

Dear Parent/Guardian,

Your child has been invited to participate in Healing Connections for Youth, a free, two-day equine-assisted mental health program for teens ages 14-17. This program focuses on emotional resilience, mental health awareness, and building healthy relationships. It is designed as a structured, immersive experience led by licensed professionals and trained facilitators.

Program Overview

- **Location:** Private horse farms in Johnstown & Pataskala, OH
- **Activities:** Psychoeducation, guided discussions, and hands-on experiences with horses (no riding involved)
- **Safety & Confidentiality:** Licensed social workers, counselors, and equine specialists will facilitate this program. This is not formal therapy, and no medical records will be kept.
- **Post-Program Support:** Follow-up resources and referrals will be available.
- **Cost:** This program is provided at no cost to participants.

Parent/Guardian Responsibilities

By signing this parental consent form, you acknowledge the following:

I agree to drop off and pick up my child on time each day at the designated location. Drop-off & Pick-up Times:

- **Saturday:** Drop-off at 8:00 AM, Pick-up at 8:30 PM
- **Sunday:** Drop-off at 7:30 AM, Pick-up at 8:30 PM
- Late arrivals (after 8:15 AM on Day 1) will need to reapply for a future session.
*My child will be expected to stay for the full program on both days.
*I understand that participants will turn in their phones during program hours for a distraction-free experience. An emergency contact will be provided.

Your support as a parent/guardian is key to helping your teen fully engage in and benefit from this experience. If you have any questions, please contact us at PBJ Connections (740-924-7543) or Mackenzie Lyon (567-208-8436, mackenzie@pbjconnections.org).

Sincerely,

PBJ Connections Team

PBJ Connections Policy Information - Healing Connections for Youth

Purpose: Healing Connections for Youth is a no-cost, two-day, equine-assisted mental health program for teens ages 14-17, focused on building emotional resilience, improving mental health literacy, and creating and maintaining healthy relationships with ourselves and others. The program is designed to take a group of youth through a set of novel experiences while providing opportunities for deep processing and information on how to move forward after experiencing adverse childhood experiences. The pilot group will focus on the femme-identifying participants ages 14-17. Future cohorts will consist of varying age groups and genders.

The purpose of Healing Connections for Youth is also to provide a program for adolescents going through early life adversity and mental health challenges that operates outside the constraints of the medical model and health insurance. We will be reaching out directly to participants via email, snail-mail, or phone to gather de-identified and confidential data regarding their experience in the program. Post-assessment evaluations will be conducted at the conclusion of the experience, 1 week post-experience, 1 month post-experience, 3 months post-experience, and 6 months post-experience. This data will help us improve and fund the program.

PBJ Connections will also remain available for participants to continue processing as needed after the two-day intensive. Other resources will be made available to participants for additional support at the conclusion of the program. This may include referrals for mental health treatment, access to mentors and support groups, and additional resources depending on need.

Description of Program: Healing Connections for Youth will take place primarily on two privately owned horse farms in Western Licking County (Johnstown and Pataskala). There will be a significant amount of psychoeducation on emotional well-being and building resilience, as well as a series of novel experiences both with and without horses. There will be no horseback riding. Though activities may be physical in nature, physical limitations will not prevent participation in the experiences. The experiences primarily take place outside on horse farms in environments that are not climate-controlled, so participants will be exposed to the elements. Participants will also be provided food, water, and other beverages for the two-day experience. We have limited storage capacity for participants who want to bring personal food items that require refrigeration.

Healing Connections for Youth is designed to be a “closed container,” meaning that we will be asking participants to participate fully in the experience for each of the two days of the program. After arriving at the program location, participants will be asked to relinquish their cell phones during the program for the day. Guardians will be given an emergency contact number to reach their child if needed. The program will be facilitated by licensed social workers and counselors, certified equine specialists, and trained peer support. The “container” is designed to be safe and confidential. Healing Connections for Youth is not considered a treatment-based program. No medical records will be kept, but mental health professionals may document portions of the experience for program evaluation purposes. Confidentiality will be adhered to. Mental health professionals involved in the program are there to provide professional support, lead participants through experiences designed to promote change, provide education about healing and trauma, and support other staff. Mental health professionals are not providing mental health treatment during the experience, but the effects may be similar. If treatment is desired after the two-day program, participants will be provided access to mental health providers both within the PBJ Connections organization and elsewhere.

Other facilitators and volunteers will be present as well. They are all trained professionals and volunteers and are safe people. Equine specialists are there to help participants have a safe and valuable experience with the horses. Peer supports are present to help guide participants through their experience and help with processing during the program.

Equine-assisted psychotherapy and learning sessions take place at private equine facilities where other persons not affiliated with PBJ Connections may be present. Every effort is taken to ensure privacy, including

informing other persons of the nature of our work and need for privacy, using privacy signs, and mindful placement of sessions to create adequate space between the program and others at the facility. There is a risk that persons not affiliated with PBJ Connections may see or overhear conversations despite these efforts. Facilitators will be diligently aware of where other persons are at these equine facilities, but please inform staff if any discomfort arises.

Security/Surveillance cameras may be in use at the Equine Facilities where equine-assisted psychotherapy sessions take place. PBJ Connections makes every effort to make sure sessions are not viewed by outside parties. Please inform the facilitators if there are concerns about camera usage, and additional efforts will be taken to ensure privacy. Camera usage is as follows: PBJ Dressage: Non-recording cameras are in use viewing the parking area, the barn aisle, and the last two stalls in the barn. Footage is only live and can only be viewed by persons logged on at that time. Footage is not streamed online and is on a closed system. The only access to the system is by horse care professionals affiliated with the facility. Taco Bella Farm: A recording camera is in use viewing the barn aisle and stalls. Footage is stored for five days on an internal system that is password protected and only accessible to the farm owners.

Additional Informed Consent:

Program Participants: This program is provided to youth ages 14-17. The pilot group will focus on the female experience. Participants must have parent/guardian consent to participate.

Phones: Participants are asked to “unplug” and turn in their phones for the duration of each day in the intensive. Guardians will have access to emergency contacts.

Schedule: The program runs for two days, from 8:00 AM - 8:30 PM on Saturday and 7:30 AM - 8:30 PM on Sunday. Participants arriving after 8:15 AM on the first day will be asked to reapply for a later date. Full attendance is required.

Cost: This program is provided at no cost to participants.

Substance Use: The use of alcohol, marijuana, and any illegal substances is prohibited at PBJ Connections properties. Participants must not be under the influence during the program.

Contact Information: PBJ Connections, Inc. 9734 Jug Street Rd. Pataskala, OH 43062 Phone: 740-924-7543 Fax: 740-924-2002 Email: info@pbjconnections.org

Mackenzie Lyon: 567-208-8436 (call or text) mackenzie@pbjconnections.org

I have read and understand that I am participating in a mental health-intensive involving horses. I understand that though this is for my mental health, I am not receiving mental health treatment and that no third-party biller is involved. Nothing will be recorded in my official medical record.

Participant Printed Name: _____

Participant Signature: _____ **Date:** _____

Guardian Printed Name: _____

Guardian Signature: _____ **Date:** _____



Healing Connections for Youth: Participant Information and Health History

GENERAL INFORMATION

Participant's Name: _____

DOB: _____ Age: _____ Sex: Male Female Other

Parent/Legal Custodian's Name: _____

Parent/Legal Custodian address:

Is address for participant the same as parent/legal custodian address? Yes No

Parent/Legal Custodian Phone:
(H) _____ (W) _____ (C) _____

Parent/Legal Custodian Email: _____

Participant Email: _____

School: _____

Grade: _____

PHOTO RELEASE:

- I
- DO
 - DO NOT

Consent to and authorize the use and reproduction by PBJ Connections, Inc. of any and all photographs and any other audio/visual materials taken of me (my child) for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____
Participant

Date: _____

Signature: _____
Legal Guardian

Date: _____

Participant Name (Printed): _____ DOB: _____

**EXPRESS ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF
CLAIMS AND INDEMNITY AGREEMENT
(Minor Child)**

This Express Assumption of Risk, Release of Liability and Waiver of Claims (the "Agreement") is entered into by the undersigned, as individuals and as the parents and/or legal guardians for the minor child (the "Minor Child" as printed above), in favor of Glenda L. Childress, Dale W. Milton, PBJ Dressage, Taco Bella Farm LLC, PBJ Connections, Inc. and their employees and independent contractors ("Providers"). In consideration for the Minor Child being permitted to participate in Equine Activities, including, but not limited to equine assisted psychotherapy and learning activities and otherwise handling equines, we acknowledge and agree as follows:

- 1) **Dangerous Activity:** We acknowledge that horses, ponies, and other equines can be unpredictable animals and fully realize that there are dangers and risks inherent in Equine Activities, including but not limited to:
 - a. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
 - b. The unpredictability of an equine's reactions to sounds, sudden movement, unfamiliar objects, persons or other animals;
 - c. Hazards, including but not limited to surface or subsurface conditions or weather;
 - d. A collision with another equine, another animal, a person or an object; and
 - e. The potential of an Equine Activity Participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the Participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the Participant.

We understand that neither the actions of the Minor Child, nor the actions of any person or animal can necessarily be controlled, and that the Minor Child's safety and that of our and the Minor Child's property cannot be guaranteed while participating in Equine Activities. We understand and have discussed these risks with the Minor Child who understands them to the extent possible given his/her age and abilities, and who wishes to participate in Equine Activities despite the risk.

We, too, wish for the Minor Child to participate in Equine Activities despite the risk.

We also acknowledge that we have had the opportunity to inspect the equipment and real property of Stable and find the same to be acceptable. We further acknowledge that the Minor Child has sufficient ability to engage in Equine Activities of the kind provided by Providers.

- 2) **Assumption of Risks:** Understanding the risks involved, we voluntarily choose to allow the Minor Child to participate in Equine Activities and EXPRESSLY ASSUME THE ASSOCIATED RISKS, INCLUDING THE RISK OF INJURY AND DEATH, WHETHER CAUSED BY THE UNINTENTIONAL NEGLIGENCE OF THE PROVIDERS OR ANY OTHER CAUSE. We accept full and complete responsibility for the safety of the Minor Child, ourselves, any guests or observers, and our personal property.

- 3) **Release and Waiver of Claims:** On behalf of the Minor Child, ourselves, our and his/her heirs, successors in interest, guardians, legal representatives and assigns, WE HEREBY RELEASE AND FOREVER DISCHARGE THE STABLE FROM ALL CLAIMS, ACTIONS, DEMANDS, RIGHTS, CAUSES OF ACTION AND LIABILITY, IN LAW OR IN EQUITY, BASED UPON ANY BODILY INJURY OR DISABILITY, ILLNESS OR DISEASE, DEATH, FINANCIAL LOSS, PROPERTY DAMAGE OR LOSS, OR OTHER HARM OF WHATEVER NATURE, WHETHER FORESEEN OR UNFORESEEN, THAT MAY BE SUSTAINED OR SUFFERED BY OUR MINOR CHILD, OURSELVES, OR BY ANY OTHER PERSON AS A DIRECT OR INDIRECT CONSEQUENCE OF OUR MINOR CHILD'S PARTICIPATION IN EQUINE ACTIVITIES OR BY HIS/HER PRESENCE IN EQUINE ACTIVITIES WITH THE STABLE, WHETHER CAUSED BY THE UNINTENTIONAL NEGLIGENCE OF THE PROVIDERS OR OTHERWISE.

4) Promise Not to Bring Suit: We hereby agree and promise that we, our heirs, successors in interest, guardians, legal representatives and assigns will not bring a claim against, sue, demand compensation from or attach the property or assets of the Providers, either on our own behalf, or on behalf of the Minor Child or any other person, for any loss or damage arising or resulting directly or indirectly from our Minor Child's participation in Equine Activities with the Providers.

5) Ohio Equine Activity Statute: We understand that Title XXIII, Chapter 2305, Section (B)(1) of the Ohio Revised Code provides in part, that, "...An equine activity sponsor, equine activity participant, equine professional,...or other person is not liable in damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during and equine activity and that results from an inherent risk of an equine activity. ...An equine activity participant or the personal representative of an equine activity participant does not have a claim or cause of action upon which a recovery of damages may be based against, and may not recover damages in a tort or other civil action against, an equine activity sponsor, another equine activity participant, and equine professional, ...or another person for harm that the equine activity participant allegedly sustained during an equine activity ant that resulted from an inherent risk of equine activity."

6) Full Understanding: We hereby warrant that:

a. WE HAVE VOLUNTARILY ENTERED INTO THIS AGREEMENT OF OUR OWN FREE WILL, WITHOUT DURESS OR PRESSURE FROM ANY PERSON; and

b. WE UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THIS AGREEMENT WE ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE. WE UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE.

7) Choice of Law, Jurisdiction: The terms of this agreement shall be governed by and interpreted according to the law of the State of Ohio, the courts of which shall have exclusive jurisdiction over any matter arising hereunder.

8) Severability: We agree that this document is intended to be as broad and inclusive as permitted by Ohio law. If any portion of the Agreement is determined to be invalid, illegal or unenforceable, that portion shall be severable, and the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full force and effect.

I HAVE READ THIS ENTIRE AGREEMENT (2 pages) CAREFULLY. I FULLY UNDERSTAND ALL OF ITS TERMS AND CONDITIONS. MY SIGNATURE BELOW IS ACKNOWLEDGEMENT THAT I HAVE HAD AN OPPORTUNITY TO CAREFULLY READ THE ENTIRE AGREEMENT AND TO HAVE ANY QUESTIONS ANSWERED TO MY SATISFACTION.

By: _____ Date: _____
Parent or Legal Guardian

Print Name: _____

Authorization for Emergency Medical Treatment Form

Name: _____ DOB: _____

Primary Care Provider Name and Number: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 PBJ Connections, Inc. 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.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Participant or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. I understand that in the case of an emergency, a critical response team will be contacted via 911, and they will be provided with this form. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

Participant or Legal Guardian