, explain:

Do you have any health conditions, allergies, physical limitations, etc. that you would like us to know about? If yes, please explain:

(This information is optional and is for your safety only. It will not be shared with anyone other than emergency personnel in the event of an emergency situation.)

For your safety and the safety of others, all participant applicants must successfully pass a criminal background check for crimes against animals, people, property, and illegal use of controlled substances before they can be accepted for service. By submitting this application, I affirm that the facts in it are true and complete, to the best of my knowledge. I understand that if I am accepted by the Horse Feathers Veterans Program and Ray of Light Farm, Inc., any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. In addition, I understand that I may be dismissed for any violation of the rules and policies at Ray of Light Farm's Horse Feathers Veterans Program.

Signature

Print Name

Date

Horse Feathers Veterans Program and Ray of Light Farm, Inc. Release from Liability

This release of liability will apply to any and all riding of horses or donkeys, driving a horse or donkey in a cart, wagon, or carriage, or ground work activities at Ray of Light Farm, Inc., and any accident or personal injury while on the grounds of Ray of Light Farm, Inc., whether mounted on an animal, driving an animal, or working around an animal.

I fully understand that riding, driving, and handling horses or donkeys, or just being in the area where horses and donkeys are being ridden or handled by others, involves inherent risks of possible injury which cannot be entirely controlled or eliminated.

Therefore, as a pre-condition of my being allowed to ride, drive or be around the animals, or to be in and around the barns, pastures, rings, and facilities at Ray of Light Farm, Inc., I agree to assume all risks in connection with any accident, personal injury or damage to personal property which may result.

Further, I agree to release Ray of Light Farm, Inc. and the Horse Feathers Veterans Program, its management, employees, agents, volunteers, vendors or other customers from any claims for damages based on injury, negligence, breach of contract or warranty in any form.

- ☐ I give permission for Horse Feathers Veterans Program and Ray of Light Farm to allow any and all photographs of me taken in conjunction with the Horse Feathers Veterans Program to be used in any marketing or advertising capacity by the Horse Feathers Veterans Program or by Ray of Light Farm.

This agreement will continue in effect until written notification by either party to the other.

_____ Signature	_____ Print Name	_____ Date
--------------------	---------------------	---------------

_____ Street or Mailing Address	_____ City, State, Zip
------------------------------------	---------------------------

_____ Home Phone	_____ Cell Phone	_____ Work Phone
---------------------	---------------------	---------------------

Email Address

_____ Emergency Contact	_____ Relationship	_____ Phone Number
----------------------------	-----------------------	-----------------------



at

Ray of Light Farm
232 Town Street
East Haddam, CT

Medical Clearance To Participate In Horse Feathers Veterans Program

I hereby certify that _____
Name of Participant

is physically able to participate in Horse Feathers Veterans Program*, an equine therapy program located at Ray of Light Farm in East Haddam, CT and that I know of no physical impairments which would in any manner limit his/her participation in such program, except for the following:

Physician's Signature _____ Date _____

Physician's Name _____

- * Horse Feathers Veterans Program information can be found online at rayoflightfarm.org/about-horse-feathers or by contacting Jackie Mickiewicz at 860-550-1955, or horsefeathers@rayoflightfarm.org.



at
Ray of Light Farm
232 Town Street
East Haddam, CT

Who We Are and What We Do

Horse Feathers is an animal assisted wellness program that serves all veterans. We specialize in helping veterans with post traumatic stress and we also welcome veterans with physical challenges. The program involves pairing veterans with horses and other animals to facilitate self awareness and promote healing for those affected by emotional or physical trauma.

To realize this, **Horse Feathers** concentrates on allowing each veteran time to establish a connection with his or her animal partner. Our animals are primarily rescues that may have issues that often parallel those in veterans. This is why connecting with an animal can be so powerful. These sensitive animals will often mirror the behaviors of a veteran who is experiencing emotions that he or she has not recognized or been aware of.

Horse Feathers provides veterans with the opportunity to become comfortable around horses, to learn to groom, walk, and care for them, and eventually, to learn to drive horses in carts or wagons.